

are sought, and where possible removed, and they are carefully classified and treated according to the stage of their illness.

"A striking result of treatment on these lines is the amount of freedom and absence of irksome restrictions which it is possible to grant with safety to selected patients, and the benefit of this is reflected in the general atmosphere of happiness and contentment which is so noticeable throughout the Hospital. But success in this direction depends upon the individual efforts of the nurse who has opportunities denied to all others of gaining an insight into the patient's mental condition, and whose personality must inevitably influence for good or evil the process of readjustment which is necessary to the restoration of the disordered mind. It is the intelligent observation, sympathetic understanding and tactful treatment by the nurse that we rely upon to replace the old methods of forcible restraint. The duties of the mental nurse become more and more exacting with the elaboration of modern methods of treatment, and call for efforts of patience, perseverance and self-control unequalled in any other branch of the nursing profession; indeed the mental strain resulting from constant association with the insane has to be experienced to be appreciated. In order to maintain the standard of service demanded by modern requirements it is essential that provision should be made for suitable rest and recreation for the staff between their periods of duty. Such facilities are amply provided for in the new home, and we look forward to a continuance of that loyalty, devotion to duty, and efficiency, which has so long been a feature of the nursing service here, and this at a lesser cost in terms of health to the staff."

SCOTLAND.

Aberdeen Royal Mental Hospital.—During the year 1927, 161 (M., 76; F., 85) certified patients were admitted to this institution, and there were 37 voluntary boarders, but only one parish sent a rate-aided voluntary patient.

"It is a matter of regret that more advantage is not taken of this method of dealing with those who are mentally ill, and who are not only willing, but often anxious to obtain appropriate treatment. As I have stated in previous reports, much valuable time is wasted because so many of these cases are not sent into a mental hospital until they are certifiable. This step may not be possible for a very considerable time after the illness has commenced, and when the disease may have passed into a chronic state. When a patient is treated in the early stages there is much more probability of recovery taking place, whereas, if the disease is confirmed, he may require to be maintained in a hospital for a great many years, thereby costing the public a large sum of money for his maintenance.

"Another point of importance which should be remembered is that if a person is entitled to the Old Age Pension, he receives it if he is a voluntary patient, but not if he is certified."

At the end of the year 788 patients remained on the register as against 794 at the beginning.

The chief forms of mental disease in the admissions were manic-depressive insanity, infection-exhaustion psychosis and dementia præcox, and there were 4 cases of general paralysis. Alcoholism was assigned as the cause in 15 cases, and venereal disease in 9 cases.

Referring to the treatment of general paralysis by malaria infection, Dr. Dods Brown states that so far no patient treated in this way at his hospital can be considered as improved sufficiently to enable him to be discharged, though the majority have benefited, both mentally and physically. Some of his cases were treated by the "protein shock treatment," but no definite results were obtained.

Occupational therapy, under the supervision and direction of Miss Fulton and Mr. Wills, takes a prominent place in this hospital, and many specimens of craft work from this institution were seen and admired by members at the annual meeting of the Association in Edinburgh in July.

Dr. Craig was granted three months' study-leave in London during the year, and Dr. Annandale is at present in Vienna attending a special course of instruction in psychiatry and allied subjects.

Crichton Royal Institution, Dumfries.—The accommodation provided by this great institution is practically divided into three distinct departments, of which the first, or Crichton Hall department, is for the more affluent private patients, the second or intermediate department is for private patients of moderate means, and the third department is for private patients of still more limited means and the rate-aided patients of Dumfries and Galloway (corresponding to the ordinary county mental hospital in England).

On December 31, 1927, there were 990 (M., 475; F., 515) patients in residence, and during the year 299 cases were admitted, of whom 167 were voluntary patients. The recovery-rate for the year was 39·5% amongst the voluntary and 32·5% amongst the certified cases; the combined death-rate was 7·9% on the average number resident.

The chief constructional work during the year was the completion of "The Hospice" or new hospital for the Crichton Hall department.

Appended to the report is an interesting and valuable retrospect of the development of the institution during the last twenty years.

Glasgow Royal Asylum.—The report is for the year 1927, and shows that the total number of patients under treatment during the year was 671, the admissions were 138, and at the end of the year there were 518 patients resident in the institution, or 15 less than at the commencement.

60% of the admissions during the year were voluntary patients and the recovery-rate for the year was 37%. The death-rate for the year was 11·2, a large number of the deaths being accounted for by an epidemic of a febrile nature which was characterized by a streptococcal infection leading to septicæmia.

Dr. Henderson pleads with much eloquence for a closer study of the relationship of delinquency and mental defect, and disorder of conduct as an indication of a departure from health, indicating in this connection the benefits that would accrue to the community by the establishment in Glasgow of a psychiatric hospital in close touch with a general hospital:

(1) It would set a standard for psychiatric work throughout the country, and would act as a centre from which a constructive campaign regarding mental hygiene could be launched.

