653 in all. The daily average under treatment was 247 males and 253 females. There were dismissed 77 males and 98 females.

	Men.	Women.	In all.
Recovered . .	26 ...	30 ...	56
Improved . .	24 ...	37 ...	61
Incurable . .	10 ...	9 ...	19
Died . . .	17 ...	22 ...	39
	77	98	175

Of those recovered, the largest number—amounting to 21—had been detained but six months; 45 out of the whole 56 had been under treatment for less than a year. Amongst the deaths falling between the ages of 90 and 100, we find one man. W. W. IRELAND.

Report of the Provincial Asylum of Alt-Scherbitz [*Verwaltungs bericht der Provinzial-Irren-Anstalt zu Rittergut Alt-Scherbitz. für die Jahre* 1898–1899 *und* 1899–1900].

In this report the superintendent, Dr. Paetz, proclaims that after two years the number of medical men who have visited Alt-Scherbitz is as great as ever—about 215 strong. Whole commissions have also come for instruction from Edinburgh, Liverpool, Bremen, and other places in Germany.

The number of patients cared for during the year 1899–1900 was 575 males and 429 females—a slight increase upon the preceding year. There were 264 admissions—154 males and 110 females. The recoveries were 18 males and 25 females, the deaths 53 males and 21 females. This gives a proportion of 9·2 for the men, and 4·9 for the women. The greater mortality amongst the men was owing to general paralysis, which gave 35 deaths—66 per cent. of the whole. The number of admissions from this form of insanity is much increasing; in the last year reported upon it amounted to 42 per cent. The report is mainly made up of statistical tables. W. W. IRELAND.

Some English County Asylums, 1900.

London County Council Asylum.—The report of this body rapidly increases in size, and we may say value. Everywhere is apparent a desire to carry out the great trust committed to the Council in a careful and whole-hearted manner. As time goes on, the immense bulk of statistical information now gathered together and co-ordinated cannot fail to have a weight which could never attach to the figures of any individual asylum, or group of asylums, drawing their population from heterogeneous resources. The administrator will find plentiful material to help him in building, equipping, and managing a new institution.

Liberality in the treatment, both present and in the future, of the staff is proved, and we recognise gladly that the London County Council has mastered the fact that such treatment is necessary in getting together, and keeping together, an efficient body of employés.

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The Asylum Committee states that it has not been able to make arrangements to reduce the hours of duty, but, by the desire of the Council, it is giving further attention to the matter.

The number of pauper patients had increased by 416 in the year under report, viz., to March 31st, 1900. This number is below the average, but several patients have been removed from the pauper to the private class. We note that to qualify as a private patient the payment of the bare cost of maintenance is sufficient, rent, we suppose, being omitted. The reason for this view is not very apparent, while it must give an enormous amount of extra clerical and administrative work.

The building of the new asylums proceeds apace, and the Committee have only 1295 patients boarded out in other asylums and licensed houses, against 2492 in the previous year. Gathering in the difference of nearly 1200 saved the county £53,000. It is hoped that in the next year or two reception-contracts will have come to an end finally.

The Committee have under consideration the establishment of receiving houses to take the place of workhouse lunatic wards. A report on the subject is promised, but meanwhile no indication is given as to the fundamental principles which shall underlie the venture.

A large amount of money seems to have been made out of the Croydon patients who were retained after the expiration of their contract. The charge of £2 2*s*. per patient per week was made. This, though apparently enormous, is perhaps justifiable by the fact that the Council has had to pay the same amount for boarding-out patients who could have been received in the home asylum had it not been for the belated removal of the London patients. But the case affords a good illustration of a state of things which may well be called iniquitous, and which, it is hoped, will be remedied when the new Bill becomes law. Croydon paying £2 2*s*. per patient yields a handsome profit, which passes into the pockets of the County Council. Other patients have to be kept out, and for them the guardians have to pay this high price, being allowed by the present Act to receive only a small rebate from the County.

