

success in no small measure due to his tactful and business-like conduct in the chair, a success, we hope, which will lead to such reunions becoming annual occurrences. The proceedings (6) were afterwards published, and should act as a sedative to the feelings of many people lacerated by other recent publications and press utterances, while at the same time pointing out directions which true and sound reform should take. The Right Hon. Sir Alfred Mond, Bart., M.P., Minister of Health, opened the proceedings with a speech showing a fairness of mind and a breadth of view which, we trust, is a happy augury for the future of psychiatry in this country.

The most recent event we desire to chronicle is the steps which are being taken to form a National Council for Mental Hygiene, and announced through the columns of the *Times* by Sir Courtauld Thomson, K.B.E., C.B. (7) Our friend and ally France has already taken this step, and the communication on this matter by Dr. Henri Colin at the last annual meeting assumes even greater importance. (8) A meeting of the inauguration committee has been called for May 4th, 1922, at the Rooms of the Royal Society of Medicine, at which, it is hoped, there will be a good attendance of members of our Association. In the meantime communications should be addressed to the Hon. Secretary, National Council of Mental Hygiene, 51, Green Street, W. 1.

As to how far this project can be fitted in with a similar proposal made by Lieut.-Col. J. R. Lord at the recent Conference on Lunacy Reform (9) remains to be seen, but no doubt the strong advisability of seeking the sympathy and co-operation of the local authorities in actual charge of the welfare of the insane will receive due consideration.

REFERENCES.

- (1) *Journ. of Ment. Sci.*, p. 667 *et seq.*, October, 1914.
- (2) *The Times*, January 10th, 1922.
- (3) *Brit. Med. Journ.*, p. 605, vol. ii, 1918.
- (4) *Lancet*, p. 828, October 15th, 1921.
- (5) *Journ. of Ment. Sci.*, p. 572, October, 1914.
- (6) London: His Majesty's Stationery Office, price 2s. 6d. net.
- (7) *The Times*, March 29th, 1922.
- (8) "Mental Hygiene and Prophylaxis in France," *Journ. of Ment. Sci.*, p. 459 *et seq.*, October, 1921.
- (9) *Vide Proceedings*, p. 104 *et seq.*

Progress of Psychiatry in the Union of South Africa.

As announced in the July number of the Journal, 1921, we had received the first report of the Commissioner of Mentally Disordered and Defective Persons for the Union of South Africa, which covered a

period, 1916-18. Dr. J. T. Dunston, who has held this post since November, 1916, was given a cordial welcome by the Association at its Annual Meeting in 1921, when he read a very interesting and instructive paper on "The Problem of the Feeble-minded in South Africa." We have since received his second report, which is for the year 1919. We are therefore in a position to appreciate the progress psychiatry is making in the Union of South Africa under the guidance of this able administrator and alienist, and the encouragement of successive Ministers of the Interior (now Mr. Patrick Duncan) and Col. H. B. Shawe, the permanent head of the Department.

At the date of the Union, the lunacy laws of the several States and institutions for the treatment of the insane were placed under the administration of the Minister of the Interior. It soon became apparent that a consolidating law was urgently needed to secure uniformity of procedure, and to bring the various laws into line with modern legislation elsewhere regarding the care and treatment of the mentally disordered or deficient. What was more urgent still was the problem of proper accommodation for the patients, which was lamentably inadequate to requirements and for the most part highly unsuitable, chiefly in the Cape, where four out of the five institutions for the insane were originally convict stations or military barracks. Patients were kept in gaols and other unsuitable places for long periods awaiting vacancies at the mental hospitals, and all kinds of expedients resorted to at the latter institutions to increase their accommodation, especially for acute cases.

No less than £144,000 was spent on buildings and repairs during the first three years of the Union, but it became obvious in 1912 that a much larger sum would need to be expended before it could be said that the position was satisfactory.

In April, 1913, a definite move was made when the House of Assembly appointed a Select Committee to inquire into the adequacy or otherwise of the provision in the various Provinces for the accommodation and treatment of persons of unsound mind. With amazing celerity this committee presented its report in a month's time, with fruitful results.

The sum of £350,000 was voted to be expended over a period of four or five years in carrying out a carefully prepared scheme for extensions to existing institutions and the establishment of new institutions and the closing of others. Two new mental hospitals were to be established. The extensions covered the provision of admission blocks at the mental hospitals, at which early and acute cases could be received and treated without the necessity for admission into the ordinary wards of the institution, also ample grounds for exercise and recreation and to afford opportunities for dairying and farming. Criminal patients were to be segregated in one institution. It was proposed to close three of the

older institutions to mental patients, but later it was found possible to adapt two of them as industrial colonies for the mentally defective.

