state intermediate between sleep and waking, in somnambulism and in the epileptic dream phase, and then discusses at greater length the automatism of alcoholic intoxication In this connection he emphasises the importance of emotional stimuli in initiating the activity of the aggressive mechanism, which, when started in these conditions, often works with an explosive violence ending in exhaustion. Military training, designed as it is to cultivate the aptitude for attacking a hypothethetical enemy, renders this atavistic mechanism of aggression particularly prone to activity, and for this reason homicidal crimes in alcoholic automatism are specially frequent amongst soldiers. A number of interesting observations are briefly cited to illustrate this point. The tendency to automatism is more pronounced in individuals of defective brain and also in the uneducated. Marro has found, for instance, that the proportion of illiterates is nearly twice as large amongst homicidal criminals as compared with other classes of offenders. In general, the influences which place the mental organism in a state of inferiority, the influences which produce what Janet terms "la misère psychologique," favour the development of criminal automatism.

W. C. SULLIVAN.

8. Asylum Reports, 1909.

Some English County and Borough Asylums.

Buckinghamshire.—Comparisons of asylum population at various times in the last forty years show some curious results. During that period the numbers in workhouses and with friends has increased by 193, and those in asylum by 253, the chief increase in both cases being between 1895 and 1905. The population of the county between 1870 and 1880 increased by 1,000 and the increase in the insane was 37. But in the next decade the population went up by 9,000 while the insane only increased by 11. Such vagaries must increase the difficulty of estimating requirements when new buildings are called for.

Cumberland and Westmoreland.—We note that *post-mortem* examinations were made in every one of the seventy-three deaths. The Commissioners, in noting an excellent dinner, make the suggestion that the patients' dietary should be shifted every month, so that patients should not always know what they are going to have for dinner from day to day. Among the financial tables we find one that is interesting and probably instructive to those who can follow the various factors which temporarily influence maintenance expenditure. The average cost for each of the items in the statutory expenditure returns is given for each year from the commencement of the Asylum's life in 1862. The prominent factor is that the cost of provisions has progressively decreased until now it stands at *2s.* 10*d.* per week as against 5*s.* 1*d.* in the first complete year. Salaries and wages cost about threepence, or 10 *per cent.* more than they did. Necessaries rule a shade higher, while the dispensary charge is half what it was, and wine, etc., which stood at over a penny and three-quarters, and sometimes over two-, and even threepence, is

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now represented by one-sixteenth of a penny. On the other hand, the charge for farm and gardens is a shilling or more than in the earlier days, and this must be, we suppose, satisfactory evidence of greater utilisation of the staple labour of a rural district. The net expenditure, which, of course, is liable to disturbance by calls for extra furniture and repairs and clothing, etc., works out now at 8*s.* 9*d.*, which is threepence below the average of the forty-nine years under consideration.

Derby County.—Dr. Legge points out the divergence which exists in the practice of those who have the disposition of the pauper insane in contributing areas.

It has been suggested that less favourable cases come from industrial than from agricultural districts. This is probably true, but it does not explain all the differences that are met with. I would hazard the suggestion that an important factor may be found in the persons who send patients to the asylums; that in different districts there exist among relieving officers, workhouse officials, guardians of the poor, and others concerned, different customs or views (which may become traditional) as to the cases in which certification is necessary; that some are more disposed to send the milder cases to the asylum; that others let the patients remain at home, or in the workhouse for a longer period, so that the chances of recovery are lessened; that in various ways the patients selected for treatment in the asylum are not selected on a uniform system. That differences of procedure should exist between similar authorities is not surprising; they are very common. In some counties it seems to be the rule that an adjudication should precede an order of transfer; in others the adjudication is almost unknown. In two unions in this country attempts have been made to admit all pauper patients under two certificates as "not under proper care and control"; in the remainder of the county pauper patients are almost invariably admitted in the ordinary way with one certificate. Instances could be multiplied indefinitely.

One patient was discharged on account of one of the medical certificates not showing any facts justifying certification—a rare occurrence in these enlightened days one would think.

Derby Borough.—Dr. Macphail reports yet another relation of that dreadful scourge, influenza.

In the months of January and February we had a severe outbreak of influenza. During the six weeks the epidemic lasted, 115 patients out of a total of 350, and 19 officials out of a total of 58, were attacked. There were also a few doubtful cases. In round numbers this corresponded to a third of our resident population. In many of the cases the disease was of a mild uncomplicated type, particularly among the men, but in about 50 *per cent.* of the female patients and staff the symptoms were of the gastro-intestinal type. A special feature of this epidemic, the most severe in the history of the asylum, was the number of cases that relapsed once or oftener. Towards the end of February, among some of these relapsed cases, well-defined symptoms of dysentery appeared, and for the first time in the history of the asylum we have to report an outbreak of colitis. The total number affected was 23—8 males and 15 females; they were fairly evenly distributed in all the wards, and did not affect any special class of patient. I was unable to trace any communication of the disease from one patient to another. The incidence was as follows: On two distinct occasions, at an interval of a month, several patients were attacked simultaneously, had well-defined symptoms, and when they recovered the disease did not spread further. The only definite fact, which could scarcely have been a coincidence, was that practically all the cases of colitis occurred in patients who had an attack of gastro-enteric influenza a few weeks previously. There has been complete freedom from this or any other epidemic disease since the month of April, and no member of the

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staff suffered from dysentery. These epidemics were directly or indirectly responsible for seven deaths, three from influenza and four from colitis.