The Committee report with satisfaction, which we think is warranted, the acceptance by the Lord Chancellor of a new clause for his Bill. Under its provisions patients may be boarded out singly for profit, the Committee being permitted to pay any sum greater than the maintenance rate without any consent on the part of the guardians of the parish from which he was admitted. But the Committee will have to find the amount so paid which exceeds the maintenance rate for the time being. While dealing with legislative proposals, the Committee state that they are opposed to the idea of giving a county council power to appoint a proportion of the Visiting Committee from outside its own body. It is difficult to imagine any particular reason for such a proposal; in fact, it might be said to be a dangerous departure. Just now local authorities are in many instances called upon by their Visiting Committees to pledge their ratepayers to a considerable expenditure, which we know to be in most instances for the advancement of the treatment and care of the insane. We can well imagine that county councils would be more critical of proposals for such expenditure which came from composite bodies.

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The Committee evidently appreciates the good work done by the medical staff in training the attendants and nurses.

Among the general tables is one in chart form, which gives a large amount of information on the amount of lunacy in the area, compared with general pauperism, etc. It is here shown that at the commencement of 1889 the Council was responsible for finding accommodation for 10,000 patients, but only had it, including reception contracts, for 8500. At the end of 1899 the reception figures were 15,163 and 14,854. Another table shows that of 5540 patients discharged recovered during the last five years no less than 1296, or 23·82 per cent., relapsed, and were re-admitted; and of them 731 returned within twelve months of their leaving.

The recovery rate at the older asylums was a high one. Excluding transferred cases, Hanwell claimed 43·72, Colney Hatch 46·12, Banstead 40·57, Cane Hill 35·85, Claybury 39·64. The average death rate for the combined asylums was 8·97, against 10·2 in all county and borough asylums. On turning to Table V for the chief causes of death we are surprised at the difference in classification between the various asylums—a difference which prevents a summarisation of returns from all. Surely the importance of the table would suggest a uniformity which, desirable as it is on medical grounds, is equally necessary for the instruction of the lay mind of the administrator.

The chief divergence arises at Banstead, where but little attempt is made to follow the classification devised by the Association and almost universally accepted.

We notice, too, that at the Heath Asylum a separate group is introduced to include paralysis in various forms—paralysis of the insane, toxic, alcoholic paralysis, and meningitis, cerebral. In the latter asylum the number of post-mortem examinations is not recorded. At Hanwell, Colney Hatch, Cane Hill, Claybury, and Horton, the combined average proportion of post-mortem examination to deaths reaches the satisfactory figure of 90 per cent.

It is somewhat remarkable to find in the summary of Table VIII that three patients were admitted between five to ten years of age, of whom one recovered and one died.

The remarks made as to Table V apply equally to Table X, but we think that a little adjustment, even by a lay enumerator, could have surmounted the difficulties arising from non-adherence to form. It is a pity, and further, it is an unnecessary hindrance to those who wish to study arithmetical facts that are, after all, common property.

On adding together the figures relating to alcohol, we find that in all the seven asylums the proportion of admissions assigned to this cause was 15·7. The greatest variation above the average was 23·6 in the case of Bexley, and below 12·9 at Claybury. By sexes—the male cases of alcoholism were just about 20·0 per cent., the extremes being, at Bexley 40 per cent., and at Horton less than 5 per cent.; the female cases 12·4—the extremes 15·1 at Colney Hatch, and 9·5 at Horton.

The averages for all England pauper cases, as given in the Commissioners' tables, is male 22·4, and female 9·4.

Of the 3936 admissions recorded in this table, 17 per cent. had suffered from previous attacks. We do not attempt to analyse the

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figures relating to hereditary predisposition, since any result arrived at can be but an instalment of the actual truth.

The cases of general paralysis admitted numbered 262—185 males and 77 females.

It should reassure those alarmists who fear improper certification and detention of sane persons, that only 1 case out of 4555 admissions was returned as not insane.

Dr. Claye Shawe points out that of the 441 admissions to Banstead, no less than 105 had been in some asylum before, which fact he thinks considerably discounts any satisfaction from a recovery rate of 40·5 *per cent.*

At Cane Hill, mention is made of course of the sad attack made on Dr. Moody. We are glad to note not only his recovery, but also the warm recognition he makes of Dr. Ireland Donaldson's execution of the work which was thrown on him as acting superintendent.

