on such railway, and the railway company are not therefore liable to the surgeon for services rendered to such passenger under a contract so entered into (*Cox v. The Midland Railway Co.*, 18 L. J. Ex., 65). Nor does the new Workmen's Compensation Act make the master liable for medical attendance on a servant in case of accident. Of course, some masters insure their servants in such a way as to cover medical expenses up to £5 but the law does not impose any obligation on them to do so. Suppose a caretaker of a country house falls downstairs in the absence of the family and is laid up for some weeks with concussion of the brain. A medical man is called in by one of the servants to attend her. Is the master liable? The answer is "No." There is no doubt that as time goes on the provisions of the Workmen's Compensation Act will be extended to cover medical expenses. If the principle of compensation for injuries is once admitted it seems absurd to limit the compensation to particular employments, as was the case before 1906, and if compensation has now to be paid to all servants for accidents it seems anomalous not to make the master liable for medical expenses. In the above case supposed the caretaker might have become unconscious and seriously ill for four or five days, but if she recovered and was able to do her work again by the thirteenth day she would only be entitled to recover compensation for one week which in no case can exceed £1 a week and yet the medical expenses she had to pay may have far exceeded that amount.

The Health and Safety of Young Children.

Several cases affecting the health and the lives of little children have recently been reported in the newspapers showing a strong intention on the part of those administering the law to protect this helpless section of the community from the various dangers always threatening it. In the recent bitterly cold weather Mr. Denman had before him at Marlborough-street a man, 30 years of age, who was charged with exposing his son, aged four and a half years, in a way likely to cause injury to his health. The child was placed on an organ which his father and another man were wheeling about for the purpose of obtaining money. Mr. Denman called attention to the number of children thus made use of in severe weather for the iniquitous purpose of extracting alms from kind-hearted but mistaken persons and to the law which enabled him to punish the conduct of adults who so subjected them to danger and suffering. He expressed his determination to make the case an example and a warning to parents and others and sent the defendant to prison for a month with hard labour. A street organ formed the means by which the male defendant in another case "earned" his living. He and his wife were charged with neglecting four children whose ages ranged from six years to 14 months. Their plan was not to take them out in the streets but to leave them locked up without food, fire, or sufficient clothing. A story was told apparently involving conjugal infidelity on the part of both parents, and there was an allegation of fear of her husband on the part of the wife, but the learned magistrate looked on the cruelty proved as sufficiently serious to warrant the infliction of sentences of six months' imprisonment on the man and of four months on the woman. At Bradford James Taylor, a labourer in the employment of the corporation, had beaten with shocking brutality his little girl, seven years of age, and his son, 13 years of age, besides nearly strangling the latter. He received sentences amounting to 12 months' hard labour, accompanied by the expression of the opinion of the chairman of the bench that he was a dastardly blackguard. In the first case mentioned above the police are to be congratulated upon the vigilance of a constable; in the second and third the National Society for the Prevention of Cruelty to Children conducted the prosecution and obtained well-deserved success. Among recent inquests showing the dangers which beset children may be noted one at St. Pancras at which it was proved that Daisy Bell, six years of age, owed her death to her flannelette nightdress catching fire at a grate not protected by any fire-guard. Mr. W. Schröder, the coroner, called attention to the Bill which proposes to make the omission to provide a fireguard punishable as criminal neglect where a child has died in consequence and expressed a hope that the measure might be reintroduced with success during the coming session. At another inquest held at Kingston it was proved that a little girl, aged eight weeks, had been fed on boiled bread when her mother found that the child would not take the breast. The body of the infant thus starved to death weighed 5½ pounds and the coroner, Mr. Michael H. Taylor,

after referring to the number of deaths of children from malnutrition as "appalling," expressed the wish that girls might be taught at school more that would be useful to them in domestic life, even if they learnt less about other subjects of a more strictly scholastic character. While the sympathy of all is rightly invoked for children wantonly neglected and ill-treated allusion may be made to the observations of Sir Horatio Davies uttered recently at the Guildhall police court in connexion with the generous efforts of strangers to aid children and others whose cases are made prominent through the evidence of their destitution given in the law courts. In thanking the press and the public on behalf of a case of genuine poverty and suffering, he pointed out with reference to it and to that of several children then before him who had been found wandering in the City that there was a risk of encouraging evilly disposed parents to send out their children to beg with a view to their being brought to the police court and so exciting sympathy. Two other recent cases serve to illustrate the difficulties against which the National Society for the Prevention of Cruelty to Children and those who sympathise with its efforts have to contend where deliberate cruelty can hardly be attributed to the parents but rather physical and mental incapacity to fulfil their duties. In the first instance the mother of two children of the respective ages of six and three years was said to be blind and quite incapable of cleansing or taking care of them. She spent her days sitting about in the streets, presumably in order to excite sympathy and to collect alms, and it was further stated that her husband, a man 62 years of age, ill-treated her and refused to look after his offspring. Summoned at the North London police court he was sentenced to three months' hard labour for his neglect. In the other case an inquest was held upon an infant, three months old, one of twins, who, according to the evidence of Dr. Henry S. Souttar, house physician at the London Hospital, had been starved to death by the mother's neglect. The other child present at the inquest in his mother's arms was shown to the coroner, Mr. Wynne Baxter, who expressed horror at his condition, and finding the mother's answers to his questions unsatisfactory, pursued his inquiries with regard to her until he discovered that she had recently been an inmate of Claybury Asylum. He expressed the opinion that she was on the borderland between sanity and insanity and expressed his intention of communicating with the National Society for the Prevention of Cruelty to Children.

