(1) An institution to be recognized for the training of mental nurses must have a resident medical officer, this not being a necessity for the recognition of an institution for the training of those nursing mental defectives.

(2) Every institution before recognition must be visited and reported on by a referee or referees appointed by the Training Sub-Committee.

(3) To terminate the recognition of an institution for training purposes, three years' notice must be given by the Registrar in the event of the institution concerned still having nurses in training."

Owing to changes in the Regulations, certain anomalies had arisen, and it was recommended not to interfere with present arrangements, but to refer the cases to the Training Sub-Committee.

It was felt that the question of the recognition of Poor-Law infirmaries could only be dealt with by the Training Sub-Committee considering each case on its merits.

The list of institutions then recognized for the training of nurses was appended and recommendations made as to their future status in this respect.

The Report was adopted, and the Training Sub-Committee was appointed and submitted its first report at the Annual Meeting held at Birmingham in July, 1925.

The list of Recognized Training Institutions for the Nursing Certificate will in future appear in the January number of the Journal.

---

## Part II.—Reviews.

[We regret to have to hold over several reviews, including the continuation of the review of Prof. McDougall's *Outlines of Psychology*, owing to overcrowding occasioned by the publication of the proceedings at the Annual Meeting.—Eds.].

### *The Ninth and Tenth Annual Reports of the Board of Control for the Years* 1922 *and* 1923 (*continued from p.* 570).

#### Mental Deficiency.

The report for 1922 under this heading commences with a general review of the progress made under the Mental Deficiency Act of 1913. A similar sketch appeared in our review of the seventh and eighth reports, limited, however, chiefly to the years 1918–1922.

The Commissioners draw particular attention to the need for co-operation between all the various authorities dealing with mental defectives under the Act. They regret the delay in bringing into

https://doi.org/10.1192/bjp.71.295.734 Published online by Cambridge University Press

operation the Elementary Education (Defective and Epileptic Children) Act owing to financial restrictions. This Act is now merged in Part V of the Education Act, 1921, and is compulsory.

The ascertained number of mentally defective children is 31,000, out of which only 16,000 are being dealt with in special schools. The remainder are drifting into the ordinary schools and becoming merged into the general population without being notified under the Mental Deficiency Act, and no doubt will ultimately join the submerged tenth, *i.e.*, become subject to suffering, crime, destitution, inebriety and disease, the prevention of which was the design of Parliament. It seems incredible that the local education authorities have no legal obligation to notify the proper authorities on defectives leaving school at 14, but we think that a self-respecting education authority should need no compulsion in this matter, knowing as they must know that such neglect of the public welfare recoils ultimately on the head of the community at large, and helps to swell that vast expenditure on social wreckage so burdensome, especially at present.

The full benefit of the Mental Deficiency Act will not be felt until there is established a continuity of care from the time the defective is ascertained. This means machinery for securing the co-operation of central and local authorities in regard to education, mental deficiency, lunacy and after-care, and a further loosening of the public purse-strings, which in the end will undoubtedly result in an immense saving of national and local expenditure.

In the report for 1923 various aspects of the work of local authorities in mental deficiency matters are discussed, and valuable deductions drawn. The need for co-operation is again and again emphasized.

*Ascertainment.*—A review of the progress of the ascertainment of mental defectives shows that there is still a very large number for whom the Mental Deficiency Act is a dead letter. Of the 138,529 defectives, or 4·03 per 1,000 of the population, estimated by Dr. Tredgold to exist in 1906, the total number ascertained at the close of 1922 was 25,470, or 0·67 per 1,000 of the population. During 1923 nearly eleven thousand were added, bringing up the figures to 35,413, or 0·8 per 1,000. Some local authorities are very backward in this matter, and there is such a striking difference in the returns made that it is obvious that in many cases they are valueless as an evidence of the incidence of mental deficiency in the districts to which they refer.

*Supervision.*—The arrangements made by some local authorities for supervision of those defectives not under guardianship or institutional care cannot be said to be satisfactory. The Board recommends that women visitors should be appointed as officers of the Mental Deficiency Committees, and that whenever possible such officers should undergo a course of special training like that organized and carried out so successfully by the Central Association for Mental Welfare. Some local authorities are so neglectful in this matter as to have no visitors at all, relying entirely upon a voluntary association where there is one, or on officers of other

https://doi.org/10.1192/bjp.71.295.734 Published online by Cambridge University Press

local authorities who may or may not be suitable persons for this purpose. Good judgment, special knowledge, sympathy and tact are the essential characteristics of a good visitor.

