Dr. Moore considers that with accommodation for about 400 the institution has reached its proper limits, and he thinks that the Committee have arrived at the same conclusion. He states that, though there are fewer beds than in 1893, yet during the last five years £23,000 was spent in additions and improvements.

A feature of the report is the record of the excellent work done by a capable sub-committee in drawing up a comprehensive scheme for the prevention of fire and its treatment when it does occur. This report we can warmly recommend to the perusal of all who think about such matters. It was soon, and most thoroughly, put to the test by a serious outbreak, which resulted from the roof being set alight during a thunderstorm. The assigned probable cause was that the electric current entered the telephone wires which run in the roof, then jumped to some nail, and, in the process, ignited rubbish collected by birds. If there had been proper "arresters" the engineer consulted thinks that no harm would have arisen. The latter authority seems to be doubtful as to the utility of lightning conductors, and he thinks that, unless they are to do more harm than good, their proper insulation should be most carefully attended to from time to time.

The Retreat, York.—Dr. Bedford Pierce records the institution of a new form of reward to attendants who make themselves proficient in the art of nursing the insane. It is the Tuke Medal, instituted in honour of the founder of the Retreat. The medal bears, on one side, a representation of the face of that honoured man. It is given after four years' training, and, though it is not so stated, we presume that it is only given to those who have already gained the Association's certificate, for we find that all those to whom the medal was presented are certificated by the Association. We think that the idea is a most excellent one. Dr. Pierce makes a great point in training nurses for work outside the asylum itself. He finds that these are much valued by the general public, and he does not put any on the list but those who have had at least three years' training in the Retreat itself.

Some Scottish District Asylums.

Argyll and Bute-Lochgilphead.—Dr. Cameron's statement of the facts about his admissions contains some striking items. They numbered seventy-three. No less than twenty-two were readmissions. The average duration of absence from the asylum was five years and five months. The average age on admission was forty-eight—eleven were from sixty to seventy, five from seventy to eighty, and four over eighty. No general paralytic has been admitted for three years. One case recovered after more than twenty years' residence. Adverting to the system of boarding out, Dr. Macpherson, the visiting Commissioner, states in his report that the average annual removal of cases in this way is 4 *per cent.* over all Scotland during the last ten years, while here it is only 2 *per cent.* The great distances in these counties, however, are a real hindrance both by the expense entailed in removing and in bringing back in case of non-success. The population of the area is rapidly diminishing, but this does not bring relief to the asylum.

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Glasgow District, Gartloch.—This report, as usual, contains many points of interest. The admissions have fallen from 285 to 251. Dr. Parker gives as a probable explanation that trade had been bad with the usual result—that of lessening illness. In dealing with the question of boarding out he states that while there are undoubted advantages in saving asylum room and in doing what is right to patients capable of enjoying the relaxation of care, there are some great disadvantages arising from lessened dilution of acuter insanity which quiet old chronics usually supply. This leads to a greater *per capita* expenditure on the residue by way of increased staff, and the hire of outside labour called in to replace that which has been sent away. He thinks that the evident reduction in the phthisis death-rate will probably lead to a new fallacy about the increase of insanity. Care in making particular inquiry about causation has supplied him with some noteworthy figures. Of ninety-six cases, under twenty-six years of age, admitted in the last two years no reliable history was obtained in respect of twenty-four. In other eighteen there was no record of parental alcoholic excess, but in the remainder, fifty-four, there was such a history in the direct line of descent. In fifty-one the history was parental. Thus 78 *per cent.* had the direct alcoholic taint. The same line of inquiry about the other admissions, *i. e.*, those over twenty-six years of age, brought out a percentage of 41 only. What is the cause of this marked discrepancy?

The Glasgow Board, with the help of its medical advisers, has instituted an excellent arrangement with the Parish Council, whereby a system of interchange between the asylums of one body and the hospitals of the other is made available for the nurses of both classes of institutions. Three years' training in the one can be followed by one year in the other. The combined training of four years, which is tested by periodical examinations, qualifies the nurse to enter a final examination for a certificate. The examination is conducted by a conjoint board of the medical superintendents of all the training institutions, and success is followed by an immediate gain of a year's seniority, with the reversion of superior posts falling vacant. Also the attached scale of pay seems to be very liberal. The above scheme is an addition to the Association's. Surely all this care taken to procure the best possible nursing for the sick is most commendable.

Govan District, Hawkhead.—Dr. Watson gives expression to some very strong views as to the recording of alleged causes of insanity in admissions. Though we regret that we can by no means agree fully with him in his conclusions, we feel that it is only right to put them before our readers, for not only are they the findings of a very experienced observer, but they are put as completely and succinctly as they possibly could be put from his point of view.

In Table X will be found the causes assigned in the various cases of insanity. I have on more than one occasion referred briefly to the defects of this method of investigation. Now, however, when a movement is afoot to make this, or a similar, statistical statement compulsory, it may not be inopportune to enter more fully into the question. The *imprimatur* of the State would have a tendency to confer on this table, like the stamp on a packet of patent medicine, an importance out of all proportion to the real value of its contents, and might, by encouraging ill-considered legislation, render it not merely useless, but actually pernicious.

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I wish, therefore, to refer to some of the chief fallacies inseparable from such statistics. These are of two kinds: those affecting the observer, and those affecting his field of observation.

