

class. Money goes far to ward off certification. In more affluent social circles thousands of similarly affected persons are at large, suffering from "nerves" and "neurasthenia," and now and again one or other shocks society by a tragic deed of murder and self-destruction or other terrible outrage; but the vast number continue to resort to the health resorts of Europe, where they lead comparatively harmless, if unhappy lives. The poorer victims, quickly colliding against the legal limits of sane action, are speedily relegated to the asylums.

Of course it is open to be argued that a wider area of mental disorders has been classified as insane of late years. Many are sent now who would have been left in workhouses or at large, and these serve not only to dilute the fiercer character of the acute cases, but also to produce lower ratios of the acuter forms. Further, the character of modern treatment serves to abort, so to speak, much of the acuter diseases. Notwithstanding Dr. Nolan's remarks, we find from his figures that acute and recurrent mania and melancholia are admitted in considerably greater ratio than is the case in the English rate-paid asylums. The same is true of the Belfast asylum. In the latter, however, Dr. Nolan's statement as to the increase of delusional insanity is fully borne out, there being one-fifth of the total admissions referred to this type. In England the same ratio is about one twenty-fifth. A few years ago we used to scan the Irish reports to find and report as a curiosity a case of general paralysis. Now it is half as common as in England. At Belfast about 14 *per cent.* of the deaths were attributed to this disease.

Various Institutions.

The Lebanon Hospital, Asfurieh.—Much activity, before recorded, is still maintained. We note that the total space available is sufficient for 95 patients. The admissions numbered 102, while the discharges numbered 91 and the deaths 11. This represents a turnover that is probably unapproached in activity in any other institution, except, perhaps, Bethlem. The recoveries were 25 *per cent.* for the males and 46 for the females; for both sexes together, 33 *per cent.* The fact that there were only three relapsed cases in the year proves that due care in assigning recovery has been exercised. The active nature of the cases, perhaps, is best shown thus: about half the cases were discharged and half the deaths occurred with under three months' treatment. Seven males and two females were the subjects of general paralysis. Twenty-four were classed as cases of dementia præcox of one sort or another, acute mania claiming 25 and acute melancholia 17.

In spite of generous aid, the institution is in sore need of contributions to enable it to meet its responsibilities. We are glad to note that, through the munificence of Mr. Frederick Greene, an "English" house is to be added, while Germany and America are contemplating the provision of houses representing their nationalities. Air-gas has been laid on, and it is reported to have a most beneficial and cheering influence over the whole institution.

The Eastern Counties Asylum, Colchester.—This is one of the five registered institutions for idiots and feeble-minded children which have hitherto undertaken the care of rate-paid idiots, etc. The report is of

additional interest in view of the passing of the Mental Deficiency Act. We believe that the aspirations of those institutions were that they should serve as the nucleus of institutions to be provided under that Act. Their known efficiency favoured such wishes, but, as a fact, their interests were at one time seriously threatened, not from any desire to supersede them, but from the complications arising out of the repeal of the Idiots Act. We believe that the serious resistance offered by a powerful committee, coupled with the most jealous watching of the Bill at every stage, has succeeded in obviating the danger. We have much pleasure in quoting the following from the report of the Committee, under the hand of its chairman, Lord Stradbroke, taking advantage of the opportunity to add a tribute to Dr. Turner for his incessant work on our own committee. We hear that, as he was one of the most constant attendants at its meetings, so he was foremost in dealing with the claims of his own *clientèle* with ripe experience and the soundest of judgments :

In connection with the work of the Special Parliamentary Committee, the Board deem it only fair to say that if there is one man to whom all friends of the Institution are specially indebted for his invaluable services, that man is the resident medical officer, Dr. Turner. Notwithstanding an exceptional amount of sickness amongst the inmates, notwithstanding increased responsibility and work in his position of assistant superintendent, owing to his father's absence on sick leave, Dr. Turner mastered a vast mass of detail connected with the Mental Deficiency Bill and various other measures more or less dealt with by the House of Commons or considered at committee meetings, and stood out amongst the other experts from all the institutions similar to this, as one whose conspicuous ability was fully recognised by all the Members of Parliament and others engaged in endeavouring to safeguard the interests of our beloved charity.

