

sonally known, for all must regret the loss of one whose early career seemed to suggest that it would be his lot to add considerably to the sum of existing knowledge.

THE death is announced of Dr. JAMES FRASER DAVIDSON, of Harris, after a comparatively short illness, coming on only a few months after a prolonged stay as an in-patient in the Western Infirmary, Glasgow. Dr. Davidson was born in Glasgow on December 20th, 1858, and on completion of his general education became an undergraduate in the medical faculty of the university of that city. In the year 1886 he became a Licentiate of the Royal Colleges of Physicians and of Surgeons of Edinburgh, and of the Faculty of Physicians and Surgeons of Glasgow, and in the following year received his degrees as Bachelor of Medicine and Master of Surgery of Glasgow University. Throughout the period of his student career he showed himself an able and industrious worker, and after serving for a time in the Lock hospital of the city settled down to practice in Banffshire, in the village of Tomintoul. There he remained until some four years ago, when several attacks of ill-health decided him to give up the work he was then doing and recommence somewhere on the seacoast. Hence he became a candidate for the vacant post of medical officer and public vaccinator in Harris, was duly appointed, and continued to carry on the work until about a year ago. His health then again failed, and he became a patient on the surgical staff of the Western Infirmary, remaining there some eight months. He returned home in July, and appeared to be practically well again, but died after a short illness in the second week of October. Dr. Harris was of a retiring, modest disposition, but nevertheless made many friends, both in Banffshire and in Harris, in which places his quiet, conscientious manner of performing his duties won him great respect. Dr. Davidson was married, and is survived by a widow and two children, with whom much sympathy is felt.

Cut off in the prime of life—for he was only 44 years of age—the late Mr. GEORGE BROWN of Denby Dale, Yorkshire, had gained for himself a good name and position at Denby Dale, where he started practice seventeen years ago. He was the youngest son of Mr. George Brown, a leading merchant in Dublin, where he was born on October 25th, 1863. After a distinguished career at the Carmichael School of Medicine, he obtained the diplomas of L.R.C.P. and L.R.C.S.I., and L.M. of the College of Surgeons and the Rotunda Hospital. After spending two and a half years as assistant with the late Dr. Martin, of Portlaw, Waterford, where, owing to the advanced age of his principal, a heavy share of the work fell upon him, he settled in Denby Dale in 1890. Without introduction, his warm-hearted, genial, and generous nature won a way for him, and he soon built up, on a basis of sound professional knowledge and skill, a wide and extensive practice. He gained not only the confidence and regard of his patients, but the esteem and good will of his professional brethren. He was a fine type of the country practitioner, a hard worker, never sparing himself when the welfare of his patients seemed to need it, and a loyal colleague who managed, amid the multifarious calls of a wide practice, to keep up to date and abreast with recent advances in medicine and surgery. The writer of these lines has had, in consultation in difficult cases, many occasions to observe and admire the soundness of his judgement, the excellence of his treatment, and the confidence and affection he inspired in his patients. He seemed assured of a long and useful life when a growth of the right kidney, for which Mr. Moynihan and Mr. Hurry Fenwick were consulted, appeared, and nephrectomy failed to save his valuable life. He was buried at Cumberworth after a service in the church of his adopted village, when it seemed as if all the village had gone into mourning, for every blind was drawn and the church was filled by a sorrowing congregation, which overflowed into the churchyard. It is proposed to erect a headstone to his memory by public subscription. May we hope that the universal sorrow, marking the respect and esteem in which the late Mr. Brown was held, may in

some measure comfort the widow and three young children he has left to mourn his loss?

THE LATE DR. MONTAGUE MURRAY.

In the obituary notice of the late Dr. Montague Murray which appeared in the JOURNAL of December 7th, p. 1687, the word "disc" in line 44 from the beginning should be "desk." The passage should therefore read, "The desk which now stands," etc.

HOSPITAL AND DISPENSARY MANAGEMENT.

SUFFOLK DISTRICT ASYLUM.

FROM the recent report of Dr. Jas. R. Whitwell, the medical superintendent of this asylum, we see that on January 1st, 1906, there were 860 patients resident, of whom 710 belonged to the district served by the asylum, and that on December 31st, 1906, there were 877 in residence, of whom 730 belonged to the district, showing a total increase for the year of 17, or of Suffolk district cases of 11. This increase is, Dr. Whitwell states, about the normal average for this asylum. During the year, 201 were admitted, of whom 169 were first admissions. In 76 the attacks were first attacks within three and in 22 more within twelve months of admission; in 32 not-first attacks within twelve months of admission; in 36 the attacks, whether first or not, were of more than twelve months' duration, and in 15 they were of congenital or unknown origin on admission. The admissions were classified as to the forms of mental disorder into: Mania of all kinds 84, melancholia of all kinds 80, secondary and senile dementia 14, general paralysis 6, acquired epilepsy 8, and cases of congenital or infantile defect 9. As to the probable causes of the insanities in these cases alcohol was assigned in 17, or 8.4 per cent.; venereal disease in 1; puberty, old age, and the menopause in 49; previous attacks in 55; parturition and the puerperal state in 6; various bodily diseases in 37, and moral causes in 36. Hereditary influences were ascertained in 68 or 39 per cent., and congenital defect existed in 10. During the year 37 were discharged as recovered, giving a recovery rate on admissions of 20.67 per cent. As showing the influence of the time which elapses between inception and treatment on the recovery rates, Dr. Whitwell states that of the cases which came under treatment within one week of inception 24 per cent. recovered; of those in which one month intervened 17 per cent.; of those in which three months intervened 15 per cent., and of those over three months 4 per cent. There were also discharged as relieved 23, and as not improved 13. During the year there were 111 deaths, giving a death-rate on the average numbers resident of 12.89, the deaths being due in 16 cases to cerebro-spinal diseases, including 8 deaths from general paralysis; in 18 to chest diseases (pht'isis not included); in 13 to abdominal diseases; in 25 to senile decay; and in 41 to general diseases, including 14 deaths from pulmonary consumption and 13 from other forms of tuberculosis. This gives the high proportion of tuberculous to total deaths of over 24 per cent. The comparatively low recovery-rate and the high general and tuberculous death-rates are striking when the large proportion of first admissions (169 out of 201) is taken into consideration. No inquest was held during the year, and the casualties were few and with one exception not of a serious kind.

This annual report contains also a series of coloured charts prepared by Dr. Whitwell illustrative of some interesting general remarks upon the incidence of insanity and the proposed remedies of permanent segregation, sterilization, legitimized murder, and prohibition of marriage. From these remarks it is evident that Dr. Whitwell believes that there is an actual increase of insanity out of proportion to the increase of population. Chart II shows the parallel increase of urban population and insanity—that is, certified insanity—and though Dr. Whitwell does not state explicitly that these two are in a causal connexion, it is certainly suggested in his discussion of the subject. "It would have been," he says, "interesting and instructive had it been possible to show clearly the relation of mental disease to the two separate sociological conditions of urban and rural life; but there are, unfortunately, many reasons why this cannot be done in a satisfactory manner; mainly on account of the difficulty in deciding the point at which urban influences come into play and also on account of the rapid and extensive interchange of people in an area even so limited as a county." To this it might, perhaps, have been added that statistical information shows that the ratio of insanity to population in urban is much lower than that in rural communities. The proposed remedies are ably discussed and finally dismissed by Dr. Whitwell, who finds that improvement "is only possible by slow, tedious, and uninteresting individual and personal effort spread over many generations.

"How small of all that human hearts endure,
That part, that kings and laws can cure."