

with the disappearance, or partial disappearance, of his somewhat anomalous physical symptoms. The moral defect of the patient was, of course, a serious and unsurmountable difficulty in his complete recovery to a normal mental condition. Indeed so deficient was the moral sense that his apparent recovery seemed to be largely due to a realisation that being ill and troublesome did not pay in this institution, and not to any greater development of his moral sense.

My best thanks are due to Dr. George Robertson for kindly criticism and guidance in the preparation of this article.

Part II.—Reviews.

The First Annual Report of the Board of Control, for the year 1914.

The First Annual Report of the Board of Control for the year 1914 is a surprise from the fact that it contains nothing surprising. Its late appearance gave rise to some expectation that it might contain important new departures, but those who know the overwhelming amount of work that has fallen on the Board of Control can only wonder that any report has been forthcoming. Under such circumstances there can be no astonishment at this being almost a stereotype of its predecessors, containing little that can be called new.

Statistics, etc.—The number of notified insane persons in England and Wales on January 1st, 1915, after adjustment in regard to the Mental Deficiency Act, was 140,466, an increase of 2,411 on the previous year.

The increase was 563 on 1913, but was only 21 above the last quinquennial and 160 above the decennial average. The bulk of the increase went to the County and Borough Asylums, but 514 were in Workhouses and 132 in the Metropolitan District Asylums. The number in Criminal Asylums decreased by 42, and those living in the care of friends receiving Poor Law relief diminished by 139.

The patients in provincial licensed houses increased by 66, and private single patients by 16, but those in Metropolitan licensed houses decreased by 4, and in registered hospitals by 19.

The private patients in County and Borough Asylums are now 38·8 per cent. of the whole number. The Report points out that many patients classed as paupers are not so in a strict sense, many of them being maintained by their relatives, who refund the whole of their maintenance, and in some cases in addition a proportion of the construction and upkeep of the asylum. Although some of these are said to be classed as "private," it appears that they are treated as paupers. This does not stimulate effort on the part of the relatives to contribute to their maintenance, and it is surely desirable that some encouragement should be given, by transfer to the private annexes of the asylums, a portion of the

profits from which might be employed to make up any balance of cost (if the repayments did not amount to the actual expenditure in the annexe).

The proportion of males to females per 1,000 amongst pauper patients (January 1st, 1915), was 465·2 to 534·8, showing by comparison with the statistics of the private insane that there were 76 per 1,000 more pauper than private male patients. This is probably proof that many men of the private class become paupers because they have not wage-earners to support them as the women have, and is an added reason for extending all possible relief to the educated men who are inmates of pauper asylums. The diminished admissions and the number of vacant beds in the registered hospitals suggest that these might relieve the County Asylums of some of these unfortunately placed persons.

First admissions.—The statistics relating to the increase in the occurrence of insanity are yearly growing in interest since the “first admissions” were separately dealt with in 1898. The ratio of these to the population, which rose to 4·92 per 10,000 in that year, has averaged 5·13 in the last decade, and was 5·2 in 1914.

The accumulating records of the ages at the time of attack, and of the form of disease, ought soon to enable conclusions to be drawn in regard to the gravity of the diseased conditions leading to admission.

The diminution of the recovered discharges from 8,170 in 1905 to 7,457 in 1914, with a mean average for the ten years of 7,699, is not of very hopeful augury, but this may be of less weight if a majority of the admissions are at an advanced age or suffering from more unhelpful forms of disease.

The fact that the readmissions in the past year were 1 *per cent.* above the average of the last ten years, on a reduced discharge rate, may be indicative of greater instability, but might also be due to discharges of less completely recovered cases. In either case the desirability of the extension of “after-care” is indicated, and it is satisfactory to note that the Commissioners commend the discharge of patients “on trial” in some asylums.

New tables.—The two tables (11a and 11b) included this year in the Appendix of the Report, giving the population in age periods in each area from which asylums draw their patients, should be of great value in aiding the solution of the problems relating to the gravity of the mental disorders now and hereafter being admitted.

Effects of the war.—The Report draws attention to the withdrawing from the asylum service of medical officers and attendants owing to the war, and expresses regret at the death (being killed in action) of Mr. Crowther, who had been appointed to succeed Dr. Gayton on his resignation. This subject, however, will loom so much more largely in the next report that it may be left without comment at present. The occupation of asylums as military hospitals, etc., will be a striking feature in the 1915 report. The weekly cost per head has risen by 3½*d.*, mainly as the result of the war, and a still larger increase must be anticipated.

The estimated expenditure for erection of new asylums, alterations, additions and improvements of those already existing, is £414,488, but

this will probably be greatly reduced under the stringent necessity of war economy.

The additions include the purchase of a house for the accommodation of nurses in connection with the "Maudsley Hospital."

