

DISINFECTION.

From time to time in asylum practice it is found necessary to disinfect apartments, and as knowledge of disease increases the more attention is paid to the various chemical substances offered for that purpose. Perhaps the most popular and efficient is formalin, which has also been found very serviceable in the pathological department. Steam at low pressure has been declared effective for articles of clothing, etc., and can readily be applied at most institutions. We shall be glad to have communications in regard to this practical and important subject.

THE EMPLOYMENT OF THE INSANE.

The *Lancet* of 28th October refers to work done at the Wernersville State Asylum, Pennsylvania, where chronic patients considered fit to labour are received from the other State institutions. The results of five years' experience of agricultural labour are given as follows:—(a) Of the patients 6 per cent. can perform work equal to paid labour, 30 per cent. can perform labour equal to one half of paid labour, and 50 per cent. are equal to one fourth of the value of paid labour. The balance of 14 per cent. are non-working, and this includes those who are ill or are found on trial not to be able to work. (b) The estimated value of the gross amount of work done during the current year, on a basis of 400 men, is \$29,000. The estimated cost of food per head is 20 cents per diem, or \$1.40 per week. (c) The health and welfare of the patients are medically attended to, and the medical reports regarding the health and mortality are found to be entirely satisfactory. Indoor work, *e. g.* brush-making, is now being introduced as an extension of the original industrial scheme, and it is believed that this also can be pursued with profit. These results are representative of our experience in asylums of this country where an adequate area of agricultural ground has been secured. It is somewhat surprising that the *Lancet* should go on to recommend that the example of Wernersville should be followed by other institutions in Britain and America. Old-established asylums such as Wakefield and Utica are veritable hives of industry; it is years since machinery was introduced in the shoemaking department at the former, and the old men were encouraged to make and repair stockings; while the useful trades at Utica are representative of the greatest possible variety, and would be still more efficient but for the interference of trades unions. Of course every asylum ought to have a farm proportionate to its size. It is late in the day to advocate that primitive measure.

CORRESPONDENCE.

SYPHILIS AND GENERAL PARALYSIS OF THE INSANE.

From W. GILMORE ELLIS, M.D., Medical Superintendent, Government Lunatic Asylum, Singapore.

At the last Annual Meeting of the British Medical Association, Dr. Campbell, of Rainhill, opening a discussion on syphilis and general paralysis in the psychological section, says: "The third argument against the syphilitic origin of General Paralysis is that among certain races where syphilis is rife General Paralysis is said to be uncommon. Christian, of Charenton, is responsible for such a statement concerning the Arabs of Algeria, but I believe it requires substantiation."

In the Straits Settlements syphilis is most prevalent, more especially so since the unfortunate repeal of the Contagious Diseases Acts by order of the home government. With our teeming population of Chinese, about 120,000 in Singapore alone, out of a total population of 184,554 at the 1891 census, with a percentage of seven males to one female, to whom prostitution is but little if any disgrace, what else can be expected?

During over eleven years' service in this colony 2524 lunatics have passed through my hands. Of these 241 either gave histories of, or had undoubted signs of, past or present syphilis, and doubtless many others had suffered from the disease.

Of the above 2524 patients, 45 were Europeans, 21 Eurasians, and the remainder Asiatics (principally Chinese, Malay, and Southern Indians).

But one case of general paralysis has ever been noted in this asylum, a Danish sailor who died here in 1891.

There have been two cases suspiciously like general paralysis in Chinese, but the sequence of events were not such as is seen in that disease. The cases were eventually diagnosed as syphilis, and on post-mortem examination there was found in one a syphilomatous deposit over the left frontal convolutions, and in the other patches of necrosed bone of the vault with adherent and inflamed patches of dura mater and pia-arachnoid membrane.

It has seemed to me that our natives cannot be expected to be the subjects of general paralysis with their simple life, few or no worries, and the fact that there is no struggle for existence amongst them. In a country where there is no cold, but little indulgence amongst natives in alcoholic excess, where food and lodgings are cheap, and the least possible clothing required, a disease originating in anxiety, mental worries, and great excesses, is little likely to develop, notwithstanding the fact that the (?) preliminary disease be present.

November 16th, 1899.

SELF-INDICATING LOCKS.

From Dr. DONALDSON.

In answer to your inquiry, I have to state that the self-indicating locks in use here are a great success. The lock has the following advantages:—1. Indicates at a glance on entering a dormitory if the door of single room is locked. 2. Is noiseless. This advantage is great for night inspection of single rooms by night attendant. 3. If a patient is in bed in a single room the bolt can be locked *in*, so that it is impossible for another patient to turn handle, and thus seclude patient in bed. 4. If a single room be not in use by day the bolt can be locked *out*, thus preventing patients opening the door and getting into the single room. 5. When necessary for a night attendant to go into a single room to attend to a patient the bolt can be locked *in*, thus precluding the possibility of a patient in a dormitory locking attendant in a single room. The makers are C. Smith and Sons, Limited, Birmingham.

CANEHILL ASYLUM ;

December 4th, 1899.

COMPLIMENTARY.

PRESENTATION TO DR. ALEXANDER ROBERTSON.

One of the senior members of our Association, Dr. Alexander Robertson, lately retired from the staff of visiting physicians to the Glasgow Royal Infirmary, and was met by a representative group of past and present house physicians and nurses in the infirmary, Dr. John Ritchie in the chair. In the course of his remarks Dr. Ritchie expressed the great satisfaction which they had derived from their very intimate association with Dr. Robertson, who had taught them much that had been of the very greatest value in their respective professions. Dr. Robertson's pupils were to be found in all parts of the country. Many of them were, or had been, specially engaged in that department of medical study which he had made his own. One at least had a world-wide reputation, several were in consulting practice, and some of his nurses were in charge of important institutions. To them all the Glasgow Royal Infirmary would be no longer the same when Dr. Robertson left its wards, where he had been so long in active service, where as student, resident, or physician he had spent so many years of usefulness. Dr. Ritchie begged his acceptance, with their warmest wishes, of a silver salver as an indication of the sentiments of esteem and friendship which they cherished towards him as a teacher and a friend. Dr. Robertson, in returning thanks, referred

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