It is somewhat surprising that the admissions in the borough supplied less than 3 *per cent.* of general paralysis, while the county admitted more than 5 *per cent.* The steady increase of this disease in rural districts compared with the somewhat stationary incidence in towns is a fact that merits inquiry. Can the explanation be that the short service system now in force for the army tends to return into rural homes an increasing number of possible subjects. The percentage of former service in general paralytics as given by Dr. Morrison above would seem to justify such a suspicion.

Dr. Macphail gives his yearly average respite from second attacks in those who have been discharged recovered and have relapsed. Last year it was three years and seven months. It is much to be wished that all would give this information. Given reasonable concurrence as to what constitutes recovery, evidence of cardinal value would be obtained as to the probability of relapse, a most important item in the natural history of the disease. This value could well be increased by recording the form of insanity on the prior attack.

Glamorgan.—General paralysis was found in 42 of the 382 admissions. In these eleven showed positive signs of syphilis. In 34 paralytics this disease was stated to be a contributory factor in twenty cases, while in the other fourteen it was deemed to be the principal or chief factor. Alcohol was found in 65 cases, and 155 had some form of heredity. Colliers and miners formed more than one-third of the male admissions. More than half the cases came in within three months of inception.

Hereford County and City.—Thirty-two *per cent.* of the admissions were found to be suffering from goitre. It would be very interesting if Dr. Morrison could show what, if any, relation to the form of mental trouble, course of the case, recovery-rate, etc., this disease may have.

The careful inquiry instituted into the cause or causes which have operated to induce a mental breakdown in those admitted has elicited the fact that the neurotic and insane heredity were the most potent as a primary factor, 23 *per cent.* males and 40·8 *per cent.* females having a definite faulty heredity. Syphilis in males gave 17·1 *per cent.*; nearly all were men who had served with the colours and had seen foreign service. As a secondary cause alcohol was found to be operative in 35·3 *per cent.* of adult males, but in 22·8 *per cent.* the excess had followed a prior brain affection, and in the remainder, 11·7 *per cent.*, the habit had been acquired by persons with a direct insane or neurotic heredity. In 6·5 *per cent.* adult females the habit was also found to be associated with an insane or neurotic heredity.

Dr. Morrison, in adopting for the first time the new tables, adverts to the extra work involved in keeping full and accurate registers. It is one advantage of the new system that it does involve accuracy in registering facts when found, as also industry in seeking for them. It is to be hoped that in time all asylums will insure this accuracy by adopting the tables, for though the precise value of the tables themselves may not be evident, yet in time to come the enormous collection of accurate

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facts must, in the hands of experts, yield results of the highest importance. Anyhow, the thanks of the Association are due to all those who undertake for the general good the undoubted increase in labour involved.

Hertfordshire.—The tendency to increase in the number of patients for whose care authorities are liable is illustrated by the fact that this asylum, opened but a few years ago, has need to build for 234 additional patients. At the same time the new wards, when opened, were called upon to receive forty Middlesex patients from Napsbury, an asylum opened still more recently. It must be consoling to the ratepayers to find that the new accommodation has been provided for less than £100 per bed.

Dr. Boycott, though he has not gone the full length of adopting the tables of the Association *en bloc*, gives a large amount of valuable information on the principal lines laid down by the Statistical Committee. In one respect we think that he has made an improvement. He gives the form of insanity on direct admission, dividing it into two columns, one dealing with first attack cases, the other with not first attack. Such information in large bulk would be very useful. We note, too, that he gives a column or two to the relapses admitted each year. We would suggest an improvement by showing, not the relapses only, but the year from the recoveries of which relapses have been admitted during the year under report. This would be analogous to the information of each year's working given in the old Table 4. The results would tend to show the period of respite to which we have alluded under Derby Borough. We note that in the table of religions no less than twenty-two are detailed, while a considerable margin is left for cases in which no form of religion is stated, this affording possibilities of yet further forms of belief.

Lancashire, Prestwich.—On one point all who have to do with the care of the insane must be agreed—the importance of freshly discharged recoveries being afforded the best opportunity for maintaining regained health in the early days of freedom. Various expedients are adopted, but we think that that which is suggested by Dr. Perceval is wholly commendable. A large area like Lancashire could well afford to try the benefits of such a home as he suggests.