FIVE YEARS' EXPERIENCE OF A RECEPTION HOUSE FOR RECENT CASES OF INSANITY.

BY HAMILTON C. MARR, M.D. GLASG., F.F.P.S. GLASG.,
MEDICAL SUPERINTENDENT, GLASGOW DISTRICT ASYLUM, WOODLEE,
LENZIE; MACKINTOSH LECTURER ON INSANITY,
ST. MUNGO'S COLLEGE, GLASGOW.

THE question of the provision of increased accommodation at Woodlee Asylum was brought before the Glasgow District Lunacy Board in the latter part of the year 1900. In a report submitted to the board it was urged, among other considerations, that the required accommodation should embrace (1) a reception house; (2) a sanatorium for the consumptive insane; and (3) a nurses' home. This accommodation the board decided to provide. The reception house and sanatorium, which are similar in design, were opened for the admission of patients on Dec. 25th, 1902 and the nurses' home for 110 nurses was opened on Sept. 15th, 1904. Of the two former buildings I confine my description to the reception house as my main object in writing this paper is to give an account of the work that has been and is being done in it.

The reception house is situated about a quarter of a mile from the main administrative centre and is about 200 feet above sea level. It is, in some respects, unique, and has been the object of much interest during the five years in which it has been in operation. It presents those special features: (1) its construction is that of an ordinary hospital; (2) the provision of verandahs permits of the advantages of the open-air treatment; (3) all newly admitted patients are received into it; (4) patients whose illness is of short duration are allowed to remain and thus avoid the necessity of their being sent to the main asylum; and (5) the nursing is mainly done by women. The building consists of three

FIG. 1.—Reception house from south-east.

FIG. 2.—Open-air treatment of recent admissions.

blocks connected to an administrative building by open corridors. The blocks are one storey in height. The administrative department has a second storey containing bedrooms for nurses. The structure of the building is of corrugated iron and wood with a brick foundation; the inner walls are lined with "compo" boarding and are painted in distemper. The buildings are arranged one on each side and one behind the administrative block. All the wards face the south. The block behind the administrative department consists of two wards, each containing 12 beds. The total number of beds in the reception house is 62, and the cubic space allowed for each is 1500 cubic feet. The two other buildings have each one ward of 12 beds, one ward of six beds, and three single rooms. All the wards and rooms are provided with French windows and round the sides of each block there are verandahs. The beds can be wheeled from the wards to the verandahs with the greatest ease. Special provision has been made against fire. There are no fires in any of the wards and the heating is by water under a low pressure. Each ward has attached to it a bathroom and the necessary lavatory and water-closet accommodation. All the baths are so arranged that they can be used for the electrical treatment of the patients.

Reference has been made to the upper storey of the administrative block in which nurses' rooms are situated. The lower storey consists of a reception room, bathroom, and examination room for newly admitted cases, a room well furnished with the latest electric therapeutic apparatus, medical officers' quarters, kitchen, scullery, and dining hall for the staff. The verandahs, which are on the south, east, and west sides of the wards, were purposely introduced. For several years previous to the erection of the reception house and sanatorium newly admitted and phthisical cases were kept as much as possible in the open air with manifest advantage. It was thought that the extensive use of verandahs would, in the prevalent climatic conditions, afford the greatest facility for carrying out the open-air treatment. In practice this has actually occurred. Since the opening of the reception house the freest use of open-air treatment has been employed, not only for the consumptive but for all the newly admitted cases.

1425 patients (737 males and 688 females) have been admitted since the reception house was opened. It has not been necessary, on account of inability to deal with them, to admit any of the patients to the main asylum or remove them shortly after admission from the reception house to the asylum. This is more remarkable in view of the fact that the reception house does not possess the means of restraint or seclusion. No day nurse has keys, and the ward doors are open all day. The windows are open night and day. All patients on admission are bathed and subsequently examined by the medical officer and by medical clerks who are senior students of medicine. The patients are kept in bed until their condition has been diagnosed. As a rule they are then removed to the respective buildings in the asylum which are most suited for their condition; thus, an infirm or senile case is sent to the infirmary of the main asylum; the phthisical patient is sent to the sanatorium; chronic cases with fairly good physical health are, in the first place, admitted to the wards of the main asylum where they are placed at occupations suited for their condition both of body and mind, and from there they are drafted to the farms where, if they do well, they may ultimately be boarded out in the country. In this way, from the point of classification, the reception house has many advantages. From the points of diagnosis and treatment the conditions are, in my mind, ideal. No patient is removed until a complete report of the physical and mental characteristics of his case is detailed in the case-books of the asylum and the course of care and treatment decided. Those patients who have a likelihood of early recovery are detained in the reception house until convalescence has been established. The number of patients who have been discharged recovered in this way is 216 (108 males and 108 females). There are three bedrooms in each of the southern blocks which are used in several ways. Any patient who is very excited and restless is placed in one of them with a nurse. The beneficial effects of this treatment have often been noticed. The rooms are also used for the moribund, and when available one is given as a privilege to a convalescent. These rooms are bright and attractive and so situated as to give the maximum amount of peace and quietness.