Registered hospitals.—The registered hospitals are again admonished that, "As these institutions were originally founded upon a charitable basis, as large a proportion of cases upon unremunerative terms should be received as is consistent with the reasonable financial stability of the hospitals, and that the latter should not degenerate into luxurious homes for wealthy patients only, or principally for them." It is certainly very desirable that the managers of these institutions should consider whether they cannot perform more charitable work. The examples of the County Asylum annexes have shown that patients can be maintained on a pound a week as private patients at a profit, so that patients paying from 10s. to 20s. per week may fairly be considered as practically self-supporting under suitable conditions.

The Report gives statistics of the rates of payment in the case of the principal hospitals, classifying them into (a) those paying nothing; (b) those paying under 10s.; (c) from 10s. to 21s.; (d) 21s. to 42s. and (e) 42s. and upwards per week. From an examination of the statistics it appears that in the six hospitals whose weekly rate of maintenance ranges from £3 7s. 7d. to £1 18s. 4d., there are close on 12 per cent. of patients paying less than 21s.

The total income of these asylums is little short of £300,000.

In the four hospitals whose weekly expenditure ranges from £1 15s. 4d. to £1 6s. 7d., the number of patients received under 21s. is about 44 per cent., on an income of less than one-sixth of the previous class. So that considerably more patients are assisted in the latter class than in the former. It would seem indeed that the actual charitable outcome is in an inverse proportion to the rate of maintenance and to the number of highly paying patients, although one hospital shows that this is not an absolute rule.

No one would wish to detract from the valuable examples in treatment and administration which these institutions have given, but admiration and commendation of their good qualities should not be a bar to the duty of suggesting the means of making them still more valuable to the country, and worthy of still higher admiration and praise.

The Mental Deficiency Act, 1913.—This Act came into force on April 1st, 1914, and on that day the hospitals, institutions, and licensed houses which had been registered under the Idiots Act of 1886 became certified institutions or certified houses for mental defectives. A list of these, with other houses and homes certified or approved up to September, 1914, is given in the Appendix.

At the end of the year there were 2,959 cases thus accommodated, a very small proportion of the large number that will ultimately have to be cared for. The outbreak of the war, with the consequent increase of work and stringency of finance, the Report states, has greatly interfered with the development of activity in this respect.

Scientific research work.—Scientific research work suffered considerably from the outbreak of the war, contributions being reported only from the pathological laboratory of the London County Asylums

and eight others. Many asylums have no pathological laboratory or staff to work therein, but combinations of groups of asylums might yield valuable clinical observations, if working on a systematic basis. When the medical staff of the Board of Control overtakes its routine work and has any spare energy, this might be well employed in considering the numerous clinical problems which demand solution, and in suggesting the methods by which they could be attacked.

Information concerning all that affects the health of the nation will probably be greatly in demand when the war is over, and such questions may come to occupy popular and Parliamentary attention in place of the squabbles of party politics, which have so long led to the neglect of these and many other important national needs.

An Introduction to Social Psychology. By WILLIAM McDougall, F.R.S.Lond. Methuen & Co. Ninth edition, 1915. Pp. 431. 8vo. Price 5s. net.

The interest aroused by this volume is sufficiently shown by the fact that it is now in its ninth edition. It was originally published in 1908, and several of the subsequent editions have been revised, the present one containing an additional chapter on the sex instinct. The work is that of an original thinker, and it has been successful in stimulating a good deal of discussion, and it has undoubtedly exerted a considerable influence upon contemporary psychological thought.

The aim of the author is indicated in the introduction. He wishes to present psychology—in a living and practical form—from a standpoint which may serve as a firm foundation for the study of the various social sciences. It is obvious that for these latter to be of any value, they must be based upon an adequate knowledge of the working of the human mind. Unfortunately, however, in some instances elaborate systems of philosophy have been erected upon entirely false psychological assumptions, and in others the writers have made the frank avowal that no knowledge of psychology is necessary for an understanding of these subjects. This indifference towards, or ignorance of, psychology has been undoubtedly in some measure due to the academic and lifeless treatment of the subject in the past, so that the current literature has been of but little assistance to students of the allied sciences. The mere classification of conscious states throws but little light on those social sciences which deal with human conduct, in so far as such a method largely ignores the ultimate motives by which such conduct is determined. Dr. McDougall urges that for psychology to attain the position of a positive science it should not be purely introspective and descriptive, but it must be an “evolutionary natural history of the mind,” and it must, above all, deal with those innate fundamental tendencies of the mind which regulate human activities.

The main thesis of the author, a thesis vigorously and convincingly maintained throughout the book, is that human conduct is determined by innate conative dispositions (instincts), and that the intellect acts only in the service of these instincts as a means of attaining the ends to which they are directed. Such a thesis is, of course, directly opposed