> I have, on a previous occasion, called attention to the need, in my opinion, of a convalescent home. I venture to do so again. As pointed out then, there are a number of cases that reach a certain point in an asylum, and there they stop. There is something wanted that we cannot give them. To these cases the value of such a home can hardly be over-estimated. The sickly man who must immediately seek work, the delicate young mother who has to take up at once the full household cares and duties of the hardworking poor, the anæmic domestic servant compelled to get a place as quickly as possible, these, and many others, are constantly coming under my notice. A suitable convalescent home on the coast might convert them into permanent recoveries instead of swelling our list of recurrences.

Most will agree with Dr. Perceval as to the evil influence exerted by bad environment, but many will dissent actively from his assignment of

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the *causa causans*. Certainly many women of the new pugnacious type will abuse him for daring to think that the female sex was created solely for maternity and its duties. We are a little puzzled, too, in trying to fit in his opinion that poverty is the great cause of alcoholism with another very prevalent idea that alcoholism leads to poverty. Which idea is right?

There are few things that have not been named at one time or another as a cause of insanity, from changes in the moon down to perverted ideas of religion. The actual conditions, at present existing, conducive to the production of weaklings subject to insanity are not far to seek. This country, and others, have become dominated by a system of commercialism by which wealth and power are so unevenly distributed that for thousands of persons permission to live, even on the borders of starvation, is only granted on conditions of labour, compared to which the lot of the old negro slave was princely. The greatness of a nation now is judged by the amount of its exports and imports rather than the happiness and welfare of its people. And so we have little children working in the factories, and women, to get back to work, neglecting their duties of motherhood, for which alone they were created. The inevitable result is the production of a large proportion of the candidates for the asylums. I should like to say with regard to drink, of which we hear and see so much in this specialty, that I feel convinced, and the conviction has been growing upon me for years, that poverty is the great cause of alcoholic intemperance.

London City.—This institution continues to cater actively for the less affluent private patients, of whom sixty-five, or nearly half of the admissions, came into the asylum. They now constitute more than a moiety of the total population, and, of course, find the greater proportion of the available income. We note that out of the total admissions seven male and three female cases were of general paralysis. It would be highly interesting to know, especially as to the female cases, whether they were among the rate-paid or private cases. In fact we think, as we have said before, that with all the material at his hand Dr. Steen could give some comparative information of value. His population is drawn from eleven countries other than England.

Dr. Steen has adopted the outdoor treatment for many cases, but could not take the risk of letting them sleep out of doors after the commencement of November.

As recorded above, twenty-six patients were sent out on leave of absence on trial. In many cases this was done as a probationary measure to test the fitness of the patient for complete discharge; in a fair number of instances, however, this procedure was made use of to give the patient a holiday away from the institution. It is hoped that in the coming year the experiment thus commenced will be continued to an even greater extent.

Salop and Montgomery.—The two counties have at last taken the right step, by agreeing to dissolve union, to remedy the constant overcrowding and its attendant evils which have beset the management for years past. Montgomery is to go out, and provide for its own lunacy, claiming only that its contributions should be paid back to it. The four boroughs still in the county are to pay, under a revised agreement, about £9 per annum per bed for accommodation—a very reasonable charge of 3*s*. 6*d*. per week.

The Visiting Committee appear to have been very early in the field

https://doi.org/10.1192/bjp.56.235.737 Published online by Cambridge University Press

in attacking the pension classification, as they published a very fair scheme on or before January 19th, 1910.

We note in this, as in other purely rural counties, that admissions are supplied by the general labourers far in excess of the farm labourers. The latter are probably in considerably greater numbers than the former.

Staffordshire.—The Superannuation Act forms the subject of some comments. As this county in quite recent years set a good example of framing a very liberal pension scheme, the remarks on it shape rather differently from those in other quarters where the scheme is a novelty. Dr. Spence puts the matter very reasonably. We are glad to note that the liberality of the authority has not been exhausted by its previous work, and that it is to be exercised in bringing up as far as possible the future to the past benefits, which formed part of the contract of service.

The year 1909 may be regarded as one marking an epoch in the history of those who make the care of the insane their life occupation. The Asylum Officers' Superannuation Act received the Royal assent in December last, and the first day of April this year has been fixed as the date when the Act shall come into operation. As far as the asylum officials of Staffordshire are concerned the new Act is by no means an unmixed blessing, and it is feared that its effect will not tend to minimise the work either in the selection of the staff, especially of the subordinate members, or in the amount of clerical work, owing to the extra labour which the office staff will be called upon to perform in order to carry out its enactments. The Staffordshire officials of the first class already rejoiced in the benefits of a pension scheme which permitted them to retire after twenty-seven years' service with a full two-thirds of their salary and emoluments. Under the new Act they cannot receive such a pension until they have served thirty-four years, a very important consideration, especially for the female members, who are really not able to face the strain of so many years' trying work, and at the same time do justice to themselves and to the work entrusted to them. The Asylums' Committee of the Council have advised that, where possible, an addition of such a number of years to the length of service as would place those who are already on the staff in as good a position under the new Act as they were under the old county scheme, should be recommended, as provided for in Section 1, Sub-section 3 of the Act, but whether the Home Secretary will be equally generous in approving of this course is quite another matter. The payment of the contributions of all those who were on the staff of the three asylums at the date when the new Act commences its operations is a proof of the kind and thoughtful treatment accorded by the Council to its officials, who fully appreciate and are grateful for the consideration. Notwithstanding these concessions, the fact remains that the position of the Staffordshire Asylum employees of all grades is not improved by the new enactment, but that, on the contrary, they are placed in a less advantageous position than they were in at the time of the passing of the Act.

