note that all the alcohol cases are entered under the "principal factor" column. It is a great gain that such cases can be argued about with certainty. We note that here all the heredity is treated as "contributory," whereas at Cotford it is treated in the contrary way. The rights of the matter would form a fine subject for debate.

The same remark applies to the causation by mental stress. Here perhaps the difference in social position may account to some extent for the variation in views. We do not find any return of the original causation in the twenty recoveries. This will always be of cardinal importance. We note in the very useful table giving the forms of insanity in the residue, that in the total of 169 residents on December 31st there are no less than twenty-eight cases of primary dementia. Under that fact must lie some principle of definition that is not usual. We remember that when the new nomenclature was published, some felt doubts as to the precise meaning to be attached to the term.

Dr. Pierce makes the bold, though not unwarranted, suggestion that the principle of detaining recent and curable cases under modified certification in private houses should be extended to treatment of them in institutions. Thus the stigma of definite certification and declaration would be held over for the time until failure of cure had been demonstrated. He had a case in which certification served *ipso facto* to lose the patient his business position. We very much doubt whether any such proposition would receive consideration, although Dr. Pierce contemplates magisterial inspection of each case.

Some Scottish District Asylums.

Aberdeen, Kingseat.—This being the only asylum report at present dealing with an absolutely discrete system of accommodation, the record of a second year's progress must be of much interest. That record is certainly satisfactory. The ratio of recoveries is high, well above average indeed; the death-rate is normal; there has been the average amount of accidents. The patients are reported by the Commissioners on each occasion to be comfortable and free from excitement, and the weekly maintenance rate is quite reasonable. These are the points by which the scheme and management must be judged. No doubt there must be much advantage in breaking up population into items that can be treated with varying liberality. We note that 80 men and 79 women, a total of 159 out of 412 patients, are on parole. This large ratio no doubt is to some extent rendered possible by the segregation of the asylum itself. Some plates supplied in the report suggest miles of open country round the institution.

Glasgow, Gartloch.—Dr. Parker deplores the character of the majority of his admissions; 66 *per cent.* of these were ill over a year, were congenital imbeciles, or had been previously ill. Of course this high proportion would be expected after Dr. Carswell had paid his attentions to the bulk of fresh insanity in the district. As Dr. Parker points out, these attentions must have some effect on the number of patients admitted into asylums and thereby vitiate the calculations of the Commissioners when they seek to estimate by admissions the yearly incidence of the disease. It is claimed and admitted that several short cases that

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would formerly have come under the notice of the Commissioners are not now returned to them. A table put forward by Dr. Parker shows how the proportions respectively of young, middle-aged, and senile cases have gradually shifted since 1898. The first named are now 32 *per cent.* of the admissions, tending on the whole, though not markedly towards increase. The centre group, thirty to fifty years of age, however, have decreased by regular stages almost from 60 to 36 *per cent.*, while those over fifty have increased from 14 to 31 *per cent.* He suggests that boarding out might be increased in efficiency if those subjected to it could be grouped, so as to be within easy supervision of some individual inspector—a medical man for choice. The influence of parental inebriety on the production of insanity in offspring is becoming an accepted fact in spite of some disinclination to accept any evidence as conclusive on any point connected with ætiology. The figures given by Dr. Parker again this year are striking enough to be reproduced here. In 112 cases with a definite history, parental alcoholism was established in 70 and excluded in 42. Of the same 112 cases 49 commenced before the age of twenty-six, and in these there was parental alcoholism in 41, or 83 *per cent.*, while in the other 63 the percentage was 46 only.

Govan, Hawkhead.—Govan has followed the lead of Glasgow in establishing observation wards apart from the asylum itself. Therefore not only are the admissions into Hawkhead reduced by straining off several mild and evanescent cases which get well inside of six weeks, but the ratio of recoveries is naturally reduced. In spite of that the latter is quite respectable. The chief item of interest must be Dr. Watson's new system of ætiological record, to which we adverted last year. In spite of his further remarks in this year's report, we still think that we are correct in holding that the public has a right to expect an expression of opinion on the causation of insanity from those to whom it gives the best chance of forming that opinion. Dr. Watson says that ætiology ought to be regarded as in the collecting stage. So it may be, but how long is collection to go on? For ever? If not for ever why should not a man with the experience of many years digest and use his own collection of facts. If, on the contrary, this process is to be perennial—*medicus expectat dum fluviet amnis*—surely time and opportunity are being wasted. Particularly in regard to the effects of alcohol on the human race Dr. Watson is very averse to anyone giving an opinion. Of course some men may be of a slovenly way of thinking, but there are others whose logic is unassailable, and some of these may claim to found a logical opinion on long and trained observation of facts. He himself has made use of experience in classifying three males and two females under the head of alcoholic. We presume that a careful weighing up of known facts has enabled him to state positively that these cases have fallen victims to the toxine. Why may not others be equally positive? The same arguments may be applied to the use by him of the term "puerperal insanity." If no attempt is to be made as yet to assign definite causes, classification needs revision. But whatever argument or difference of opinion may arise over these questions we shall always think that Dr. Watson has done a great thing in producing his valuable collection of facts, in the form devised by himself.

