

The third paper deals with the necessity for the psychopathic hospital and the problems it must attack. For efficient work the hospital should only have a limited number of patients—between fifty and a hundred—it must be adequately staffed by specially qualified psychiatrists, and it should have ample laboratory facilities. As well as dealing with the case of those mentally disordered, it must co-operate with schools, courts, state mental institutions, mentally deficient homes and welfare organisations. The fundamental activities of the hospital are—(1) observations, (2) treatment, (3) research, (4) teaching. The legal provisions governing the admission of patients should be as free as possible from formalities that may in any way produce social embarrassment for the patient, although legal restraint of some sort is necessary. There should be intimate co-operation between the psychopathic hospital and the State mental institutions; material for study can be furnished by the latter and the results communicated to them; patients can be transferred from one to the other where it be deemed advisable. If possible the hospital should be within easy access to a medical school, as one of its most important functions is to serve as a teaching centre for psychiatric training. In its connection with criminal and juvenile courts it can be of great service in the determination of mental disorders in those accused of crime or delinquency. The hospital should maintain out-patients' clinics, travelling field services, and should, through its social workers, carry on investigations that concern their patients in respect to family, school and occupational life. The position and facilities of the hospital should make it a leader in the field of mental hygiene, and a force for educating the public regarding whatever is active in impairing the mental life of the people.

C. W. FORSYTH.

Patients with Mental Disease, Mental Defect, Epilepsy, Alcoholism and Drug Addiction in Institutions in the United States on January 1st, 1920. (Fourn. of Ment. Hygiene, January, 1921.) Pollock H. M., and Furbush, Edith.

A census of these patients was made by the National Committee for Mental Hygiene in 1917, 1918 and 1920. The present survey includes those actually in institutions—*i.e.*, not on parole, etc.—on January 1st, 1920. 625 institutions are represented, *viz.*, Public Health Service hospitals, State, city, county, and 237 private institutions. Almshouses, penal and reformatory institutions are not included. A. *Patients with mental disease*: These number 232,680, 52 *per cent.* being males and 48 *per cent.* females. 9,238 were in private institutions and 1,040 in institutions for temporary care. The latter number 21, distributed among 12 States, and comprise psychopathic hospitals, psychopathic wards in general hospitals and detention hospitals. Mental and nervous cases are also admitted temporarily to nearly all the 54 Public Health Service hospitals for ex-service men and women. The total proportion in institutions—220 per 100,000 of the general population—has increased in recent years more than the incidence of mental disease. There is great disparity in the different States in sex distribution and in the total number in relation to population.

The latter is partly explained by unequal adequacy of provision made, and by the attraction to certain States of young, virile workers. **B. Mental defectives not counted under A:** These number 40,519 (20,123 male and 20,396 female). In spite of great increase the numbers are still too inadequate to the need to give an indication of the incidence among the population. **C. Epileptics not comprised under A:** These number 14,937, *viz.*, 7,939 males and 6,998 females. **D. Inebriates (alcoholic and other drug addicts) not included under A:** The figures are of interest in relation to the Restrictive and Prohibition Acts. The numbers on January 1st were—in 1917, 4,891; in 1918, 3,565; in 1920, 1,971. In 1920 these comprised 1,163 alcoholics (6 males to 1 female), of whom over half came from 5 of the 48 States, while 10 States reported no alcoholics in institutions. All State hospitals for inebriates have now been closed. *Patients absent from institutions, but still on the books*, numbered 18,268. Parole laws differ in different States, the period varying from 30 days to 2 years. Some States have a well-organised system of after-care and supervision under the direction of social workers, while others exercise no supervision over patients on parole.

MARJORIE E. FRANKLIN.

Decline of Alcohol and Drugs as Causes of Mental Disease. (Mental Hygiene, January, 1921.) Pollock, H. M.

The data for this paper are furnished by the Bureau of Statistics of the New York State Hospital Commission, and include returns from 13 State hospitals. Only first admissions—*i.e.*, to any institution for mental disease—are considered. First admissions and the alcoholic ratio were both abnormally high in the war year 1917, while for part of the fiscal year ending June 30th, 1920, the Prohibition Amendment was in force. Excluding 1917, (a) the ratio of first admissions to 100,000 of the population increased steadily from 58·6 in 1909 to 67·3 in 1918, and fell to 66·3 in 1919 and 1920; (b) the alcoholic psychosis fell gradually from 10·8 *per cent.* of first admissions in 1909 to 5·2 *per cent.* in 1918, and was 4 *per cent.* in 1919 and 1·9 *per cent.* in 1920; (c) the intemperate use of alcohol among first admissions without alcoholic psychosis was returned as 28·7 *per cent.* in 1910, 16·2 *per cent.* in 1918, 14·2 *per cent.* in 1919 and 12·2 *per cent.* in 1920. Mental disease due to drugs, always low in the hospitals of this State, has not increased, and was 0·2 *per cent.* in 1920. MARJORIE E. FRANKLIN.

Part IV.—Notes and News.

THE MEDICO-PSYCHOLOGICAL ASSOCIATION OF GREAT BRITAIN AND IRELAND.

EIGHTIETH ANNUAL GENERAL MEETING.

THE EIGHTIETH ANNUAL GENERAL MEETING of the Association was held on Tuesday, Wednesday, Thursday and Friday, July 12th to 15th, 1921, at the house of the Royal Society of Medicine, London, under the presidency, in the early proceedings, of Dr. W. F. Menzies, F.R.C.P., and later that of Dr. C. Hubert Bond, C.B.E., F.R.C.P.