(2) It would form a centre to which acute cases, or cases difficult to solve, could be brought for advice; while suitable cases could be

given a chance of recovery without necessarily having recourse to certification.

(3) It would deal with problem cases occurring in connection with the law courts, schools or charitable institutions, and it would be a link between medical and other types of institutions.

(4) It would act as a training centre for students and post-graduates who were anxious either to specialize in psychiatry or to take up general practice. Satisfactory courses of instruction could be instituted for those taking the diploma in psychiatry, and medical officers from mental hospitals could obtain intensive training which would keep them up to date.

(5) It would form a training centre for nurses, social workers, probation officers and all others interested in such problems.

(6) It would be a school of research into the causation, prevention and cure of mental illness.

Dr. Henderson expresses in no uncertain terms his views on the vexed question of the examinations for mental nurses.

"The standard of medical work is of the greatest importance, but of no less importance is the standard of nursing. A few years ago a Bill was passed to establish a General Nursing Council for England and Scotland, this Bill being known as the Nurses' Registration Act, 1919. The special feature of this Act is that all nurses in general hospitals, mental hospitals and fever hospitals take the same course of instruction in their preliminary subjects, and are allowed to be on special registers after having passed the final examination. Such a system of examination entails a uniform standard, and should help to improve the status of the mental hospital nurse. A mental hospital nurse who has passed her State examination is allowed to register, and is granted a year's exemption from her general hospital training. In the past our nurses have taken the examinations set by the Royal Medico-Psychological Association. This Association did most valuable work, by instituting such an examination, and by improving the standard of mental hospital nursing throughout the country. Many of us, however, feel that the examinations of the General Nursing Council open up a wider field, allow a more uniform system of training, and set a higher standard than the examinations of the Medico-Psychological Association. In consequence of this, in this hospital, we train our nurses to take the examinations of the General Nursing Council. Within the past few months there has been a certain amount of agitation set up by members of the Royal Medico-Psychological Association who wish their examinations to be continued, and to have conferred on them the same privileges as those obtained by the nurses passing the General Nursing Council examinations. It seems to me that the time has come when the examinations of the Royal Medico-Psychological Association have passed their best, and should be discontinued. We feel certain that the nurses themselves will benefit greatly by the improved training under the General Nursing Council."

Glengall Hospital, Ayr.—The number of certified cases at this hospital increased from 581 at the beginning of the year 1927 to 602 at the end, and during the year there were admitted 154 cases (M., 81; F., 73). This admission-rate is practically the same as the average of the quinquennium of thirty years ago.

"With reference to the admission of voluntary patients which is being increasingly adopted, I may say that a number of cases are being sent that are found, on examination, to be quite unsuitable, as the mental derangement is too far advanced to permit of the individual's exercising any free will in the matter. The whole object of the voluntary system is to afford treatment in the early stages when such volition is present, instead of delaying till the condition is sufficiently severe to require admission to hospital by the more involved procedure of certification.

It was never meant to be an alternative or a substitute for certification, as relatives of cases so generally appear to believe. In spite of much sensational writing in support of popular prejudice regarding the 'stigma of certification,' even endorsed from unexpected quarters, I maintain that certification is a wise provision for the patient's welfare in mind, body and estate."

As regards causation, Dr. McRae points out the unreliability of statistics in connection with hereditary predisposition, and deplors the continued high figure for the incidence of general paralysis (the death-rate from which has averaged 12·2 for the last twenty years) in the areas served by his hospital. Regarding the chances of recovery amongst the admissions he makes the following pregnant remarks :

"As to the chances of cure of those admitted for the first time, only 16% had shown symptoms for any period less than three months; whereas in 64% of the men and 60% of the women the illness had become chronic, with poor chance of recovery, by having lasted for more than a year prior to admission. This marks a progressive worsening from 58% and 50% respectively two years ago. It has often been asked why, in spite of improved methods of both medical and nursing treatment in mental hospitals, the recovery-rate does not increase. The answer is that much less favourable material is sent for cure nowadays. The public are content to rely on the wireless S.O.S. for the 'recovery' of cases of neglected mental disease, whose failure to return home is euphemistically ascribed to 'loss of memory.' For the benefit of those journalists who persistently describe such disappearances as 'mysterious,' it may be mentioned that loss of memory is a common feature in nearly all cases of mental disease, and an intense desire to be alone or to get away from their associates is a characteristic symptom in persons suffering from depression."

James Murray's Royal Asylum, Perth.—This is the 101st annual report. During the year ending March, 1928, there were admitted 66 cases; 42 were discharged, and 14 died. The number remaining resident was 173, as compared with 137 three years ago.

The number of voluntary patients admitted was 42, as compared with 24 certified cases, and the percentage of recoveries was 39 in the former and 30·1 in the latter. Dr. Chambers considers that the more favourable results among the voluntary patients were due to the feeling of spontaneous co-operation which the knowledge of their status induces in them, and to the absence of irksome feelings of compulsion and restraint rather than to the earlier attention given to their illness.

