Bethlehem Royal Hospital.—The ætiology of the admissions into this institution is always interesting, since the bulk of the cases are so recent that something more accurate in the shape of history can be got than is usually available in places where chronic as well as acute insanity is taken in. Great and persistent care in making inquiries is evidenced by the fact that in only 5 *per cent.* of the cases could no cause be assigned. In 187 admissions hereditary influence was found in no less than 102, a percentage of 54·5. Previous attacks had occurred in 34·7 *per cent.* The corresponding percentages in the Commissioners' quinquennial averages in the last report for private patients were 21·9 in respect of hereditary influence, and 19·0 for previous attacks. So, too, the assignment of venereal disease in 5·3 *per cent.* is considerably above the Commissioners 3·4 percentage. On the other hand, 3·7 per cent. of alcoholic causation at Bethlehem comes much below the 13·8 in the other tables. Yet one more contrast. Bethlehem found fevers as a cause in 4·8 *per cent.* as against 1·1 *per cent.*

Warneford Asylum.—Of the 31 admissions no less than 25 were in an acute stage—16 of mania, 9 of melancholia. Of five of the former who suffered from the formidable variety of acute delirious mania, four recovered, while the fifth was convalescing. So much active insanity in a moderate sized institution must press hard on the staff, which has to be kept within quite restricted dimensions on account of the relatively small income. The recovery rate of 63 *per cent.* speaks well for the administration, while the fact that more than half the patients paid less than their cost (in many cases less than one third) is evidence that the institution is doing the duty laid down for it by benevolent founders. Many of the Association, through the kindness of Dr. Neil, had an opportunity at a pleasant general meeting in February of personally seeing how comfortable patients can be made at moderate cost. The expression "homely and comfortable" seemed to be particularly applicable to the arrangements of the institution.

Some Scottish District Asylums.

Aberdeen.—Writing at the commencement of 1903 Dr. Reid makes a noteworthy statement. In spite of tuberculosis being a special scourge of Scottish asylums, and in spite of much overcrowding and many sanitary shortcomings in the old asylum the death-rate from phthisis is a very low one, being confined to those who entered with the disease established. In fact, at the time of his writing there was not a single case of active tuberculosis in the asylum.

This, in my opinion, must be attributed to the limited size of the dayrooms, and the preponderance of single bedrooms; to the bedrooms being heated by short independent sections of hot water at high pressure; and lastly and most of all to the large amount of exercise in the open air which the patients enjoy. In nearly all cases they are out from seven in the morning till sunset in winter, and till eight o'clock in summer, and this in all weathers. This is rendered possible by our much decried "airing courts" with their verandahs which, with all their manifest disadvantages, supplement the regular hours of exercise in the general

https://doi.org/10.1192/bjp.50.210.577 Published online by Cambridge University Press

grounds very usefully, and allow a greater number of the patients to spend the day in the open air than would otherwise be possible without a large increase of the staff.

The plan of nursing male wards by females has been introduced, and we note that in the admission ward four nurses are aided by experienced male attendants, while in two other wards reliable male attendants are near at hand if wanted. Three patients who had formerly been in the asylum applied at the door for readmission, fearing self-injury from lessening self-control.

Ayr.—This is the first report from Dr. Easterbrook, who has taken the place of Dr. C. Skae as Medical Superintendant. The report goes into much detail in regard to the nature and causes of the admissions and deaths of the year, and it is very evident that Dr. Easterbrook takes a serious and commendable view of the opportunities afforded by an annual report for enlightening the population of the district. One of his first cares has been to persuade his committee to erect a hospital. This will be on the lines adopted so much in Scotland, viz. the combination of a reception home and mental hospital and infirmary for all the sick and feeble in the asylum. He also proposes to find accommodation for the segregation in annexes. He has worked out the cost per bed up to the present for the whole asylum, starting with the original contracts in 1869, and finds that it comes to £288.

Dr. Easterbrook has worked out an original and highly detailed scheme of statistics which departs from the present tables entirely. There are points in the scheme which are excellent, while there are others which raise doubts. But in view of the impending report of the Statistical Committee we do not propose to review his work now.

Crichton Royal Institution.—The reception portion of the new hospital for pauper patients has been completed, and when the infirmary has been added the whole will form a hospital on the lines generally accepted in Scotland, an institution to contain all cases specially needing medical supervision whether for mental or bodily diseased conditions. The sanatorium for consumptives (for twenty-six patients in two wards) has also been occupied.

Gartnavel Royal Asylum.—Dr. Oswald writes some weighty words in his report on the prevention of insanity by regulating the education of the individual. He thinks, as many do, that the routine form of education now practised is more calculated to cause insanity in nervous children than to protect them from it. The teacher should be informed of hereditary predisposition, of former illnesses, etc., so as to be able to regulate pressure. Dr. Oswald refers to the surprise often felt to patient's parents when a breakdown occurs in adolescence after a bright and clever career at School. The very brightness of intellect frequently leads to overstimulation, which should be withheld on notice of hereditary instability. Two cases of well-marked general paralysis were discharged improved, and have remained well for nearly a year. A lady died after a residence of sixty-two years at a weekly charge of eight shillings.

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Dr. Oswald is trying the system of treating acute cases in bed in the open air in all weathers, under the protection of a verandah. Some cases have improved, and further trial is to be given.

The Directors desire it to be known to the medical profession that they are willing, through their physician superintendent, to favourably consider the admission for a limited period, at rates under the lowest fixed amount of £40 per annum, of cases of acute and recent mental illness occurring among a class who, while unable to pay a remunerative rate, are yet unwilling to have their friends sent to a rate-supported asylum for treatment.

Govan District.—Though it seems but the other day that Hawkhead was the latest asylum opened, it is now so nearly full that the District Board have to consider the provision of further accommodation. This state of things occurs, too, in spite of a consistently high recovery-rate (over 45 *per cent.* for the last four years) and a death-rate above the normal. Considering the nature of the area from which the patients are drawn the presence of general paralysis in less than 5 *per cent.* of the admissions is a light ratio, while less than 15 *per cent.* were due to alcohol.

Inverness District.—Dr. Keay still strenuously pushes the discharge of patients on probation with a view to their being ultimately boarded out. Of seventy-six thus treated, nine were returned to the asylum, two died, and fifty-eight have already been discharged. More than half of the patients who died were found on autopsy to be affected with tuberculosis. He has been able to follow infection by such cases into the staff itself. The committee have been fortunate enough to secure a neighbouring property of 200 acres of good arable land, with commodious farm house and ten cottages. Dr. Keay will be able to adapt the house and appurtenances for seventy to eighty patients.

Some Irish District Asylums.

Ballinasloe.—In the unfortunate absence of Dr. Fletcher from illness, which to our great regret has terminated fatally, the last annual report of this asylum was made by Dr. Mills, who, as senior assistant medical officer of many years' standing, acted as deputy superintendent. It is matter of history now what has been the reward of his long, faithful, and capable services. We can but offer him our sympathy. Certainly if the Committee's procedure in this instance became common a deadly blow would be struck at the medical administration of the most important of all the public institutions which require supervision by medical men.

Dr. Mills points out a striking fact. At the time of the report 226 of the 1234 patients were over sixty years of age. Ten years ago of 791 patients only 45 were above sixty years. In other words, while the residence has increased by 56 *per cent.*, the patients over sixty have increased by 402 *per cent.* The reasons he assigns are the drain of young people going to America, and the intolerance in the family circle of members mentally unsound.

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