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Aberdeen, Kingseat.—We note that in this asylum the Plenum system was tried and found wanting, and has been replaced by radiators and natural ventilation.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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