

early stage of the disease, later came to autopsy (some through intercurrent disease), and I was dismayed to find cavitation where I had visualized tubercle formation, or, at the most, very early caseation—a painful if salutary discovery.

(3) There is increased sedimentation rate in blood diseases. Only two cases came under my observation—one the acute leukæmia I have described and another of chronic lymphatic leukæmia.

(4) Two cases had acne vulgaris of long standing but no other lesion that I could demonstrate. Whether their suspension stability was altered because of the acne or the skin trouble was just a coincidence I am unable to say. They are both alive and seemingly well, but retain their acne.

(5) I classed as neurological four patients with the post-encephalitic syndrome, one with disseminated sclerosis, and two general paralytics. The readings were all normal, with the exception of the disseminated sclerosis, whose red cells fell to 6.4. This particular case was not an inmate of the institution. She went downhill very rapidly, and towards the end manifested definite cerebral symptoms—possibly following on plaque formation in the brain.

(6) The high percentage of normal readings among the epileptics. There were 73 epileptics; of these 5 showed increased sedimentation rate: one was the cholecystitis case I have described, two had dysentery, one was tubercular, and the fifth is undergoing investigation at the moment—I think she has disseminated sclerosis.

My conclusion is that the test is decidedly helpful. It indicates that tissue breakdown is occurring somewhere in the body, though it does not say why or where. It is very helpful in estimating prognosis, more especially in tuberculosis. Many observers stress the fact that during sanatorium treatment, if the bacilli have disappeared from the sputum and the temperature and pulse have become normal, and the disease, to all intents and purposes, has become arrested, the sedimentation rate may still show acceleration. This, it is considered, shows that arrest of the disease has not been finally established, and one cannot give a good prognosis until the sedimentation test has returned to normal. In cases of malignant disease where the growth has been removed by operation it is of considerable value. I have no practical experience of such cases, but know of one in which, prior to operation, the red cells fell to a very low figure, and for some time after operation it remained at a low level; then it gradually rose until it reached normal. Such cases would be well advised to have repeated examinations over a considerable period; a falling level might be the first indication of metastases.

The test appears to be particularly useful when dealing with the insane who are physically ill and who cannot or will not supply any information or assistance. At times we have to work not only without their help, but actually against their resistance, and under such conditions we should welcome any procedure likely to aid us in diagnosis or treatment.

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#### VISIT TO RAMPTON STATE INSTITUTION.

On April 25, 1934, under the auspices of the Mental Deficiency Committee, and at the kind invitation of the Board of Control, members of the Association visited the Rampton State Institution. The occasion produced an attendance only equalled at annual general meetings, over 120 members making the journey. They were received by Sir Hubert Bond. Dr. Rees Thomas and Miss Darwin, Commissioners of the Board of Control, and Dr. F. E. Schneider, Medical Superintendent, and were kindly entertained to lunch. The President, Dr. F. Douglas Turner, expressed the thanks of the Association to the Board and Sir Hubert Bond responded.

The following description of the institution and its activities was issued:

#### RAMPTON STATE INSTITUTION.

Section 35 of the Mental Deficiency Act, 1913, empowers the Board of Control to establish and maintain State Institutions for Mental Defectives of dangerous or violent propensities.

The cases for which the Board are required to provide are mental defectives who are dangerous

or violent, either to themselves or others. There are amongst these a number of children and adults suffering from the after-effects of encephalitis lethargica.

The following table shows the type of institution from which the patients were received during the year 1933 :

	Males.	Females.
Certified institutions . . . . .	22	32
Institutions under Section 37 . . . . .	13	16
Prisons . . . . .	4	1
Courts of Sum. Jur., Section 8 . . . . .	5	..
Borstal . . . . .	1	..
Mental hospitals . . . . .	1	2
Own home . . . . .	1	..
Places of safety . . . . .	3	1
Industrial school . . . . .	1	..
Total admissions . . . . .	51	52

Patients are accepted for admission to Rampton on the ground that they are unmanageable elsewhere, or that they have displayed propensities of such a dangerous character as to make special precautions essential to secure adequate supervision and control.

Persons of unsound mind as such are not eligible for admission to a State Institution, but nearly one-half of the patients have shown transient psychotic or neuro-psychotic conditions superimposed on mental defect. In 1920 the Rampton Criminal Lunatic Asylum Estate was transferred by the Home Secretary to the Board for permanent use as a State Institution.

At that time there was accommodation for 300 patients. Substantial additions have since been made to meet the growing needs. Experience has shown that the larger wards which formed part of the old building are less suited as units for the treatment of troublesome patients than the sixteen detached villas of 35-40 beds each, which have since been provided. One of the villas on each side is a sick hospital.

The children's section, one villa for boys and one for girls, 36 in each, with a school and recreation ground, is apart from the adult section of the institution.