Dr. Christie reports that on account of the lessened pension and the longer service the great majority of the staff at Stafford have elected to contract out of the Act, believing that their rights under the former scheme are assured.

Dr. Spence presses for more cottage accommodation for attendants, showing that this is not only a morally justifiable demand, but one that has a decided influence in promoting long service. His married attendants have an average service of fifteen and a half years, while the unmarried have only two and three-quarters. Besides, as he points out, so much more room is set free for patients. Dr. Menzies adverts to the same need. Some of his attendants receive £10 lodging money, which

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does not nearly meet the rates and rents of their houses. Some of them have to walk home into Leek, as there is no cottage accommodation in Cheddleton itself. Apparently plans for some have been submitted to the Local Government Board and Home Secretary, but disallowed on the score of cost.

The statistics are carried out fully on the new system in each asylum. The great differences between these in some matters, which we have pointed out, still exist, but they cannot be valued rightly unless it is certain that each asylum is fed, as far as direct admissions are concerned, by its own defined portion of the county. At Burntwood the admissions consist almost wholly of acute mania, acute melancholia, epileptic insanity (of which there appears to be an undue proportion throughout the county) and general paralysis, these accounting for about 200 out of the 280 admissions, while stupor, confusional insanity, primary dementia, the delusional, and volitional varieties are not represented. At the other asylums it is different, Cheddleton especially supplying several instances of the last-mentioned forms. Taking all asylums together the mania cases exceed notably the depressed forms, only Cheddleton showing a slight tendency the other way. A comparison of the ætiology found in the three asylums does not supply any suggestion of explanation, the usual predominant factors appearing in much the same proportions where stated as "principal." Alcohol is a shade more frequent at Burntwood, while syphilis was found more frequently at Cheddleton, and was associated with a slightly larger proportion of general paralysis. Occupation certainly shows some difference in the various areas. Ironwork and its allies are well represented at Stafford and Burntwood, while miners and pottery people appear in considerable number at Cheddleton, no less than twenty-four out of 188 admissions being from the latter calling and its many subdivisions. In all the farm hand is infrequent, and the general labourer far outnumbers him.

The recovery-rates vary, but not to any great extent, centreing at Stafford and Burntwood round 30 *per cent.* At Cheddleton the advantage of separating direct admissions from others is well shown. The rate on all admissions is 23 *per cent.*, being undoubtedly degraded by the fact that more than one-third of the admissions were dumped from the other asylums. If these are taken away the rate rises to 36 *per cent.* The death-rates in all are heavy, being considerably higher than the average of the counties generally.

One feels, after an inspection of the great mass of carefully recorded figures, that a skilled collation and analysis of the more interesting and important points would well repay itself. The strenuous occupations, more than one of which has its own trade health-risks, could well bear working out. In this regard perhaps more interesting information could be got than from an area like London, where the complexities of life are so great, and where the varieties of work are less sharply cut and defined.

Suffolk.—Dr. Whitwell makes some general remarks of value on the subject of the spread of general paralysis. He supplies two excellent maps, the first showing the distribution of reported cases of the disease over the whole kingdom, the second showing its distribution over his

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own area. As might be expected, these centre principally round the large towns, Ipswich and Lowestoft and their vicinity harbouring the larger proportions. Bury is not so productive. The map rather bears out notes made in these columns for years past—that the greatest breeding grounds are large cities certainly, but large cities where shipping is a principal industry. The exposure of ship men by their reckless conduct to the incidence of syphilis no doubt has much to do with this point. He was able to attribute two cases occurring in an out-of-the-way rural parish to the accidental arrival of strangers.

He devotes some of his space to flouting the lethal chamber and those who hanker after it. There is a theoretical or philosophic method of meeting this very silly idea; there is also the practical one, adopted with success by the writer. The proposer may be asked if he would be prepared, supposing that the idea had been adopted, to consent to a beginning being made with his own wife or daughter should the affliction overtake them. The personal application of a principle begets sober reflection, and there is no more chance of the insane or the undesirable being put to death in this country than there was of Mr. Lowe's proposal to tax matches being adopted.

Sussex, East.—We adverted last year to the new form of farm account adopted by the Committee. This year the report contains both the old form in general use and the new form. It is interesting to find that under the old form a credit balance of £781 is proved, while in the new there is a loss of £60. Both are true in a sense, the chief criterion being whether any value is to be assigned to the labour of patients. We note that one general paralytic was discharged as recovered, while one systematised and eight non-systematised delusional cases had the same good fortune.

