

## LUNACY REFORM.

The conference on Lunacy Administration which was called by Sir Frederick Willis, the Chairman of the Board of Control, ended its sittings yesterday.

The conference was attended by practically the whole of the medical superintendents and chairmen of visiting committees of county and borough mental hospitals in England and Wales, the medical superintendents and chairmen of managing committees of registered mental hospitals, and the superintendents of some of the licensed houses.

Sir Alfred Mond, in his opening address, mentioned that the chance of getting legislation would be very much increased if there was unanimity as to the alteration of the law which was desired, so as to permit of the treatment of early cases without certification. This subject was very fully discussed at the conference, and they arrived at the following unanimous conclusions:

- (1) That early treatment without certification should be legalised.
- (2) That by early treatment very many cases would be prevented from suffering permanently from mental breakdown.
- (3) That such early treatment should only be given in institutions or homes approved for the purpose by some Government department.
- (4) That the Government department upon whom the duty of supervising this work should be placed should be the Board of Control.

The conference did not desire that any hard-and-fast lines should be laid down as to where early treatment should be provided. Sometimes it might be best if provided at a general hospital, sometimes at a public mental hospital, and sometimes in an approved home. The essential thing was to secure the best arrangements possible in any area.

The conference also unanimously agreed that the law should be altered so as to allow of the reception of voluntary boarders in public mental hospitals, and that local authorities should be empowered to contribute towards the expense of early treatment when it was carried out by some one other than themselves.

Another subject which was discussed was the great importance of research and pathological work. The amount of this work which is at present being conducted is not realised by the general public, but a strong desire was expressed by various speakers that it should be still further extended, and that local authorities should be authorised to combine for this work wherever it seemed to them desirable.

It was generally agreed that there should be women members on all visiting committees, but there was no unanimity on the suggestion that every institution in which there were women patients should have women doctors on the staff. A number of speakers, however, urged this.

As to the medical staff generally, a strong feeling was expressed that the medical superintendent should delegate his non-medical duties as far as practicable, and that visiting committees should be prepared to provide medical superintendents with sufficient lay staff to carry out the business arrangements for the institutions. The general view was expressed that the position of an assistant medical officer should be made more attractive, and that these officers should be encouraged to take up post-graduate courses and to take the Diploma in Psychological Medicine.

Several members urged the value of the employment of visiting specialists, such as dentists, surgeons, bacteriologists and radiologists, at mental hospitals. Already many public mental hospitals have the advantage of the services of such specialists.

As to the nursing staff, it was generally agreed that the matron and those nurses who occupy the more important posts should all have had not only special training in the nursing of mental cases, but that they should have undergone a full general hospital training. Many of our public mental hospitals already have such trained nurses.

In regard to general improvements in lunacy administration, it was urged that it would be an advantage to divide England and Wales up into some eight or ten areas, and to have an advisory committee acting for these areas for an interchange of ideas and discussion of the problems and difficulties arising.

The conference closed with a vote of thanks to the London County Council for their kindness in allowing the conference to use the County Hall, Spring Gardens; and a vote of thanks to Sir Frederick Willis for having convened the conference.—  
*Vide The Times*, January 21st, 1922.

## CHARGES AGAINST ASYLUMS.

The Minister of Health has appointed a Committee consisting of Sir Cyril Cobb, K.B.E., M.V.O. (Chairman), R. P. Smith, Esq., M.D., F.R.C.P., Bedford Pierce, Esq., M.D., F.R.C.P., with Mr. P. Barter, of the Ministry of Health, as secretary, "to investigate and report on the charges made by Dr. Lomax in his book, *The Experiences of an Asylum Doctor*, and to make recommendations as to any medical or administrative improvements which may be necessary and practicable in respect of the matters referred to by Dr. Lomax without amendment of the existing Lunacy Laws."

The Committee will ordinarily hear evidence in public, and the time and place of meetings for this purpose will be announced in the Press. The Committee will, however, reserve the right to hear evidence in private in any case where they consider such a course desirable.

The Committee will hear such evidence as is necessary for the investigation specified in the terms of reference, and cannot undertake to hear evidence in regard to the amendment of the existing Lunacy Laws.—*Vide The Times*, January 9th, 1922.

## THE GEDDES REPORT.

## BOARD OF CONTROL, ENGLAND AND WALES.

1913-14, audited expenditure, £21,464; 1921-22, net estimate, £511,364; 1922-23, provisional net estimate, £535,968.

Since the provisional estimate was submitted a revised estimate has been put forward, showing a reduction of £5,528.

The number of places provided at present in the institutions to which the State contributes is 15,000 and there are now 9,000 patients in those institutions. We were told that there was a large number of mentally defective persons outside the institutions. If this were not an activity which we regard as essential to the physical and moral health of the nation, we would have recommended a substantial reduction in the vote in order to enforce economy. In the circumstances we refrain from any reduction, pointing out, however, that a larger number of these afflicted persons could in our opinion be taken into these institutions within the limits of the estimates. There are at the present time 6,000 places unoccupied.

We recommend that the necessary steps be taken to change this grant from a "percentage" basis to a "*per capita*" basis coupled with provisions to ensure adequate treatment and economical management.

## SCOTLAND.

1913-14, audited expenditure, £6,139; 1921-22, net estimate, £71,733; 1922-23, net estimate, £76,333.

Since this estimate was prepared it has been intimated that the amount to be provided for 1922-23 will be increased by £28,325.

The average cost per head is lower than in England. We recommend no reduction in the sums asked for, but, as recommended for England and Wales, the grant should be on a "*per capita*" basis, and all necessary steps should be taken to ensure economy.—*Vide The Times*, February 11th, 1922.

## BOARD OF CONTROL COMMITTEES OF INQUIRY.

The Board of Control have, with the approval of the Minister of Health, appointed the following committees:

*Dietary*.—Dr. R. W. Branthwaite, C.B. (Chairman), Commissioner of the Board of Control; Dr. M. Greenwood, Medical Officer (Medical Statistics), Ministry of Health; Dr. R. Worth, O.B.E., Medical Superintendent, Springfield Mental Hospital; Dr. L. O. Fuller, Medical Superintendent, Three Counties Mental Hospital, Arlesey, Beds.

*Clinical Records, etc.*—Dr. A. Rotherham (Chairman), Commissioner of the