The estate comprises some 184 acres. The number of defectives resident is :

Men . . . . .	635
Women . . . . .	424
Boys . . . . .	35
Girls . . . . .	30
Total . . . . .	1,124

Approximately one-half of these patients were criminal, and one-half non-criminal. The former include many cases with records of serious crime.

The ratio of defectives in the State Institution to defectives in ordinary certified institutions, etc., has for some time past been approximately one to twenty-five.

The staff comprises the medical superintendent, three medical officers, administrative and clerical staff, teachers (for children) and nursing and domestic staff, including industrial instructors. The total number of nursing, training and domestic staff is 290, which includes provision for relief and night duty. The number required for day duty in each ward or villa is three or four, according to circumstances, with six in the wards for the most difficult patients.

The provision of industrial training and occupations for defectives forms an integral part of their treatment. Much attention is paid to the recreational side of their daily occupations. Under the supervision of the staff a great proportion of the work of the institution is done by patients. Workshops are also provided as follows :

*Males* : Shoemaker, tailor, metal worker, carpenter, upholsterer, French polisher, mat and mattress making, brush work, basket work, concrete work, hand and power weaving. There are a number of minor occupations and many patients are engaged in farming, gardening and other outdoor utility work. There are special classes for lower grade and physically defective patients.

*Females* : Sewing room, kitchen, laundry, hand weaving, knitting, rug and mat work, raffia, leather work, lace making, embroidery and various handicrafts for all grades of patients. Female patients also work in the garden and on the poultry farm.

Next to occupations, amusements and recreations are the most important method of treatment. There are four recreation grounds ; there is a full-time gymnasium instructor and a games mistress. Indoor activities include mixed dances, whist drives, choral singing and dramatic performances, etc., in which the patients take the chief parts.

The treatment and training have resulted in an improvement in the mental condition and behaviour of the patients, so that it has been possible to return many of them to the care of the Local Authorities, or to a supervised life in the community.

It is proposed to extend the workshops to provide further facilities for training the troublesome lower grade men and women; and special arrangements are being made for the training and occupation of some groups of the most dangerous adult male patients who have hitherto proved to be unemployable outside the ward group.

The proportion of patients employed varies from 90 to 95%. It is hoped that with the new arrangements it may be possible to improve on this figure.

The new admissions during the year 1933 were 51 male and 52 female patients, of whom 7 were under the age of 16 years. The net increase during the year of patients in the State Institution (Rampton and Moss Side branches) amounted to 43. The death-rate was 8.6 per thousand. The average cost per patient, excluding the capital cost of buildings, is 26s. 6d. per week.

The staff recreational activities are centred in the Recreation Club, a building to which all members of the staff have access. There is a shop, a post-office, and it is a duly licensed club. The bar is open only to male members.

The cost of the swimming bath, the hard tennis courts, the bowling green and the petrol pumps was met out of club funds.

The Honorary Secretary and the Management Committee are elected by vote at the annual meeting. The Committee employ their own staff, four in number, to run the club. The Board maintain the club buildings, provide part of the furniture, and supply coal and light free of charge.

BOARD OF CONTROL,  
*April, 1934.*

A comprehensive display of the products of the patients' occupations was on view in the Recreation Hall.

After luncheon members were conducted in parties round the villas, workshops and occupational class rooms; they also saw a gymnastic display by boy patients, and a demonstration of camping and first-aid by the patients' scout troop.

Tea was then provided, after which Dr. Schneider showed a number of typical cases, giving notes of their histories and progress while in the institution.

It was generally felt that the meeting had been a most successful one, and that a very profitable day had been spent in observing the methods used and the impressive results achieved with the very difficult types of cases treated at this institution.

#### OPENING OF SHENLEY MENTAL HOSPITAL BY H.M. THE KING.

On May 31 last the new Middlesex County Mental Hospital at Shenley was formally declared open by H.M. the King, who was accompanied by H.M. the Queen.

In our issue for January, 1931, there appears an account of a similar ceremony when, in the King's unavoidable absence, H.M. the Queen opened the new buildings of Bethlem Royal Hospital. The present, however, is the first occasion on which a county mental hospital has been thus honoured.

In the address presented to Their Majesties by the Visiting Committee of the Hospital, the Royal visit was referred to as "another token of that constant solicitude for the care of the sick which has so especially endeared Your Majesties in the hearts of your subjects; and a source of gratification and encouragement not only to those concerned with this Mental Hospital, but to all who are engaged in the various Mental Health Services throughout the Country".

The following was the King's reply:

#### HIS MAJESTY THE KING'S REPLY.

"I thank you for your loyal and dutiful address.

"It is a pleasure to The Queen and myself to be present to-day and to associate ourselves with the opening of the Shenley Mental Hospital.

"The care of the sick is at all times a matter of deep concern to us. I am glad to have this opportunity of expressing my interest in the Mental Health Service, and my appreciation of the devotion and skill of those engaged in this work.