tary Boarders there should be a legally recognised intermediate class, which for the present purpose we may call 'notified' patients. Persons so received would be detained for a strictly limited period, say three months, with a power to extend to six months in all, provided the facts of the case were fully notified to the Board of Control, and such medical statements supplied as the Board might require. It is assumed that notified patients would be visited periodically by members of the Board of Control, that no restrictions would be placed upon their correspondence, and that in other ways ample safeguards would be provided against abuse.

"The principle underlying this has long been recognised in the law of Scotland in respect to patients placed under care in private houses, and a similar provision was inserted in a Bill introduced by the Lord Chancellor in 1905.

"But in addition to this, it is much to be desired that early and undeveloped cases should be received temporarily into any institution for the insane approved by the Board of Control without the necessity for formal certification. It is clearly in the interest of such patients that they should be placed under effective treatment at the earliest possible moment. Although in some cases this may be secured in private houses under single care, it will be admitted that a hospital specially constructed for the purpose with a staff of trained officers, with extensive gardens, and all the resources of a well equipped institution will be, generally speaking, more efficient and more likely to produce the best results than private care, however excellent. The fear that additional measures of the kind indicated may lead to abuse is, in my opinion, altogether unjustified. The treatment of incipient cases under private care has been found to work well in Scotland, and if abuses do not occur under this arrangement in private houses, there is much less likelihood of anything of the kind in a hospital which depends upon its reputation for its existence and which is regularly visited by members of Committees, by the Lord Chancellor's Visitors, and by members of the Board of Control."

Some Scottish Royal Asylums.

Edinburgh, Morningside.—One reads of *res angusta domi* with much regret, but an institution so well established and organised as this must have its times of financial trial. We fear that, as the dire war has supervened since their report was written, there will be still greater difficulty in keeping down the lower rates of board. The charge for rate-paid patients has been £34 10*s.* per annum, or 13*s.* 3*d.* per week. This would appear to be above the average cost of the English asylum, but it has to be remembered that while the latter is the maintenance cost, the former includes the payment of rent as well. As the Morningside Corporation is a voluntary body, it has every right to sink its charitable instincts to preserve its financial status, and not only has it a right, but it has a clear duty to adopt the usual business views in getting such a return for its output as will prevent slow deterioration of the means whereby that output is produced. Business before kindliness. Possibly it might take a leaf out of a very well-known book, and seek power to suspend the operation of the sinking-fund for a time. The case of the rate-paid patient is not so hard as that of the private intermediate patient, for the ratepayer is behind him. But it is the friends of the private patient who are hit hard indeed, for the deficit at the time of report was nearly 10 *per cent.* of his cost.

A very commendable step has been taken in the appointment of a medical man, called in America a "field-worker." It is his duty to make special inquiry into the factors of each case admitted. It is quite obvious that the establishment of certain data is necessary to a correct statistical elaboration of the bearings of these data. It is to be hoped that this step will lead to increased value in the medical superintendent's

https://doi.org/10.1192/bjp.61.253.315 Published online by Cambridge University Press

treatment of that information, which at present is merely assumption of truth. We might add, too, that we hope that the experiment will be followed by some better treatment of ascertained factors than is at present possible with the out-of-date and meagre tables that were good enough before interest, both public and lay, was aroused. Will not Morningside do something towards maintaining its ancient lead in Scotland by some attempt at correlation, some attempt to separate the wheat of direct admissions from the chaff of chronic transfers, some attempt to distinguish from those in and out cases which obscure issue the first-attack cases, which, after all, must be the only guide to answering the question "Is insanity increasing?" We still adhere to our frequently-expressed belief that an enormous amount of material, gathered by the keenest observers, is, year by year, utterly wasted in Scotland for want of proper and harmonious treatment.

In dealing with the question of increase in insanity, Dr. Robertson points out that the population between fifteen and thirty-four years of age has relatively decreased between the census of 1901 and 1911 owing to emigration. He states that it may be assumed that, in consequence of stricter emigration laws in other countries, only those of good health and sound mind thus depart, leaving behind the weaker brethren. Some years ago we pointed out in two directions that this assumption was not a correct one, as the large proportion of insane, coming from one of our kingdoms, was much complained of in the United States and in Australia. In fact it led to the appointment of a medical inspector at Liverpool by the first named. But, after all, he can do but little. He may stop the few people who are likely to attempt to travel with overt signs of insanity on them, but he can do nothing with those who will break down in later years.

