the process of artificial feeding must have been resorted to in these cases much too late, when the strength had already failed from want of nourishment, for I find this is the mistake the inexperienced most commonly fall into in treating the insane, and I warn my students of this danger. We are all more inclined to defer feeding too long than to begin too soon, but it is safer to err the other way. I now understand that what differentiates "the hunger-striker" from the insane person who refuses food, and is an important factor in the injury to health she occasionally sustains, is the purposeful and violent way she resists and struggles until utterly exhausted. After she is fed she voluntarily ejects the meal. The patient, on the other hand, is frequently confused and even apathetic, and may be a mere passive resister, or else is intelligent enough to realise that whatever he may do, he will be fed in the end. He is also aware that no unnecessary inconvenience or indignity will be offered to him in the process to which he quickly becomes accustomed. It is probably not so much the feeding as the struggling that injures "the hunger-striker," and if she struggled to the same extent on an empty stomach in having her face washed, or her clothes put on, the consequences might be similar.

All this, no doubt, is quite true as far as it goes, but it cannot be considered to exhaust the subject. Have we not in our asylums women who are as fractious and resistive as any suffragette can be? Is not the voice of God or the Devil quite as compelling as any idea that can find entrance into the suffragette brain? Of course, no question of the skill and experience used in the prison can be raised, for we know that the treatment is in the hands of thoroughly efficient officers. Speaking from memory of the figures given by the Home Secretary in an interesting statement in the House, the results were more satisfactory than given above. If we remember aright, he said that at the time, which would be closely near the time of Dr. Robertson's report, there were over 100—we think about 140—women being fed forcibly, and of these only eight had been discharged in consequence of danger to health. Of these eight, four had cardiac disease, and the remainder had other physical affections of a threatening nature. The fact remains that the great majority were being fed safely and effectively, the others being exceptional cases. We, too, know that in asylums exceptional patients do die even after effective feeding, failing possibly, nay probably, from the great desire to die, and the consequent want of that natural determination to live which helps the human being to exist in circumstances of great trial. The insane often start with this determination towards death, whereas death is the last thing desired by the suffrage prisoners who only wish to defeat the law.

Some Irish District Asylums.

Belfast.—Dr. Graham gives his authorities a large quantity of sound advice concerning the chief causes or factors in the production of mental disease. In relation to the lessening of the opportunities for handing down the taint, he writes:

And in regard to the prevention method, perhaps the greatest legislative effort ever made to apply it in a large scale is that of the Mental Deficiency Bill. By its means a standing menace to the welfare of the social body will be destroyed; the hitherto unchecked liberty allowed the feeble-minded to propagate their kind and hand down their malady to unborn generations will be no longer permitted, and posterity will be the gainers. Unhappily, this beneficent measure is not applicable to Ireland, though if ever there was a country in need of it, it is our own. In Great Britain private philanthropy can endow, and has endowed, homes

https://doi.org/10.1192/bjp.60.248.153 Published online by Cambridge University Press

for the feeble-minded, but owing to the poverty of the Irish people there is greater need of State aid here than in England or Scotland. It is most unfortunate that a class which cries so pitifully to us for help, and which unwittingly takes such a terrible revenge for our neglect, is left by Parliament exactly where it was. Much good is also to be anticipated from the spread of the eugenic movement, which aims at the awakening of the public conscience to a sense of race responsibility, so that marriage, the symbol of all that is divinest in human life, will be no longer the channel along which may run the chartered curses of the world. But the champions of eugenics will do well to depend more upon the slow but irresistible power of an educational propaganda than upon the doubtful expedient of coercive legislation. It is their task to inform the public mind to drive home such a single truth, for example, as has been verified by many a sinister historical illustration, that the confluence of the tainted streams can have but one outcome—a stream more tainted still. And when the reason and conscience of the community have been convinced, the laws which regulate conduct will be conformed to the conviction.

We venture to add that if history can show the evils of combining the sources of degeneracy, so can it show the benefits of mingling the tainted stream with one that is free from taint, or perhaps we should say with a stream that is comparatively free, for how many families can sneer at their neighbours in this respect? We think that while we, as a profession, may say with authority that double heredity is an unmitigated evil, it is our duty to point out that the evil of a single heredity can be, and often is, remedied by a mixture with good sound blood. We are too apt to look on the black side of the question, but whatever may be our ideas on the subject, Nature goes her own way, and often picks up the race by this process. History can show plentiful instances of degenerate monarchs being links in the production of the most competent rulers, happy mating, good environment and careful training, serving to arrest and reverse the downward tendency.

