had during this space of years to deal with a case calling for either mode of treatment. We are not quite sure that any very good reason can be shown for the appearance of this table here, except as a peg on which to hang thankfulness. As to its publication by the Commissioners we are also more than a little sceptical. Looking to the character of the men in charge of Scottish asylums, and to the extremely moderate use made of the tabulated items, the only lesson to be learned is that in spite of aversion to either restraint or seclusion there are from time to time a few patients who must be treated by such means. This we all, or most of us, know, but the public does not know. It occurs to us that such a table might easily be misread; its purpose might appear to even the instructed public *pour encourager les autres*, like the lists of names sometimes placarded in railway stations. If such an idea got about immense mischief would be done. In a case in which restraint might seem to be almost imperative, a superintendent might well be excused for reflecting that if it was applied then his asylum might be at the head of the published restraint averages, and for deciding the matter in favour of his own reputation, but not necessarily in favour of the patient, other patients, or the staff.

Some Scottish Royal Asylums.

Dumfries, The Crichton.—Dr. Rutherford having retired, the present report is the last that will be signed by him. This is not, of course, the place to attempt to deal with the services to the cause that have been rendered by him, but we feel that we shall be losing an old friend whose progressive liberality of view generally provided something in his report to think over and annotate. The near completion of the wholesale re-organisation of the rate-paid accommodation must be a satisfaction to him. The very last items are a reception house, an infirmary, and two closed villas. The number selected for the first, that is to say twelve beds, seems to be rather on the small side. It may be enough for those who will actually get well, but for the considerable fringe of doubtfully curable cases the opportunity of the treatment that will best solve the doubt would seem to be too small. One objection sometimes taken to these truly mental hospitals is the effect on patients of removal from them to those other premises where hope is admittedly less. Such an objection, if true, would have greater effect where the margin of room is so small. The closed villas will be for thirty patients each. We quite recognise that the provision for places where the violent, noisy, and dangerous must be gathered together is an essential element of the segregation method. But it is undoubtedly a very weak point in all these schemes. In discussing the differences between rate-paid and private discharges without recovery, Dr. Rutherford writes:

> When the cost of maintenance is defrayed from private sources, and when the family of the patient is in straitened circumstances, a powerful inducement is held out to them to remove the patient as soon as the malady has assumed a manageable form. On the other hand, when the cost of maintenance is defrayed by the parish, the pecuniary motive for removal ceases to operate, and as the family of the patient is relieved of all trouble and responsibility, a great inducement is held out to leave him where he is. A very large number of pauper patients are thus unnecessarily detained in asylums. In the two houses of Brownhall and Maiden-

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bower there are twenty-eight female patients, nearly all of whom could be boarded out, and the same might be said of many of the men in the farm annexe.

Lord Rosebery's speech at the opening of Bangour attracted Dr. Rutherford's attention as being unnecessarily alarming. He himself thinks that there is no increase of insanity among the class that pay over £60 of board. The same he holds of the well-to-do artizan classes, while from a most interesting table it appears that the actual number of the insane at the present day in the purely rural parts of the whole of the district served by the asylum is less than it was in 1831, which was the year of inception of the asylum. In this district, as is the case everywhere, according to Dr. Rutherford, the increase in the number suffering nowadays comes from the very lowest classes to be found chiefly in the large towns.

Edinburgh, Morningside.—Dr. Clouston, in discussing the prevalence of general paralysis (35 males and 20 females admitted) naturally adverts to the work of Drs. Ford Robertson and MacRae. He confirms the claim of these physicians that improvement has followed treatment on their lines in early cases. But, as he points out, the first thing is to improve diagnosis, so that the cases can be caught when in their earliest stages, before the brain is seriously damaged.

I have for many years believed, and have written, that the disease has really begun in most cases long before it is even suspected or its known symptoms have become recognisable. There are certain changes in conduct and in the higher faculties of mind, such as the will, which may occur several years before the speech becomes affected, that being the common diagnostic sign that enables us to say that the disease is there.

