Form of insanity.	Number of cases.	Recovered.	Relieved.	No effect.
Sinusoidal baths.				
Acute mania	7	4	2	1
Dementia præcox	3	—	2	1
Systematised delusional insanity	6	—	4	2
Exhaustion psychosis	3	3	—	—
Acute melancholia	8	4	2	2
Chronic melancholia	1	—	1	—
Stupor	7	5	1	1
Static baths.				
Exhaustion psychosis	1	1	—	—
Acute melancholia	1	—	1	—
Dementia præcox	1	—	1	—
Stupor	3	2	1	—

The results, as far as regards stupor, are most satisfactory. We presume that by the term is meant the heavier form allied to the so-called acute dementia. In comparing this table with the section of Table XI which deals with the form of insanity in those who recovered, we are much struck by the large number of recoveries that have taken place in forms that usually yield but poor returns. We imagine that Dr. Lewis does not read into the titles of the term "dementia" that amount of hopeless degradation that occurs to many in connection with it. We have always felt that sufficient provision in classification has not been made for the state not infrequently seen in which the intellect becomes clouded either as a passing episode in an attack of insanity, or as an independent manifestation of temporary loss of function—a state that might not unfairly be termed "benign dementia." Dr. Bevan Lewis speaks in high terms of the beneficial work done at Stanley Hall in training weak-minded and imbecile boys. Steps have been taken to found a similar institution for girls.

Some English Registered Hospitals.

Barnwood.—Here the admissions as between the sexes have differed immensely in number. The males have numbered 14 only, while the females were 30. In addition, too, the prognosis varied much. In the former only one, an alcoholic, presented any probability of recovery, while at least half of the other sex have either recovered or have a good chance of recovery. Dr. Soutar makes the following remarks on these facts:

> It is generally recognised that women recover in larger proportion than men do from mental disorders. This report is not the place to discuss the explanations given for that fact, but it may be mentioned that we have found in recent years that insanity amongst the male patients from forty years of age upwards has, in an increasing number of cases, been associated with ascertainable arterial degeneration. These early "senile changes" are still comparatively rare amongst the women. In the case of most of the men alcohol or syphilis may be excluded as a condition precedent to the arterial changes, but we find them amongst those who have struggled and striven, often successfully and with little relaxation, in arduous mental work. In other cases it would seem as if excessive devotion to athletic exercises, carried on beyond the elastic years of youth, led, in those predisposed, to old age arteries in middle-aged men.

https://doi.org/10.1192/bjp.54.224.169 Published online by Cambridge University Press

Oxford, The Warneford.—Here, too, there is a notable falling off in the male admissions, while the female side has been overflowing. Dr. Neil makes the subjoined remarks about the dealing with "incurable" cases in registered hospitals. This is an old and burning question. No doubt, if it can be proved that the original intention of the founders of an institution was that it should be used more for the cure than the care of insane people, it is right that the incurable should be turned out to take their chance of admission elsewhere. It has to be remembered that such cases, if troublesome, always have an extra difficulty in finding a new home, while none need more the protection of an institution than they do. We think, too, that even in the absence of any proof of original design a committee may well consider that it has a large duty towards the curable, and seek to make room for them as far as possible. But, if such a principle must be pushed to the prejudice of some who might profitably remain, then logic would suggest that it should be applied indifferently to all after a given period of treatment, as is the case at Bethlehem. We know that some selection must be made in relation to payments, so that the less affluent should derive benefit from the surplus paid by the better-off. Beyond that, selection should in our opinion not favour the amenable at the expense of the troublesome, who, as said above, have as much if not more claim on benevolence.

A number of transfers from other care have always appeared in our yearly admission lists, although for 1906 they are fewer than usual. The reasons for the transfers are generally of a pecuniary nature, and few of the patients have much prospect of recovery. One of our transferred patients during the past year was a lady whose friends, to their great distress, had received an unexpected notice from the registered hospital where she was being treated that she must be removed as "incurable." They applied at another hospital, and on stating that the case was a troublesome and unfavourable one were told that her admission was "impossible." They then made application here, and the patient was admitted at a lower charge than they had been previously paying. The case proved to be an exceptionally difficult and trying one, and for a time taxed our nursing resources to the utmost. Some improvement has lately appeared, and the treatment is now easier, but the lady will probably not recover completely. I quote this case as an example of the advantages offered by this hospital to patients of the educated classes whose means are limited.

Exeter, Wonford.—This institution is full to overflowing. This may be partly accounted for by the remarkable fact that with an average residence of 131 there was only one death. This speaks well for the equable moral atmosphere pervading the hospital. Nevertheless, there were 26 admissions, of whom only 8 could be regarded as probably curable. Dr. Deas thinks that, speaking broadly, his belief is that physical causes exceed to a considerable extent the mental, and that in many cases the *modus operandi* is of a toxic nature. We are glad to note that financially the last year was unprecedentedly successful. A year or two like this are wanted to confirm the financial ease for which the Committee and Dr. Deas have strenuously fought for years past.

York, The Retreat. — Dr. Pierce has shown the way among the hospitals in first producing his statistics in the new shape, and we think that he and Dr. Mackenzie are to be therefore congratulated. The numbers are small, but the work must have been large. We do not propose to do more than make a casual remark or two on them. We

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

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

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

Some Scottish District Asylums.

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

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

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