Down District.—Dr. Nolan contributes in his report some apt remarks on the changes in type of the forms of insanity admitted into asylums:

Table IX sets forth the forms of insanity under which the cases admitted during the year laboured. It shows the variation in type so pronounced in recent years. New types are gradually becoming more and more defined, the development of which to a large extent is responsible for the great changes in the internal constitutions of the modern lunatic asylums. This alteration in the general character of current mental disease, as contrasted with the *facies* it presented some generations ago, is very remarkable. It is naturally but little known, and less appreciated by the general public, each case of lunacy being but a dark and hidden episode in the family circle. But the change is very obvious and interesting to those who have the continual care of masses of the insane, and in making provision for the care of the mentally affected, it is essential that the community at large should have some idea of the transition that has taken place in the type of insanity. The combination so common in old days of wild, unreasoning mania, associated with extreme physical violence, is now the exception, the vast majority of cases showing different degrees of mental weakness associated with bodily debility. Hence the demand to-day in asylums is not for iron bars, strait-jackets, and walled exercise yards, but for hospital wards, comfortable surroundings, and comparative freedom out and indoors. The attendants are called on to combat the disease and its dangers, not by acting as "brute force" adjuncts to mechanical restraint, but by exercising careful nursing for the broken-down health, and a guiding intelligence capable of circumventing the suspicion, depression, and active suicidal tendency, which combine to give the leading features to the delusional insanity so prevalent to-day. The district asylums get an undue share of such cases, inasmuch as the social condition from which the admissions are drawn is of the poor and humble

https://doi.org/10.1192/bjp.60.248.153 Published online by Cambridge University Press

class. Money goes far to ward off certification. In more affluent social circles thousands of similarly affected persons are at large, suffering from "nerves" and "neurasthenia," and now and again one or other shocks society by a tragic deed of murder and self-destruction or other terrible outrage; but the vast number continue to resort to the health resorts of Europe, where they lead comparatively harmless, if unhappy lives. The poorer victims, quickly colliding against the legal limits of sane action, are speedily relegated to the asylums.

Of course it is open to be argued that a wider area of mental disorders has been classified as insane of late years. Many are sent now who would have been left in workhouses or at large, and these serve not only to dilute the fiercer character of the acute cases, but also to produce lower ratios of the acuter forms. Further, the character of modern treatment serves to abort, so to speak, much of the acuter diseases. Notwithstanding Dr. Nolan's remarks, we find from his figures that acute and recurrent mania and melancholia are admitted in considerably greater ratio than is the case in the English rate-paid asylums. The same is true of the Belfast asylum. In the latter, however, Dr. Nolan's statement as to the increase of delusional insanity is fully borne out, there being one-fifth of the total admissions referred to this type. In England the same ratio is about one twenty-fifth. A few years ago we used to scan the Irish reports to find and report as a curiosity a case of general paralysis. Now it is half as common as in England. At Belfast about 14 *per cent.* of the deaths were attributed to this disease.

Various Institutions.

The Lebanon Hospital, Asfurieh.—Much activity, before recorded, is still maintained. We note that the total space available is sufficient for 95 patients. The admissions numbered 102, while the discharges numbered 91 and the deaths 11. This represents a turnover that is probably unapproached in activity in any other institution, except, perhaps, Bethlem. The recoveries were 25 *per cent.* for the males and 46 for the females; for both sexes together, 33 *per cent.* The fact that there were only three relapsed cases in the year proves that due care in assigning recovery has been exercised. The active nature of the cases, perhaps, is best shown thus: about half the cases were discharged and half the deaths occurred with under three months' treatment. Seven males and two females were the subjects of general paralysis. Twenty-four were classed as cases of dementia præcox of one sort or another, acute mania claiming 25 and acute melancholia 17.

In spite of generous aid, the institution is in sore need of contributions to enable it to meet its responsibilities. We are glad to note that, through the munificence of Mr. Frederick Greene, an "English" house is to be added, while Germany and America are contemplating the provision of houses representing their nationalities. Air-gas has been laid on, and it is reported to have a most beneficial and cheering influence over the whole institution.

The Eastern Counties Asylum, Colchester.—This is one of the five registered institutions for idiots and feeble-minded children which have hitherto undertaken the care of rate-paid idiots, etc. The report is of

https://doi.org/10.1192/bjp.60.248.153 Published online by Cambridge University Press