

"Mr. Stanley P. Davies, in an instructive and critical analysis of the question published by the National Committee for Mental Hygiene, says, by way of summing up his investigation: 'It is apparent from the foregoing that we can be certain of only one thing at present with regard to the mode of transmission of hereditary mental defects, and that is our uncertainty.'"—(48) *Osborn v. Thomson* (*supra*, n. 37, at p. 30); see testimony of the alienists reviewed in the opinion, pp. 26-31.

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## Part II.—Reviews.

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### *Tenth and Eleventh Annual Reports of the General Board of Control for Scotland, 1923 and 1924.*

We learn from the Tenth Report that the Board are not in favour of an asylum exceeding 700 beds, and to obviate extensions beyond that number advocate the establishment of observation wards, the boarding-out of all quiet and harmless cases ("The average cost to the ratepayer for a boarded-out lunatic is about half the amount it costs for institutional treatment"—Eleventh Report), and the separating of all mentally defective persons from those who are of unsound mind. Observation wards exist in Glasgow, Paisley and Dundee. (These are run under the Poor Law, and we agree with the finding of the Scottish Hospitals' Commission that all the Poor Law hospitals should be transferred to the public health authorities.) The Board, however, rightly advocate that district boards and directors of Royal asylums should be empowered to establish outdoor and indoor clinics by arrangement with the managers of general hospitals.

There is an interesting report in the Appendix on the methods of treating the insane in France, and the Clinic at Rue Cabanis in Paris is taken as an example of the method pursued in France of using the clinic and asylum in conjunction. The treatment at these clinics as regards hydrotherapy, electricity and massage "is carried out with a zeal and efficiency seldom equalled in this country." There is no limit placed on the number of patients in an asylum; the staffs have an eight-hour day; many of them are married, and "a good deal of feeling" exists between the nursing and medical staffs owing to the married couples of the staff not being off duty at the same hours.

On January 1, 1925, there were 20,850 certified persons in Scotland, 18,398 being certified insane and 2,452 certified as mental defectives—an increase of 9 and 144 respectively. During the year 3,176 were certified insane, 1,541 discharged (recoveries being 33·4%) and 1625 died (9·6%).

Apart from these there were 431 voluntary inmates admitted—mainly consisting of private patients, though a number of parish councils have agreed to forego the Government grant payable to them for certified cases in order to allow of their patients entering the district asylums as voluntary inmates.

There are 13 institutions for the care of mental defectives, though

10% of the present populations of Scottish asylums are mentally deficient, and the Board deprecate the admission of mental defectives to asylums, and would limit it to the temporary care of those defective persons in whom an attack of insanity has supervened. The Board advocate the establishment of a children's ward for cases of encephalitis lethargica in conjunction with observation wards, which have been instituted by local authorities for cases of incipient mental disorder.

There is a visiting dental surgeon attached to the majority of the mental hospitals.

In one hospital there are 11 female patients who are "carriers" of enteric, and separate accommodation is advocated for them as sporadic cases are still occurring at intervals.

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*Text-book of Experimental Psychology. Part II: Laboratory Exercises.* By CHARLES S. MEYERS, M.A., M.D., Sc.D., F.R.S., and F. C. BARTLETT, M.A. Third edition. Cambridge: University Press. Demy 8vo, pp. viii + 121. Price 7s. net.

It is relatively but few years since experimental psychology, at least in many of its features, was little more than the physiology of the special senses; how much this has changed is revealed by the present volume. The aim of the course is not to observe certain phenomena as an illustration of the statements in the current text-books, but to promote habits of psychological observation, noting everything which may have a bearing upon the results. The student, after each experiment, must record not only a general description, but any features affecting his mental condition at the time and the results as observed both by the experimenter and the subject.

The first section is an introduction to technique, and serves to familiarize the experimenter with giving consistent and comprehensible directions, and the subject with the practice of that introspection without which the procedure might often be of the nature of physiology rather than psychology. The earlier experiments, requiring only suitable material and dealing with free association, perception, recognition, construction and analysis, are more akin to the methods used in much clinical work, but the method of setting shows how they had to have real analysis, and by following them out the student will have observed a wide variety of mental processes, and have learnt how strict a technique is needed to secure consistent and precise conclusions. The second part of the first section deals with quantitative methods and thus introduces the remainder of the work.

Full experiments are described later, expanding the early work and dealing with such phenomena as fatigue, which complicates results. The whole is essential to that knowledge of normal psychological method which must form part of the basis for any advance in the study of abnormal mental processes. Particularly is such a study essential to those who would connect the physiological and psychological, and hope in time to interpret morbid behaviour