*Occupation Centres.*—The proposal to set up occupation centres for defectives who live at home when first made was the subject, on the part of many, not only of adverse criticism from a financial point of view, but of ridicule as an unjustifiable proposition emanating from wild theorists and unpracticable enthusiasts. We are glad to note with the Commissioners that such centres, although not yet fully developed, are doing excellent work. They can now be considered definitely established as an integral part of the local machinery for the care of the mental defective. Defectives only fit for institutional care because of their helplessness or disorderly and destructive habits have, by attendance at these centres, so far improved as to become controllable at home. They have been taught to use their hands usefully and behave properly, thus postponing or preventing the necessity in their cases for costly institutional treatment and promoting the economical working of the Act. All classes of defectives living at home or under guardianship can attend, and there is still scope for fresh experiment and effort, especially in regard to industrial training. Up to May, 1923, some 57 occupation centres have been opened and more are in course of formation. Both cost of establishment and working expenses are small, especially having regard to the good work they accomplish and the economy they secure.

*Guardianship.*—The Commissioners complain that the local authorities have made but little use of their powers under Sect. 30 of the Mental Deficiency Act in regard to " guardianship." Some defective children have no homes, others have homes which are most unsuitable for them. If suitable guardianship can be found institutional care in many cases is not called for. A wise choice of homes, of cases and of trained visitors is essential. Transfer to a certified institution is a simple matter if this eventuality arises, a variation of the order only being needed. Unfortunately the reverse process of transfer from a certified institution to guardianship is not provided for in the Act—a defect which will need attending to on the first opportunity. At present discharge and a new order is the only means by which a defective who has so far improved under institutional care as to become suitable for home life under guardianship can be thus disposed of.

*Provision of Institutional Accommodation.*—Though financial restrictions still operate, the Board, having regard to the urgent demands for further institutional accommodation, are now prepared to consider a limited number of schemes for colonies of not less than 400–500 beds. Smaller institutions are neither efficient nor economical. Local authorities must be willing to take cases by contract from other authorities until they require the beds for their own cases. The existing accommodation reported in 1922 was 19,262 beds; during 1923, 631 additional beds were provided, making a total of 19,893. On April 1, 1914, the total accommodation was about 3,000 beds.

https://doi.org/10.1192/bjp.71.295.734 Published online by Cambridge University Press

Having regard to many things, and especially the suspension of operations during the war, we think a very creditable progress has been made, but until economic conditions generally are more favourable further progress will be slow. As the Commissioners very rightly point out, much more could be done in the direction of supervision and guardianship, especially when assisted by occupational centres and trained visitors—a much cheaper method of dealing with defectives than institutional care—if the local authorities would wake up to this fact. We think much assistance could be given in bringing this about if the certified institutions were made use of as preparatory schools rather than places of permanent detention. They should be administratively linked up with home care under supervision or guardianship as we have pointed out before and transfer from one to the other made easy. It would be good for the institutions concerned and lessen the objections parents have to surrendering children to their care, and supervision and guardianship would be more effectively carried out.

So far the sole cheerful note struck in these reports as regards mental deficiency has been the recording of the good work of the occupation centres—a marked contrast to the sections dealing with lunacy.

*Numbers under care.*—The increase during 1922 amounted to 1,976 and during 1923 to 1,856 patients. On January 1, 1924, the total number under care was 17,642 (males 8,189, females 9,453). These figures do not include cases in Metropolitan Asylums Board institutions not dealt with under the Mental Deficiency Act.

*Central Association for Mental Welfare.*—The usual well-deserved tribute is paid to the work of this Association and to the Voluntary Associations for their valuable assistance in carrying out the Mental Deficiency Act, and their strenuous work in all directions for the improvement of the lot of the mentally defective.

*Mental Hospital Lady Visitors.*—There is another voluntary movement slowly progressing which does not yet appear to have caught the Board's eye, *i.e.*, the attachment of lady visitors to the mental hospitals for field work in regard to new admissions, to act also as links between the patients and their homes, and to play the part of "ladies-compassionate" generally. Their work ceases on the patient's leaving hospital and being handed over to the After-Care Association. Their usefulness to the medical staff and the patients is freely acknowledged by those mental hospitals (mainly London County so far) which have opened their doors to them. They are willing workers, deserving of every encouragement, and an extension of their activities would do much to bridge the gap which unfortunately exists between life in the mental institutions and that of the community at large.

*Research work.*—The section devoted to scientific work in mental hospitals grows more bulky every year. We notice that the valuable scientific work done by the medical officers in the Metropolitan Asylums Board institutions is not included, which is regrettable, for it is deserving of a wider circulation than it now receives by being restricted to the Board's Annual Report.

(*Concluded.*)

https://doi.org/10.1192/bjp.71.295.734 Published online by Cambridge University Press