Lastly, and not least, the Legislature passed an Act (The Mental Disorders Act, No. 38 of 1916) which embodied all the recommendations of the Select Committee on the care and treatment of the mentally disordered and deficient. Examinations of the provisions of this Act, which came into operation on November 1st, 1916, show that psychiatry in South Africa proposes to advance along sound lines, and that it is ahead of the mother country inasmuch as it has managed to place on its statute book an enactment which embodies progressive ideals we have long aspired to in this country without material success.

The Act covers all cases of mental disorder or defect, and thus recognises the unity of the problem of the insane and mentally deficient. The medical administration of these services is united in the person of the Commissioner of the Mentally Disordered and Defective Persons.

It sanctions the treatment in general hospitals of incipient cases of mental disorder. The object was threefold. In the first place it was intended to give medical practitioners an opportunity of treating and following up their own cases of mental disorder and defect; secondly, that definite clinical departments for study and research should be established in large hospitals with medical schools; thirdly, by removing the stigma attached to admission to the mental hospitals, it was hoped it would lead to adequate treatment being sought at an earlier stage of the mental illness. Though it has not yet been found possible to give effect to this provision, South Africa is to be envied in that it has removed all legal obstacles in the way of the most enlightened and effective treatment being readily available for occurring insanity in its incipient and acute stages.

Under this Act discretion is given to commit patients to "single care" instead of to a mental institution; voluntary boarders are admissible to all mental hospitals, and there is power to send for observation to a mental hospital persons awaiting or during trial who show evidences of mental derangement.

Feeble-mindedness as defined by the Act excludes imbeciles and idiots, but, in addition to the usual defect who cannot "make good," etc., it includes children permanently incapable of receiving proper benefit from instruction in ordinary schools by reason of mental defectiveness. Feeble-minded persons thus defined were brought under the control of the State for the first time. Investigations by Dr. Dunston and his collaborators show that they are to be found in ordinary schools (84 per cent.), orphanages (13 per cent.), industrial schools (7 per cent. to 14 per cent.), reformatories (10 per cent. to 25 per cent.), mental hospitals (13 per cent.), rescue homes, etc. (25 per cent.). Similar investigations regarding criminals, prostitutes, and those in receipt of

poor relief have yet to be made, but in other countries the percentage of feeble-minded has been found in these classes of the community to be 10, 50 and 21 respectively. South Africa is fully alive to the importance of this problem as affecting the mental health of its people and the material prosperity of the country generally. Steps have been taken to deal with the feeble-minded in reformatories and industrial schools, and for this purpose these institutions are now regularly inspected by the Commissioner himself or by deputy.

South Africa, like other countries, has felt the economic stress engendered by the Great War, which has delayed the putting into operation of the full programme of psychiatric advancement sanctioned by its legislation. Although much remains to be done it can be congratulated on the progress already made. The problem is complicated in that it involves both white and native races, but the remedies proposed in both cases are based upon the same enlightened ideals, though the treatment will need to vary to suit the circumstances of each. We foresee a great future for psychiatry in South Africa and our Association will watch future developments with the keenest interest.

The Resignation of Sir James Crichton-Browne.

There is something pathetic in the connotation of the term "resignation." It implies an acquiescence in or a submission to the inevitable lapse and flow of the years, reminding some earlier and others later of the finality of human efficiency. In this instance, however, the chariot of time has borne its distinguished occupant beyond the allotted span, but has nevertheless preserved his mental and physical activities without any sign of failure or flagging.

In some instances, as Lord Lytton said, resignation is interpreted as "our day is come and with bitter thoughts," but on this occasion there is the realisation that the task of fulfilling a responsible and dignified office, however congenial, may, if unduly prolonged, involve a strain at a time when Nature demands repose. Thus Sir James Crichton-Browne surrenders an office which he has greatly dignified, and which he has also maintained with sympathy, tact, courtesy and skill, and this for a period of 47 years—a longer official service than has been rendered by any of his distinguished predecessors. The first physician to become the Lord Chancellor's Visitor in Lunacy was Sir Donald Hood, of Bethlem Royal Hospital; another was Dr. Robertson, of Haywards Heath Asylum, the translator of Grissinger's German Text-book, and a third was Sir John Bucknill, F.R.S.; but Sir James Crichton-Browne, M.D., F.R.S., LL.D. (Aberdeen and St. Andrews), D.Sc. (Leeds), adds a further lustre and distinction to the office he now relinquishes.