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Inverness.—Dr. Campbell shows that the average number of admissions for the last ten years exceeds the number actually admitted in the year under record. He thinks, therefore, that there has been no increase of insanity of late years in the district. It is curious to read as a possible explanation that the public is more tolerant of insanity than formerly, the obverse being one of the stock allegations made in the south for the purpose of discounting a very obvious increase in totals. Yet it may be true in a neighbourhood like that of this asylum, where boarding out is practised to a large extent.

In dealing with the high ratio (34 *per cent.*) of readmissions, Dr. Campbell points out that this depends in great measure on the strong efforts that have been made to relieve the asylum of cases entitled to have a trial of outside life. Some of these must inevitably be failures in course of time, but in respect not only of them, but also of those who still remain boarded out, credit has to be taken for the relief produced by their absence. He also points out that such a high rate is the best proof of determined attempts to weed out cases not requiring asylum control. In considering the influence of alcohol in particular cases, he frequently finds that when an abstemious man becomes mentally indisposed he takes a little alcohol under the belief that it will help him to do his work, and then of course the progress of events is hurried on. It is proposed to remodel a house on the asylum estate, on which being done forty-eight beds will be added at the rate of £40 each. We note that a second assistant medical officer has been appointed—not before time, seeing that there are nearly 700 patients.

Roxburgh District.—Now that the accommodation has been so much increased arrangements have been made for taking private cases at £40 from the district and £45 from outside. Dr. Johnstone makes an energetic protest against the asylum being made use of by the law.

> A woman, charged with the wilful murder of her two infant children by drowning them in the Tweed, was sent to the Asylum under the 15th Section of the Act 25 and 26 Vict., cap. 51. Twelve days later she was removed to Edinburgh Prison by order of the Sheriff. At her trial she pleaded guilty to culpable homicide, and was sentenced to six months' imprisonment. No opinion is expressed here as to the regularity of the legal procedure followed in this case; but a protest must be raised against what appears to be a growing tendency to make use of asylums as convenient houses of detention for dangerous criminals. The modern asylum is essentially a hospital; its arrangements are not designed to meet the requirements of a gaol, and, in so far as its conditions are made to resemble those of a prison, its efficiency as a hospital must suffer. It is most unfair that respectable members of the community sent to the institution for medical treatment should be forced into association with malefactors and murderers, and the presence of such persons in the wards is keenly resented by the patients.

A comment we may add is that sentence of six months' imprisonment for two murders seems to be so inappropriate that some idea of irresponsibility on the part of the offender must have been in the mind of the judge. The peculiar grievance that is felt by district asylums in regard to the absence of any power for the granting of pensions is discussed at some length, and we consider that Dr. Johnson has put the arguments for such power being given in a particularly clear and convincing manner. Perhaps if the Scottish officials keep on pressing the matter on their members, they may in the end get a compulsory instead of a permissive scheme such as England has to put up with.

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Lanark District.—After seven years of constant moaning and lamentation, kept up to the annoyance of all around, a female patient suddenly got quite well, and has kept so. She is so grateful for her treatment that she wishes to devote the remainder of her life to nursing mental patients. If we remember right it was in regard to the statistics of this asylum that several years ago, in the time of Dr. Campbell Clarke, we first raised objection to general paralysis being assigned as a cause of insanity. We should not wish to add anything to what we have said on this matter on a former page had not we seen another table supplied by Dr. Kerr. This shows the bodily condition on admission of the patients admitted. Under the head of the nervous system there are two patients returned suffering from this disease. We find, however, that in the cause and the form of mental disease tables, five cases are entered. This increases the difficulty we find in ascertaining the principles on which general practice is departed from.

Stirling District.—Dr. Robertson points out that his admission ratio for last year is exactly the average for the last eight years. As the total population of the district supplying the asylum has probably increased by 40,000, his belief that the volume of occurring insanity is gradually decreasing receives support. He thinks that this might be expected. Insanity is a symptom of physical disease, and he is of the opinion that with the increase in physical improvement insanity must be expected to lessen. He considers, too, that the amount of so-called alcoholic insanity in a district can be taken not so much as a measure of alcoholic excess as a test of the amount of degeneracy. In mentioning the rapid decrease in the tuberculosis ratio, he states that systematic spraying with formalin solution of the whole interior surface of the asylum is practised. Dr. Robertson sets great store by having in charge of all the departments, male and female, an educated and trained assistant matron. The staff on the male side is composed of eleven nurses and twenty-five attendants. This replacement of men by women is worth a trial, no doubt, and it will probably succeed under the energetic care of Dr. Robertson. But it will have to go very well indeed to go at all. As soon as the least laxity or laziness creeps in there will be serious risk of abuse and failure. The criticism that is bestowed by Dr. Robertson on Lord Rosebery's Bangour speech is very much to the point. Touching the comparison of the patient's comfortable surroundings with the opposite conditions found in their relatives' homes, Dr. Robertson suggests that the latter should be asked which they would wish to have —the comfort for themselves and the discomfort for their insane friends, or the reverse. He says that whenever he has asked this question the answer is at once for the patient. The one consolation that friends have in giving up their mentally sick is that nowadays the State, when it takes the charge, does so in no niggardly manner. This is most true, and the feeling is at the root of that change in public opinion which has pressed and will continue to press for the best treatment, in spite of all cry for economy.

The table of the restraint and seclusion used in Scottish asylums for five years is reproduced in this report, having been taken from the Commissioners' Report of the preceding year. We are enabled to congratulate Dr. Robertson on his exceeding good luck in not having

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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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