The subjoined extract from Dr. Turner's own report as medical officer will be read with interest. It affirms and supports what has been said by others with the greatest experience and insight into real facts :

I have therefore taken a second series of cases to which this objection cannot hold good. In this series I have omitted all those cases where mental disease is denied in the case papers unless I have been able personally to prove this negative to be true. I have included all those in which it is definitely stated that there is a family history of mental trouble, and also those in which I have satisfied myself by personal investigation that there is no hereditary taint. These together give a total of 318 patients. I made a special point in my inquiries of seeing the parents whenever possible and making notes of my own opinion of their mental capacity. In these 318 cases I find only 178, or 56 *per cent.*, have a family history of mental disease. In some even of these cases the evidence of mental taint is very remote—it is in fact so far away in the family that it is doubtful if it can have had much effect. The practical question, however, is what effect will segregation of the feeble-minded have on future generations? I am convinced that the result will be very much less than is usually claimed for it. I have little doubt that although segregation will effect *some* diminution in the numbers of the feeble-minded in the future, it will not do anything like as much in this direction as is generally anticipated. In many of those included in my list as having a family history of mental trouble, the only known fact is that an uncle, an aunt, or a cousin has become insane or has had epileptic fits. The segregation of the aunt or uncle would not have prevented the child being born. Marriage cannot be restricted only to those with no neuropathic taint in the family. In only 105 cases in my series was the taint in parents or grandparents, and it is only when it occurs in the direct line that any kind of segregation can prevent the trouble. But when these 105 records are further analysed it is seen that segregation of the feeble-minded *alone* would have had little effect, for in sixty-six cases, or practically two-thirds, the mental trouble in the previous generations took the form of insanity.

In many of these the insanity did not come on till after the children were born, so that no kind of segregation could have prevented their coming into the world, whilst for the remainder it has not even been suggested as a practical policy that people who have recovered from insanity should be detained for the rest of their lives. Of the remaining third where the taint occurred in the direct line, a parent or grandparent was a sane epileptic in 22 cases, and the segregation of this class has not yet been suggested. In only 15 cases was a parent or grandparent feeble-minded, and therefore segregation of the feeble-minded would have prevented just under 5 *per cent.* of the 318 cases in my second series. I believe the reason why many people think segregation will do more good than seems probable is because they are brought chiefly into contact with the feeble-minded under the care of the guardians or the prison authorities. My own experience is that the Poor Law cases show a much higher percentage of hereditary mental disease than the feeble-minded child of the artisan or middle class. For instance, in 74 Poor Law cases included in my second series, there was mental disease in the family in 82.5 *per cent.*, and in two-thirds of these the taint was in a parent or grandparent. This shows a really extraordinary difference compared with the figures taken from all classes, and an argument founded on Poor Law figures would be in direct contradiction to one founded on statistics from all classes of society. The reason, no doubt, is that feeble-minded fathers and mothers having feeble-minded children drift to the Poor Law because of their inherent inability to look after their children. In the artisan or middle class where the parents are healthy and the family history good, the afflicted child will generally be the best cared for of all the children, and the Poor Law will never hear anything of it. My statistics are taken from all grades except the upper classes, and probably therefore give a more average insight into the question than those taken from Poor Law cases alone.

Part III.—Notes and News.

MEDICO-PSYCHOLOGICAL ASSOCIATION OF GREAT BRITAIN AND IRELAND.

THE QUARTERLY MEETING of the Association was held at 11, Chandos Street, London, W., on Tuesday, November 25th, 1913, under the Presidency of Dr. James Chambers.

Present : Drs. Adair, Armstrong-Jones, Beach, Bolton, Bond, Bower, Chambers, Cole, Collins, Coupland, Craig, Dixon, Donelan, Dorr, Douglas, Down, Drapes, Earls, Fothergill, Hart, Haynes, Hunter, Hyslop, Johnston, Johnstone, Kay, Keay, Lewis, Logan, Lord, MacBryan, Mackenzie, Menzies, Miller, Nelis, Oswald, Phillips, Pierce, Rayner, Russell, Savage, Sergeant, Shuttleworth, Smith, Soutar, Spence, Steen, Stewart, Thomson, Tuke.

Present at the Council Meeting : The President, Dr. Chambers, in the Chair ; Drs. Adair, Bolton, Cole, Collins, Douglas, Drapes, Hart, Keay, Lewis, Lord, Nelis, O'C. Donelan, Sergeant, and Thomson.

MINUTES.

The minutes of the last meeting, having been printed in the Journal, were taken as read and were confirmed.

THE LATE SIR JOHN BATTY TUKE.

THE PRESIDENT said he wished, before proceeding to deal with the items on the agenda, to refer to the great loss which Psychiatry had sustained by the death, since the last meeting, of Sir John Batty Tuke, who was one of the most distinguished members of the Association. Sir John had occupied a very prominent position in medical circles and in the public life of the city of his adoption, and he had represented his ancient University in the House of Commons. Members of