He draws attention to the new situation which has arisen owing to the spread of the voluntary system. The public are bringing patients for admission on a voluntary basis who are quite unsuitable for this. Relatives object to certification. Attempts to provide for such cases without their own consent, and without proper legal authority, will undoubtedly lead to the appearance and growth of "homes" under private and anonymous proprietors, where the patients can be received, secluded and detained, and the result may turn out to be a serious check to the natural and healthy process of evolution in psychiatry. Weak, foolish sentimentalism on the subject is to be deprecated, and some form of legal machinery, which will be a safeguard to the patient, to his relatives and to medical men is indispensable in these cases, though Dr. Chambers has known

no case where a medical man showed any desire to evade the responsibilities of certification.

The average residence of those patients who recovered was about ten months.

50 % of the attendants but only 18% of the nurses hold the R.M.P.A. nursing certificate. The State examination in mental nursing is unpopular, and only one nurse presented herself for it.

A complete central heating plant has been installed throughout the institution.

Royal Edinburgh Hospital for Mental and Nervous Disorders, Morningside.—On December 22, 1927, the Royal Assent was given to an Act by which the name of the Corporation was altered as above, and, as Prof. Robertson points out, this change of name marks a definite step forward.

In this report, for the year 1927 the subject-matter is considered under four headings: (i) Voluntary patients, (ii) the six nursing homes, (iii) the out-patient clinic, (iv) certified patients.

There were 148 voluntary admissions during the year, 41 were discharged recovered, and 78 relieved.

“The impression is fairly general that once a patient is admitted to a mental hospital his condition is more or less hopeless, but the fact that four out of five patients, who entered voluntarily, left within a twelvemonth is striking testimony to the contrary. An active movement of the population such as this acts beneficially on all the patients, and creates a hopeful and cheerful atmosphere. A little more success on these lines and the mental hospital will acquire as excellent a reputation as any other medical institution.

“Our experience of the benefits of voluntary treatment may be summed up in a very few words. We find that voluntary patients are admitted for treatment sooner than certified patients, that they come when their malady is more recent and less serious, that they are more contented to be treated, that their residence in the hospital is shorter, and that a larger proportion of them recover, though many leave before they are quite recovered. These leave when they feel themselves improving, and some, no doubt, complete their recoveries at home. More than a half have been ill for less than three months before coming for treatment, and more than a half of those who come suffer from melancholia. In these cases voluntary treatment leads to earlier recovery and the prevention of many suicides.”

There were admitted to the six nursing homes 119 cases (M., 43; F., 76); 57 were discharged recovered, and 49 relieved or unrecovered.

“The majority of patients admitted to the nursing homes came for treatment of functional symptoms, which include states of neurasthenia, depression, anxiety, sleeplessness and nervous exhaustion. There were also a good many aged persons who were beginning to lose their memories, and to become confused. An average of 9 out of 10 patients admitted were afterwards discharged within the year, and nearly half of those who came were discharged recovered.”

The weekly out-patient clinic at the Royal Infirmary is continued by Prof. Robertson and his deputy, and is evidently doing very valuable work of medical and social service. The new buildings at Jordanburn Hospital to which an out-patient clinic will be attached are not yet ready for occupation.

During the year 1927, 91 certified patients were admitted.

“There are two outstanding features in the statistics dealing with certified patients. The first is the small number of admissions compared with the large resident population—the legacy of the past. Of 812 certified patients treated during the year only one-ninth were new admissions. In the second place, the number of removals by discharge and death exceeds the number of admissions, so that the certified population in the Royal Hospital is diminishing, and in the course of a decade may shrink to a half of what it is at present. It is respectfully suggested that the form of the official statistics should be recast with a view to recognizing these changes.

“The signs of the times indicate that the day of ‘the certified lunatic’ is fast drawing to a close in Scotland. No one need mourn. Our lunacy laws in the eyes of medical men are repellant and objectionable. They deal with the treatment of sick persons, yet they were drawn up by lawyers obsessed by a professional idea more or less in conflict with that object. What was it to the legal mind that through delay and formalities the individual lost his reason and became a burden for life, so long as that sacred abstraction, the liberty of the subject, was safeguarded against violation! Thus came certification with its attendant train of evils from a medical and curative point of view.”

On the legislative action likely to occur as a sequence to the Report of the Royal Commission on Lunacy and Mental Disorder, Prof. Robertson makes the following remarks:

“It seems only too probable that new legislation south of the Tweed will, in some important matters, be on lines seventy years behind Scottish procedure. The public in England is obsessed with the idea that a layman and not a medical man should always see the patient suffering from mental disorder to decide whether he should be treated in a mental hospital or not. Even the medical profession has largely acquiesced in this lay procedure in the futile hope that it would be relieved of some legal responsibility. In Scotland no layman ever sees the patient under these conditions; the responsibility of dealing with a difficult medical problem has been wisely left in the hands of the medical profession. This trust has not been misplaced: the public has not been let down, for there is no record in our law courts during the last seventy years of anyone being improperly detained in a mental hospital.”