At Claybury, Dr. Robert Jones points to the influence which indoor occupations, sedentary or the reverse, have in causing insanity—tailors, bootmakers, compositors, upholsterers, machinists, milliners, and dressmakers, all contributing largely to the admissions. He had to discharge two patients for a reason which is novel, and which hardly occurs elsewhere. The orders were made out to all the London asylums, and not to a specified one. This was held by the Commissioners to invalidate. He sends "shopping" parties into the village, and promotes female patients visiting each other in different wards on Sundays and wet days. These are both excellent ideas.

At Colney Hatch, 69 Jews (in the previous year 89) were admitted, most of whom were Russians or Poles—not a very pleasant element in the anxiety caused by 591 admissions for the year.

Dr. Alexander states that, contrary to general experience, female relapsed patients are admitted in a considerably less proportion than is the case with the males. The average interval of sanity was for males 3 years 1 month, for females 3 years 4 months. The extremes were between 8 days to 22 years, and 13 days to 21 years respectively.

It is odd to read that at Hanwell there should be reason on the part of the Medical Superintendent to regret a large return of mechanical restraint, but as this was in respect of a few cases which could not be made safe without it, regret on our part is replaced by a feeling of satisfaction that, given the necessity, false reasoning and false sentiment are not allowed even here to prevail in the execution of a primary duty to the patient and to his neighbours. Dr. Alexander is to be congratulated on his courage in recording the fact, in the face of the prevalent idea that restraint, even when applied in circumstances of imperious necessity, is a deadly sin.

At Bexley Dr. Stansfield is taking great pains to ascertain and record the presence of stigmata of degeneration in those admitted, and he gives some very interesting particulars. In no less than 22·8 *per cent.* of the males and 6·6 *per cent.* of the females, syphilis could be assigned as a predisposing determining cause of the insanity. In one case, in spite of denial of specific disease, and in the absence of any of its usual signs, local or general, a gumma was discovered post mortem. The case had been the subject of several conferences, and Dr. Stansfield

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quotes it to illustrate the ease with which syphilis can be overlooked even when sought for.

Dr. Mott makes a report of the pathological work carried on in the laboratory at Claybury, from which it is evident that he has many and capable fellow-workers. He adverts to the invasion of colitis, the facts about which are still under discussion. Syphilis, tubercle, and alcohol are subjects of close study in relation to insanity.

The information given by the asylums' engineer, Mr. Clifford Smith, in his separate reports on each asylum is most interesting and will well repay perusal.

Some Scottish District Asylums.

Fife and Kinross.—Dr. Turnbull writes that the hospital section has well fulfilled its purpose, but is now too small by reason of largely increased admissions and accumulation of special cases. He states that great benefit to the patients has arisen from the adoption of an extended and more efficient system of night supervision. After two years' trial he finds it more economical to provide milk on the premises rather than to buy it by contract, and from a shorter trial he finds the same result from killing his own meat.

Glasgow, Gartloch.—In forty cases examined post-mortem Dr. Oswald found active or quiescent tubercle in no less than twenty-six. The acute cases are isolated as far as possible in the infectious blocks.

A new nurses' home and a shifting of male attendants has set free a certain amount of accommodation; yet Dr. Oswald is advising his committee to set about building soon.

Just seventy-five *per cent.* of the patients are registered as daily engaged in useful occupation. Twelve female patients and two nurses are regularly employed in the garden. Eighty patients out of an average residence of 470 have parole.

We note that general paralysis is assigned as a cause of insanity, and we find that Dr. Campbell Clark follows the same practice, but while the latter applies it to all his five cases of that disease admitted, Dr. Oswald returns only ten out of his twelve as thus caused. It would be interesting to know what are the grounds for this differentiation, and we may express a doubt whether this disease itself is not such a recognised entity as to forbid its physical elements being thus dissociated from the mental. It seems to us that, as in this report 211 causes are given for 211 admitted cases, the causation of the general paralysis cases must be excluded.

Another class of cause also seems to us to be not free from doubt—exacerbation of existing attack. This may be a cause of admission, but hardly a cause of the mental condition necessitating such admission.

Glasgow, Kirklands.—Dr. Skeen gives a curious and amusing case of a girl who was out on probation, and, not returning in time, had to be discharged as an escape. She left her friends, procured male attire, and hired herself out as a baker's lad, and worked well as such. When her sex was discovered she moved on to a baker's near the

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