West Ham Borough.—Dr. Hunter is able to re-assure his committee that there is a steady decrease in the occurring insanity of the area. This fact he deduces from the declining proportion that first admissions display to the population of the area. These numbered 11·76 per 10,000 in 1902, but have progressively decreased to 4·54 per 10,000. We note that 18·4 *per cent.* of the asylum population on December 31st were epileptics.

Dr. Hunter gives a table showing the increase or decrease in weight during the residence of each individual who recovered. Two females appear to have lost 6 and 8 lb. respectively, but in all the other 74 males and females there was a gain ranging from 21 lb. to 2 st. 6. lb. This speaks volumes for the general suitability of the diet chosen.

West Riding, Wakefield.—The result of Dr. Bevan-Lewis's purgative treatment of colitis is that in 1908 there was no case on record. In 1903 the first six months yielded forty-six cases with sixteen deaths. The special treatment then commenced. The last six months of that year yielded eleven cases and two deaths. Since then the disease has waned and departed now entirely. The very simplicity and success of this treatment leads to the hope that similar well-conceived plans may yet help in the solution of problems, not more complex, which at present defy treatment.

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The electro-therapeutic department continues to show encouraging results. Of course the recoveries are chiefly derived from those forms of insanity which tend to get well under ordinary treatment, and they seem mostly to be of the confused, stuporose type. But two cases of acute delirium appear among the cures, accompanying the use of the sinusoidal bath. As we know, no form of illness, physical or mental, demands the quicker application of treatment of the right kind; and it must be of the right kind, since there is little room for mistake in the rapid downward progress. The idea is suggested that there must be something directly active and specific in this form of electricity, beyond the general idea of indirect benefit from alterative or tonic action. We note that in the course of the year no less than six cases of this terrible form were admitted. Turning to the death and recovery tables we can trace the touch-and-go character of the attacks. We find five recoveries and two deaths. In a report coming from such a strong observer as Dr. Lewis one reads with much interest his classification of the admissions. We observe that in the year under report he has had to use all the forms given, with the exception of moral imbecility impulse, and obsession (volitional). Moral insanity, which is so much neglected by most, provides one male and five females, the insanity of doubt one female, and alternating insanity one female. Confusional insanity, stupor, and primary dementia show eight, eight, and twenty-seven cases respectively, the female sex providing a disproportionate share of each variety.

Turning to C. 3, showing the forms of insanity on admission of the recoveries, we find that one female epileptic recovered; two had the same good fortune with alternating insanity, while three males and ten females recovered from systematised delusion, and three males and one female ceased to be morally insane. These facts are worth remembering by those who are apt to make a prognosis from the name of the particular disease.

Wiltshire.—The adoption of an economiser for the boiler feed has led to a saving of over £60, or more than 16 *per cent.*, in the cost of coal used. As the capital expenditure involved amounted to £650 the investment appears to be lucrative.

There is something to be said on each side of the question raised in the following paragraph:

(13) There have been at one time or another during the year thirty-seven paying patients in residence, the charge made varying from 15*s.* to 20*s.* per week. All these patients are persons who, it is understood, if the Committee declined to receive them as paying patients, would be sent to the asylum as paupers through the guardians in the ordinary way, and the Committee have continued to adhere rigorously to the regulation which they some time since laid down in this connection not to admit as private patients any who have means sufficient to enable them to be treated in a private asylum, every application of this kind being subjected to careful investigation.

A visiting board of guardians left behind them a note:

We agree with a suggestion made by Dr. Bowes that it would be beneficial to the institution if a separate building could be provided where the most hopeful cases sent might be treated and kept apart from the worst patients.

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This should strengthen his hands in asking his committee to provide that which would undoubtedly increase the curative functions of a good asylum such as his.

We entirely endorse Dr. Bowes' opinion about the treatment of persons charged with attempted suicide.

As many as eighty-five had a tendency to suicide, the latter being a high proportion. In this connection it may be remarked that the administration of the law in dealing with cases of attempted suicide appears unsatisfactory and to vary in different districts. In some instances the attempt at self-destruction is undoubtedly deliberately made with full knowledge of the nature of the act, but it does not appear sufficiently recognised that in the majority of cases those who make the attempt are irresponsible by reason of their state of mind. In the absence of expert advice great injustice may, and probably is, inadvertently done in committing such persons to prison instead of to an asylum where they might receive the treatment they require.

Some English Registered Hospitals.

Barnwood.—The hospital has had a very successful year both in its duty to its patients and in finance. The recovery-rate was 50 *per cent.*, both sexes having the same rate.: 30 *per cent.* of its patients were entertained and cared for at considerably less than the average cost. The staff likewise benefit from the application of excess of income, for the scale of remuneration has been increased, and no less a sum than £5,000 has been added to the Pension Fund, which now amounts to £67,000.

We think that Dr. Soutar takes a very correct position towards the statistical tables, which are furnished in full. He deprecates their being read as purporting to give accurate informating about particular cases; rather he looks forward to the proper study hereafter by experts of a large bulk of records.