With regard to the latter, it may be said that the principal, indeed, almost the only, source of information is to be found in the statements of relatives. Now, taking them in the mass, we cannot suppose that these relatives are superior to the average of the community; in other words, we must assume them to be for the most part persons of untrained intelligence. With them *post hoc* and *propter hoc* are synonymous—what happens to follow is always regarded as the effect of what went before, the result being that in a large percentage of cases some early sign of insanity, such as alcoholic or other excess, is represented to be the cause of the whole process.

It may be objected that, since the relatives of the patient are questioned only about facts, and since these facts are interpreted by the questioner, this danger is insignificant, but every psychologist, nay, every lawyer, knows that the ordinary man's conceptions are so clouded by his emotions and prepossessions as to render his uncorroborated testimony, even in what are called "matters of fact," untrustworthy to an astonishing degree. This is true even of statements made in perfect good faith. But in our investigations we have also to reckon with deliberate misrepresentation. Most people are naturally unwilling to admit the existence of an hereditary taint, and there is consequently a strong tendency on the part of the patient's blood relations to conceal other cases of insanity or allied neuroses which may have occurred in the family.

Finally, the statistician has to contend with the difficulty that his informant, if related by consanguinity to the patient, may possibly suffer from some unconscious bias which makes his evidence more than usually fallacious.

Coming now to the observer, whose duty it is to obtain the truth from these not very satisfactory witnesses, what are the qualifications required?

To exceptional tact in the conduct of his inquiry he should add almost unlimited patience in sifting the material from the irrelevant. Only those who know from experience how greatly the latter preponderates over the former in the statements of uneducated persons can realise the laborious nature of the task. Next, the investigator must be a psychologist in more than name. Without a keen and penetrating eye for character he will be unable to estimate the value of evidence, to discriminate between what is actually true and what his informant merely believes.

But all his psychology and patience will be thrown away unless he chance to possess the rare gift of the scientific spirit. He must be able to rid himself of preconceptions. If he have a theory he must be as quick to see the facts which tell against as those which support it—a feat of which, it is safe to say, not one in a hundred is capable. And he must not lack the imagination to perceive the relations of apparently isolated facts.

Men of this stamp are hard to find, and, without disrespect to an estimable body of men, one may doubt if many medical officers of asylums even approach the standard. As a matter of fact, one knows that the statistician usually sets out to "prove" something, whether it be the fashionable doctrine of the moment or some theory of his own generated in the irresponsible play of his fancy, and regarded by him with paternal but unscientific partiality.

It appears, then, that the personal errors inherent in this process are too great to allow of its yielding valid results. If any real knowledge of the causes of insanity be possible, it must, I believe, be attained by broader methods, such as those employed by Dr. John Macpherson, Commissioner in Lunacy, in his pamphlet on "Insanity in Relation to Fertility."

Much of the foregoing is undoubtedly true, and it is almost hopeless to look for such general accuracy as will render a return fit to be taken up and dealt with as the last word on any of the considerations raised by an ætiological table; and if there were any fear of the public taking, without control by medical authority, any practical steps towards giving effect to possible fallacies, we should counsel the abolition of all cause

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tabulation. But there is no such fear, and we very much question whether any one—even a layman—would use given figures except as indications of possible truth. But are we, in despair of being able to arrive at hall-marked conclusions, to abandon the system of inquiry now carried on? And if inquiry is still continued, of what use can it be unless it is rendered in some shape? Would it be right to withhold such statistics as we have noted in relation to parental alcoholism as given by Dr. Parker? We cannot doubt moreover that much scientific inquiry is prompted by a feeling of duty to record all that can be recorded about disease. For instance, the prevalent conviction that syphilis and paresis are most intimately related has probably led to the discovery of syphilis in patients by some careful observers to an extent which at least suggests that a vast amount must be overlooked from want of persistent inquiry. It may be that much of our work in regard to ætiology is wrong and loose, and that it may continue to be so for years, but truth can only come eventually through present errors, and by seeking to correct these latter step by step.

Roxburgh District.—Dr. Carlyle Johnstone continues to drill into his Committee the evils of overcrowding as revealed by an unenviably high mortality from phthisis at Melrose. Apparently he is meeting with some success. He also insists rightly that the want of suitable accommodation for poor private cases entails hardship on many respectable people and is wasteful of public money, which has to be found since private contributors are turned away. Sixty-four *per cent.* of the discharges, other than transfers, were sent out on probation. Dr. Johnstone highly commends this practice, because the ease with which a patient can be returned if not getting on well under milder supervision tempts authorities to withdraw their patients who do not require asylum care. At the same time the patient has some supervision which does not interfere with his doing work.

Some Scottish Royal Hospitals.

The Crichton Institution.—The important event of the year has been the completion of the new houses for receiving admissions. The plan adopted is a variation of the general idea of treating such cases apart from the main bulk of the asylum population. Four of these houses, two for each sex, have been built for those classes of the insane who at Gartloch, Hawkhead, and other recent asylums are congregated in the two sides of one hospital; that is to say, all cases demanding medical treatment and nursing for either bodily or mental infirmities are thus set apart. Here, however, two of the houses are devoted to the bodily sick, the other two being for the admissions of all sorts; in fact, they are receiving houses. We think that this is certainly an improvement, in so far that while medical supervision can be constantly and conveniently given to all cases that may require it, the sick in body, who often represent the hopeless wreckage of mind, are shut off from the recent cases, who include those having the best chance of recovery. But we are not quite sure that the taking in of every case that arrives

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