The nursing of the patients is mainly done by women. I

have seen nothing to prevent the whole of the nursing being done by women, but I think this would be objectionable because we have not yet reached, nor shall we probably reach, the stage when all the patients in asylums will be nursed by women. I think it only fair to give male attendants, who have charge of working parties of patients, all facilities in the early stages of their asylum career for acquiring a sound knowledge of their profession, and adapting this knowledge to the advantage of the patients of whom they may ultimately be in charge at outdoor work. In the reception house I have followed the practice I have been accustomed to in the asylum hospitals for men. Two male attendants are regularly on day duty and two on night duty. The object I have in mind is thus acquired. Many objections to women nursing male patients, especially newly admitted male patients, have been urged. None of these will be found in practice, though experience has taught me to exercise the greatest care in the selection of nurses to male patients. This has reference solely to matters of staff discipline and does not affect primarily the welfare of the patients.

The following are some extracts from reports by His Majesty's Commissioners in Lunacy:—

By Dr. JOHN FRASER. 5th May, 1903.—The reception house produced a most favourable impression. Its arrangements are devoid of any asylum features, being identical in every respect with those of a small general hospital. It is staffed by nurses and is under the charge of a trained hospital nurse. Every patient on admission is treated in this house and the length of residence there depends on the mental condition. The comfort, rest, skilful treatment, and good nursing which newly admitted patients receive in this house are most favourable to the early recovery of the curable and to the well-being of those who are incurable.

14th April, 1904.—The reception house and convalescent wards constitute a valuable and important advance in the treatment and classification of the patients.

By Dr. JOHN MACPHERSON. 15th Nov., 1904.—The arrangements for the reception, nursing, and medical treatment of newly admitted cases in this asylum are now probably unsurpassed by those in any institution in this country. The facilities for the clinical investigation and the medical treatment of nervous diseases have been provided by the district board with unstinted liberality. It is right to add that Dr. Marr and his large staff of assistants are sedulously observing facts and carefully recording them, and that a mass of clinical material of great value is being gradually accumulated in the medical records of the asylum.

Woodilee Asylum, Lenzie.

VITAL STATISTICS.

HEALTH OF ENGLISH TOWNS.

IN 76 of the largest English towns 8781 births and 5680 deaths were registered during the week ending Feb. 1st. The mean annual rate of mortality in these towns, which had been equal to 20·0 and 18·5 in the two preceding weeks, further declined to 18·2 in the week under notice. During the first five weeks of the current quarter the annual death-rate in these towns averaged 18·6 per 1000; the rate during the same period in London did not exceed 18·0. The lowest annual death-rates in the 76 towns last week were 7·3 in Hornsey, 7·6 in Smethwick, 8·7 in Northampton, and 9·7 in Burton-on-Trent; the rates in the other towns ranged upwards to 26·4 in Newport, 26·7 in Liverpool, 27·7 in Merthyr Tydfil, and 29·3 in Warrington. The rate in London last week did not exceed 17·2. The 5680 deaths registered in the 76 towns during the week under notice showed a further decline of 69 from the numbers returned in the two preceding weeks, and included 441 which were referred to the principal epidemic diseases, against 501 and 409 in the two previous weeks; of these, 190 resulted from whooping-cough, 83 from measles, 66 from diphtheria, 46 from diarrhoea, 35 from scarlet fever, 21 from "fever" (principally enteric), but not one from small-pox. The deaths from these epidemic diseases in the 76 towns were equal to an annual rate of 1·4 per 1000, the rate from the same diseases in London being 1·3. No death from any of these epidemic diseases was registered last week in Wolverhampton, Huddersfield, Wigan, Hornsey, or in six other smaller towns; the annual death-rates from these diseases ranged upwards, however, in the other towns to 3·1 in Bootle, in Bolton, and in Aston Manor, and 7·3 in Warrington. The fatal cases of whooping-cough in the 76 towns, which had been 164 and 154 in the two preceding weeks, further rose last week to 190; they caused annual death-rates equal to 2·3 per 1000 in Bootle and in South Shields, 2·5 in Aston Manor and in Bolton, and 5·1 in Warrington. The 83 deaths from measles showed a further decline from the numbers in the three previous