The study which the compilation of the tables necessitates has, however, its immediate practical good in that it furnishes the physician, more or less fully, with a knowledge which enables him to prescribe for the patient who has recovered, the conditions upon which and the limitations within which he must live if he would best avoid the risk of another collapse. This education of patients, during convalescence and afterwards, in the mode of life which offers greatest promise of security from another attack, is based on an intimate study of the individual and his environment. But of even the imperfect knowledge thus acquired only fragments can be presented in our annual statistics, and these, without caution, may lead to false deductions. Thus, year by year, we record that an inherited neurotic taint was ascertained in a large proportion of our cases—in 1909, in 45·7 *per cent.* of the total admissions. When stated in this way, it would seem that heredity is far and away the most potent factor in the causation of insanity, but on that conclusion doubt is cast by the reflection that insanity occurs in but a trifling proportion of those who come from the same so-called "neurotic" stock. Gross instances there are in some families of wholesale mental failure, which tells of the potency of the taint transmitted by physiologically faulty ancestors. But such instances are relatively rare. Much more common is it to find in succeeding generations only isolated cases of mental defectives amongst a host of healthy and vigorous persons. It is clear that in these two classes very different values appertain to the influence of heredity as a causal factor, and figures which show the percentage of ascertained insane and neurotic heredity in the total admissions should be accepted with the reservation which this consideration requires.

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Bethlem.—The task of converting the old iron window-sashes into wooden, with an increase of light and cheerfulness, is progressing fast. It strikes one when going round old asylums that the pioneers of more enlightened treatment missed one great opportunity of differentiating between asylum and prison. Economy could hardly have determined the retention of such depressing fittings.

The need to vacate wards for the alteration has somewhat restricted the volume of insanity treated. The recovery-rate has been high, as it was 47·16 for the certified patients, the females having a shade the best return. It is somewhat striking that the same rate for the voluntary patients was ten points lower, the females among them having a considerably lower rate than the males. It appears from these figures that early treatment does not always lead to the best results, though probably a better return would be shown if all the voluntary cases had stopped for the time required to make a good recovery. The death-rate among the latter class of patient happens to be slightly higher than that of the certified, but this might be a mere accident independent of the mental disease. Nine general paralytics were admitted, on seven of whom definite syphilitic evidence was found. They were all males. We note that no stupor cases came in, while confusion and primary dementia were well represented, especially the first named. Hereditary influence was found in a little over one-third of the entries. This proportion was slightly exceeded by prolonged mental stress. Alcohol appeared in only six of 164 admissions, while syphilis accounted for seven and influenza for eight cases. We note a recovery from moral imbecility and also one from general paralysis.

The Coppice, Nottingham.—The paucity of male patients is noted here, as in many institutions admitting private patients only. For some years past the Commissioners' Report has shown over all England a lessening admission-rate of males in relation to that of females of the private class, while in respect of pauper admissions there is but little variation. As the Commissioners say in their entry, it is a cause for wonder that there should be any vacant accommodation, seeing the substantial comforts given for so low a rate as an average of £2 2*s.* 6*d.* per week. Low as it is, not more than 10 *per cent.* of the patients can meet the average cost. Interest from accumulated benefactions enable this benevolence to be practised.

The Retreat, York.—Dr. Bedford Pierce complains, not without reason, at the long duration of disease on admission.

> With reference to the duration of the mental disorder before admission, it was found that if the chronic cases be excluded, and all who had been ill more than two years, and also those who had had previous attacks, the average length of time that the patients had been ill previous to their reception was six months. It is difficult to avoid the conclusion that a great deal of this time was wasted, and that had the patients been placed under care earlier the results would have been more satisfactory.

We note that among his seventeen recoveries fourteen had been ill before admission. He was able to discharge as recovered one female who had laboured under systematised delusional insanity and one male

https://doi.org/10.1192/bjp.56.235.737 Published online by Cambridge University Press

with obsession. Heredity, either insane or epileptic, was found in half the cases, the toxins being quite slightly represented. Recent melancholia was by far the most prevalent form of insanity admitted, primary dementia and confusion following. The more excited forms were but few. There was no death among the males, this being a record.

The Commissioners repeat their just protest against the barbarous practice of patients being taken for their interviews with the judicial authority to the police-station. We repeat, too, that those who are responsible for the practice fall away from that humanity to the insane which was a marked attribute of York of old.

Some Scottish District Asylums.

Aberdeen, Kingseat.—We note that in this asylum the Plenum system was tried and found wanting, and has been replaced by radiators and natural ventilation. It is found that the change has been attended by saving of cost as well as by sanitary improvement.

The last of the closed villas has now been opened, the change necessitating an addition of four nurses to the staff. Dr. Alexander presses for new admission blocks in order to remove the maniacal and depressed from other patients, for their treatment on hospital lines. As we have pointed out before, this is a logical and necessary element in perfected segregation, but it has its dangers. The aggregation of excited cases is inconvenient and sacrifices to some extent the hospital principle, whereas abundant experience shows the benefit of *all* curable cases being taken into one building and treated on hospital lines. The dilution of the excited cases tends to reduce excitement, while simple arrangements can be made for any cases of inordinate or irreducible excitement being dealt with where they can do little harm to others.