Glasgow, Gartnavel.—This great institution has been celebrating its centenary, but the present report only adumbrates the coming thereof. One immense change has been made during that time. Whereas at first it received all the rate-paid insane of Glasgow, it now provides for private patients only, to the number of close on 450. Of these fully one-half pay only £40, or less, per annum. Unlike its great sister in Edinburgh, its finances are not burdened by interest and repayment of loans recently contracted. No doubt it has its stirring times with its admitted cases, but the report all through suggests peaceful efficiency, at least that suggestion is made by some notable figures—one recovery after twenty-three years of residence; two deaths after fifty-four to fifty-five years of residence. Eighteen of 442 resident were over seventy-five years of age, while four admissions and five deaths were of the latter ages. Phthisis caused only one death in twenty-seven, while at the time of report there was no case of active tuberculosis in the hospital. Alcoholism as a factor appears in seventeen out of 120 admissions, but the meaning of this proportion is modified by the fact that it was accompanied in five cases by the predisposition created from former attacks, and in five (possibly the same, or some of them) from hereditary predisposition. Dealing with the difficulties of avoiding relapse after recovery, Dr. Oswald writes:—

Students and teachers return to their studies and teaching (and 10 *per cent.* of

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the admissions in a recent year were students and teachers), although brain work was the cause of their breakdown; alcoholics resume their alcoholic excess, and others expose themselves to avoidable stresses with the inevitable result of a further attack.

We may or may not be a fatigued generation, but it cannot be denied that there is an increasing number who have nervous systems unable to bear the strain of the keen competition and speeding up of the present day, and whose best hope lies in their appreciation of their own limitations. The burden of earning one's living, previously borne by the muscles, has been transferred to the nerves; in many cases unfitted by heredity, education, and environment to bear it. The commoner causes of insanity are decreasing, but the ominous growth of "nerves," of neurasthenia, and of hysteria, is an undoubted fact to which the attention of every thinking man or woman cannot be too strongly directed.

Perth, James Murray's Asylum.—This is the first report issued by Dr. Dods Brown, who has succeeded Dr. Urquhart as medical director. He refers to his predecessor in the following terms, which all of us must thoroughly endorse. In no more fitting place can his words appear than in those columns which were for so many years under the control of one who is now the subject of their eulogistic comment:—

The most important event in the history of the Institution was the retirement of Dr. Urquhart, in November, after thirty-four years' service as Physician Superintendent. Dr. Urquhart's reputation is an extensive one, not only on account of the office which he held here, but also by the innumerable ways he served the Medico-Psychological and other Societies. The fame of this mental hospital has been made by him, and his name will long remain associated with it. He worked zealously for the Institution, and for the patients, whose confidence and esteem he deservedly earned.

Some Scottish District Asylums.

Aberdeen City, Kingseat.—Dealing with the question of syphilis Dr. Alexander truly points out that the best means of preventing its spread is the cultivation of character and self-control, and he looks upon the training of the rising generation by such methods as those employed in the Boy Scouts' movement as the most hopeful method of promoting these qualities. Certainly the use of alcohol in the greater part of the country has been lessened by the better view that has come over the public as a result of increased self-respect, and possibly the same may be brought about in regard to syphilis. But the difficulty will always be with the female sex. While it is possible to deal somewhat plainly with boys, especially those who submit themselves to such paternal training as the Boy Scouts have, similar treatment of the subject will be most difficult with girls. It is the women, we take it, who are the most efficient "carriers" of the disease.

It is disappointing, but not altogether surprising, that Dr. Alexander has to report that the number of boarded-out cases who are returned to the institution from various causes militates against a steady and continued increase in the numbers domiciled. More than 150 patients are on parole, and but three broke that parole. The men appear to be infinitely more trustworthy than the women; but the decrease in querulousness and quarrelsomeness, together with an increase in contentment, readiness to work, and general loyalty to the asylum, appear to far outweigh any ill effects of pledge-breaking.

https://doi.org/10.1192/bjp.61.253.315 Published online by Cambridge University Press