On May 27th, 1907, Morningside completed its hundred years of usefulness. A short history of those years is supplied by Dr. Clouston. The institution appears to have had but three physicians—Dr. Mackinnon to 1846, Dr. Skae from that time to 1873, and Dr. Clouston from then onward. The present sketch, beyond being short, deals with a considerable variety of matters, as was bound to be the case seeing that it is intended for the many classes into whose hands the report annually falls. The subject is worth treatment from the purely medical side, and we would suggest that Dr. Clouston could not find a better subject for a contribution to the journal of which he was so long editor than the scientific good that Morningside has done. It would appeal to the very large proportion of our members who have in one way or another an intimate knowledge of Morningside and its ways. We are glad to note that the removal of the rate-paid patients to Bangour enables the institution to receive all cases that can afford to pay £32 10*s.* It will thus be able to resume the benevolent work for which it was thought out and established.

Glasgow, Gartnavel.—We take the following extract from the speech of the Lord Provost of Glasgow, who was in the chair of the Governors' meeting at this asylum. It is encouraging to find from a layman such an extensive appreciation of the truth that underlies every particle of care and treatment of the insane. We think that perhaps the second sentence somewhat strains the logical application of the first, but if prominent citizens like his lordship are imbued with the idea, much assistance can be looked for in quarters where too often the medical has to yield place to the financial interest.

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It is a hopeful feature about the mental illnesses of recent times, the growing belief—a belief justified by experience—that the symptoms in connection with such cases arise from physical causes—from some disorder of the organs; and that goes to show plainly that the mind is affected by the condition of the body, and that, if such physical symptoms were taken in their earlier stages, the mental symptoms might be prevented altogether. It also fosters the belief that such cases could very well be dealt with, in their first stages at any rate, in the general hospitals of the country rather than in the special hospitals for mental diseases, and the friends of patients in the earlier stages of the disease would have far less objection to have them removed to a general hospital than to such an institution as that in whose interest we have met to-day.

The finances of the institution are such that it was possible to admit twelve acute cases for £25 each per annum. In none of these cases could the regular minimum of £40 be paid.

Perth, The Murray.—Dr. Urquhart, in his report, quotes some particulars that he worked up for the Morison Lectures for this year. As he says, we have to do with a disease profoundly affecting bodily nutrition and secretion, mainly originating in hereditary defect, and issuing in a liability to repetition of attacks. Thus insanity is brought into line with other diseased bodily conditions, and the mystery of madness is left on a par with the mystery of rheumatism, which also is of a cyclic character quite different from those maladies which, like smallpox, appear to confer immunity upon the individual. Of 809 *persons* admitted, 1880–1904, 45 *per cent.* had the heredity of insanity, and 72 *per cent.* that of neuropathy.

An examination of the families of insane parents, however, showed that 47 *per cent.* of the children of insane fathers were alive and sane, while 29 *per cent.* were insane; 42 *per cent.* of the children of insane mothers were alive and sane, while 39 *per cent.* were insane; 33 *per cent.* of the children of insane fathers and mothers (both parents) were alive and sane, while 44 were insane. Mr. David Heron calculated that this morbid heredity falls heaviest on the eldest child, and rapidly diminishes with the number of children. There is, even in the most disastrous class, an effort towards regeneration, and a curability which does not greatly differ from that of insanity, which is not hereditary in the first instance, although hereditary defect is apparent in depressing the *final* recovery rate and raising the death-rate.

Some Irish District Asylums.

Clare, Ennis.—We have made the following extracts from the reports of the Commissioners in 1905 and 1906. They tell, indeed, a remarkable tale. It is refreshing to find, however, whether in the Committee's reports or in those of the Commissioners, or in the figures bearing on restraint, accidents, and so forth, ample recognition of the method in which Dr. O'Mara manages the institution in the face of appalling difficulties. It would appear, too, that the blame for what is happening cannot be attributed with justice to the Committee, as plans for remedying much of the mischief had been passed by them.

1905.—The Commissioners write:

The Committee have recognised the necessity of providing further accommodation, and have had plans for the work prepared. These plans received the statutory approval of the Lord Lieutenant, under the 9th Section of the Local Government (Ireland) Act, 1898, in November, 1904, but, when the action of the Committee came before the County Council for confirmation, that body postponed the consideration of the matter, pending the issue of the report of the Commission which is at present inquiring into the working of the Poor Laws.

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