Ayr.—This, the first report issued by Dr. M'Crae, is a readable and instructive document. Without going so far as he does in deprecating the importance of ferreting out heredity, we must say that there is much sense in what he writes about the factor.

As the result of inquiry into the previous history of each case, a hereditary predisposition to insanity and nervous diseases could be traced in sixty-four cases, or 41 *per cent.*, which closely corresponds with last year's statement. It is commonly held that, given adequate means for inquiry, all cases could be shown to have an insane ancestry. But what individual among the general population would not only too readily detect a peculiarity in some reputable forbear, if he believed it to be to his advantage to do so? It is to be feared that the popular awe and dread of this as yet mysterious influence goes a long way to breed despondency and alarm, and even despair, in the minds of many earnest and worthy persons, who may lose heart in the battle of life. I desire to emphasise this point because it is to heredity that the origin of disease is too apt solely to be ascribed, and too little attention is paid to environment, which after all is an ever-increasing grand total of accidents, to which all of us are continuously subjected. A fuller study of our surroundings, which are tangible, is more likely to help us towards an elucidation of the causation of mental diseases than a fatalistic belief in the mysteries of heredity. Questions of heredity require so many generations to produce material sufficient to establish *evidence*, that can only be profitably studied by special investigators in lower forms of life, and applied by analogy to the case of man. The asylum physician is better employed in using the material he has to hand in methods of clinical research (which is essentially approaching the subject from the environmental aspect), than

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by attempting to unravel questions of heredity as concealed in the very unreliable data mostly furnished by the relatives of insane patients.

Gartloch.—Dr. Parker gives, as usual, some interesting tabular information bearing on his population. This must be, unfortunately, somewhat discounted by the fact that many cases are treated at Duke Street, and thus do not reach him. But, of those admitted by him, he finds that the period of life from thirty to fifty supplies a greater proportion than the antecedent or subsequent groups of ages. He also continues to find increasing support of former experience that heredity of alcohol tends to early breakdown. Of the 112 cases in which he found a complete history, 78 *per cent.* of those who became insane before and at the time of adolescence (fixed at twenty-six years of age) had alcoholic heredity, while this was associated with only 40 *per cent.* of those of a greater age. Dr. Robert Jones found exactly the same facts. Of course these figures, which have become reliable by their long accumulation, cannot be taken to controvert Dr. Karl Pearson's findings as to the heredity of alcohol. They only go as far as establishing that among those who have an alcoholic heredity the predisposition is to break down early. It would seem, at least, that if alcohol has no direct deleterious effect on offspring, it must have some share in producing an inborn condition of non-resistance to other ætiological factors.

Dr. Parker points out, again, the bad effects of boarding out on the residue of asylum population, and suggests that these might be met by boarding out some of the troublesome but not dangerous cases, under a carefully prepared system of grouping, with medical supervision. He thinks that the freer life under these conditions would tend to reduce troublesomeness, and seeing that experience goes to show that lunacy tends to adapt itself to environment, we should think that such an idea is worth trying if a suitable locality can be found.

A Scottish Chartered Asylum.

Royal Edinburgh Asylum.—We turn with much interest to this report, as no doubt will be the case with many others, lay and medical, who have been accustomed to study it in a long series of years as the exposition by skilled observers of interesting and important points occurring in the practice of the year. We are glad to see that the managers are able to report a continuance of the good and successful fight against the common enemy. Dr. Robertson's own report breathes progress in every part; it is quite certain that he will take every advantage of his present great opportunities to give full scope to those original ideas which mark his attitude to the insane. One would have wished to be able to lay down his report without any feeling but that of complete satisfaction. This, however, cannot be the case, for in pointing out aims which are undoubtedly right, and have been endorsed by the practice of all his compeers, he has been indiscreet in classing as undesirable some practices which have been shown to be incontrovertibly sound, on grounds of reason as well as of emotion, and only to be inapplicable when wrongly applied. It is in no carping spirit that we make this criticism; we desire only to speak in the interests of

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all those who have, like himself, to face most anxious responsibility, those who may well to some extent feel themselves condemned in the sight of the public.

Asylum being hospitalised.—Under the supervision and direction of these new officials, trained, as almost all of them have been, in hospitals, the work done by the staff has naturally assumed features of a more hospital character. This is our aim nowadays, and nothing has aided us more in attaining this object than the introduction into asylums of hospital-trained nurses. My own policy for many years has been openly to put under suspicion every practice that is in operation which is peculiar to asylums. If I find I can do without it I abolish it, and if I find it cannot be done without, but that it can be replaced by another method of a hospital character, then I introduce that. Subjected to this stern criticism it is surprising how many anachronisms and unmedical traditions have been exposed, and with a policy of hospitalisation so definite and active, progress towards the goal we strive for is a comparatively simple matter.

The disuse of padded rooms.—As an instance of characteristic asylum practices which have been discarded, the disuse of padded rooms and of the practice of locking up patients in single rooms by day may be mentioned. Strange as it may seem, the padded room, of which we are now beginning to feel ashamed, was apparently invented about sixty-six years ago by Conolly, the great apostle of the non-restraint and the humane systems of treatment for the insane. It is quaintly described by him in his sixth report as "a room of which the floor is a bed and the four walls are padded." In his day its employment was without doubt a step in advance, as it was a substitute for the less humane methods of mechanical restraint by strait jackets and straps which he had discarded, and was a sheer necessity. Owing to the ill-treatment which his patients had previously received at the hands of their attendants, many were revengeful and aggressive, and considerable risk was run when restraints were removed for the first time. For ten years the system of non-restraint was not officially recommended by the authorities because of this danger. At that time the padded room was no doubt needed, and its use was to be commended, but now that the art of tactful management is practised, and patients from the first moment they enter the wards are treated with consideration and kindness, it has become practically unnecessary. Cases of furious or raging mania, such as were described in those days, are never seen now, because they were goaded into being by the vile treatment they received, whereas skilful treatment has a tranquillising effect. We now employ a very much larger staff than was done in those days—probably two or three times as great—and we have a large night staff, while they had none. Our attendants and nurses are not only more numerous, but they are carefully trained and highly skilled, and they are of a more intelligent and respectable class. Conolly writes of the nursing staff of that day that they "were worse dressed and wilder looking than the generality of the patients." With a staff such as we now have and good supervision, we rely on constant personal care and attention by night and day to tranquillise the excited. We are glad to see these symbols of the past disappear, not so much on account of any direct harm they actually did to the patients when not abused, but because their influence on the *morale* of the nursing staff was not elevating.

Is it in accordance with medical science to say that cases of furious or raging mania are never seen now? Let us take the admissions into Morningside itself during the year (Table XI): three cases of acute delirious insanity in each sex are shown, and among the recoveries one male, and among the deaths one female—the latter should read as two females if "exhaustion from delirious insanity," assigned in the death-table (Table V), may be taken to refer to these cases. There is an obvious inaccuracy in the figures of Table XI. It may be that these cases are to be excluded by the saving clause of "such as were described in those days." But even if this is so, can we exclude the cases of furibund epilepsy and of alcoholic illusions which are liable at any time

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to come under our notice? Then what is to be gained by preaching that such cases can be manufactured by forms of treatment that are dead and gone long ago? We all know that any case may be spoilt by wrong treatment, but as such intra-asylum treatment is now impossible, is it right to suggest that failure to tranquillise by skilful treatment points this way? We entirely object to the terms in which Dr. Robertson has spoken of (*a*) the padded room and (*b*) seclusion. With regard to the former, he seems to have completely forgotten that second purpose for which the padded room is now generally used—the care of the weak and feeble, whose tendency to fall about and injure themselves has been so mercifully obviated. And as to the latter, surely the occasional use is dictated by consideration of what is proper for the patient, for the other patients, and for the staff itself. For the patient we know that continued exposure to the operation of external stimuli in a state of excitement is prejudicial, and that its bad influence can be modified and often removed by withdrawal of the patient from them, by his being placed by himself in an unlocked room, and that therefore it is called for as a medical procedure. If, as often happens, the patient cannot be got to see this for himself, and continues to expose himself, common sense demands that the treatment adopted shall be made efficient by turning the lock on him. We need say nothing about the good of the other patients; environment is too important an element nowadays to be neglected. Why should a sick patient, sent to an asylum for tranquillisation, be distracted and injured by preventable noise and alarm? As to the staff, there can be no more demoralising agent than continued hopeless waiting for better things. Nurses are but mortal, they themselves are liable to mental injury, they work in bad environment, and should be saved that continued mental stress which ranks highest among recognised ætiological factors, outside heredity and alcohol. It is not the influence of such "discarded practices" as padded room and seclusion that is bad for their *morale*; it is the wrong spirit in which they are used. It is the fatal ease of their use that engenders a wrong frame of mind. The same arguments apply precisely to the bed-treatment of acute insanity, which Dr. Robertson uses with approved effect. At one time this was decried by many, officials and others, as leading to a lazy, trouble-saving attitude, but now it is freely adopted as the best of all treatments when used remedially. So far from the *morale* of the nursing staff being injured by these practices, we should imagine that it would be fortified by their use when it is clearly seen that they are adopted by a strong man who is known to be utterly opposed to their improper use. Nothing could better demonstrate serious but determined consideration of the patient's needs on his part. The present writer had the advantage many years ago of being told by a Commissioner, who had acquired his physicianly frame of mind in a general hospital and not in an asylum, that it is most unphysicianly to neglect the use of any form of treatment, such as restraint if it was called for, however distasteful it might be. When reading that one patient was secluded at Morningside "on account of maniacal and dangerous excitement," we cannot help feeling that Dr. Robertson himself has recognised the justice of this view.

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