

great an economy of space as possible, all that may reasonably be considered necessary or desirable for the comfort and convenience of the patients, the main object being to produce the atmosphere of a home rather than of a hospital.

THE TREATMENT BLOCK

consists of two floors, and contains, among others, rooms for hydrotherapy, colon lavage, massage, light treatment, electrical treatment and research, the appliances in each case being of the most approved principle and of the latest type.

In this block also will be found, in addition to the three laboratories, the dispensary, dental surgery, X-ray room, photographic dark-room, and a room intended for occupational therapy.

THE KITCHEN BLOCK,

having a separate entrance at the back of the site in Grand Avenue, comprises on the ground floor the kitchen, pantries, staff room, store rooms, and linen rooms. Underneath it are situated the boilers, which operate the low-pressure hot-water heating system and the domestic hot-water supply to all the buildings of the hospital. These are designed for the consumption of oil fuel, whereby smoke and dirt are avoided.

THE OUT-PATIENTS' DEPARTMENT,

which it is hoped may usefully be developed in the future, is situated in the administration block, and consists of a waiting room and an examination room, with which are associated two physical examination rooms.

STAFF.

The medical staff consists of Dr. R. W. Gilmour, Physician-in-Charge, Dr. Macpherson Lawrie, Deputy Physician-in-Charge, an honorary visiting staff of six, a dental surgeon and a radiologist. The Matron is Miss L. A. Hunt, S.R.N.

CORRESPONDENCE.

To the Editors of the 'Journal of Mental Science.'

SIR,—May I be permitted a reply to Major Dhunjibhoj's letter in the *Journal* of January, 1931, which has reference to an article of mine which he has evidently misunderstood or forgotten? This fact renders most of his letter irrelevant, and it is full of misrepresentations of my paper (published in your issue of July, 1930), to which I must refer him for reply to many of the points he now raises. His letter emphasizes the difficulty I had already foreshadowed of securing an unbiased inquiry, a difficulty which is clearly not so "fantastical" as he imagines. Though he "entirely disagrees" with my suggestion that inbreeding is a cause of dementia præcox, he cannot, and does not, deny that the custom of the marriage of cousins has prevailed among the Parsees for some 1,200 years. Your correspondent does not apparently realize that there is a certain amount of inbreeding in all countries. As already stated, I do not know of any other clear-cut group such as the Parsees constitute, and dementia præcox is endemic among them. Major Dhunjibhoj also does not appear to understand that my figures deal with consecutive cases, from all classes of Parsees, educated and uneducated, though I thought I had made this sufficiently clear. While himself stating no personal experience, he writes, "It is not understood why Col. Shaw has assumed that the alleged increase of dementia præcox is particularly high among the Parsees." I have not "assumed" any "alleged increase," but have made a definite statement of my experience of the remarkable prevalence of that disease among the insane of the Parsee community, with the details of which your correspondent's figures, relating to other nationalities, bear no comparison.

Taking Major Dhunjibhoy's figures of population : 82,696 out of the 101,778 Parsees in India live in Bombay Presidency. The Central Mental Hospital at Poona, from its completion for fourteen years in my care, has been the chief mental hospital for the treatment of Parsees in Bombay, and has special allotted or endowed wards to which patients of other nationalities are not admitted. I have therefore had special opportunities for comparison with other groups of inmates, *i.e.*, Europeans, Anglo-Indians (domiciled), Hindus of all castes, Mohammedans, etc., in addition to experience at two other large mental hospitals, at Lahore and Rangoon, which had been in my charge earlier. I have discussed this subject for years with educated Parsees, referred to it in my lectures and in my *Clinical Handbook of Mental Diseases*, 1925, and can assure Major Dhunjibhoy that it is no new and undigested idea. I have nowhere contended, as he infers, that inbreeding is a necessary predisponent of schizophrenia, but have suggested that it may be a predisposing cause of the various degenerations noted by many observers. I have nowhere stated that dementia præcox is "rare" among other Indian groups, as your correspondent infers. The term "comparatively rare" has a quite different connotation, and the views I have expressed as to the comparative incidence of dementia præcox in other Indian communities are apparently in agreement with those of Major Dhunjibhoy, who, however, most unwarrantably characterizes the agreement as "inadvertent" on my part!

It is very probable, for obvious reasons, that there has been a good deal of inbreeding in the Anglo-Indian domiciled community, in which the incidence of schizophrenia is rather high.

I have already stated quite clearly that, in common with most alienists, I consider that abnormal mental stress is often the precipitating cause of dementia præcox in predisposed individuals. Surely Major Dhunjibhoy is not serious in arguing that the preparation of Parsee children for the Kasti ceremony can be considered a form of intensive education, in the sense in which I have used the term! It is similar to the study required of Christians for Confirmation. I fear somehow that my conception of the term "education" is not that of your correspondent.

Though Major Dhunjibhoy holds that the long inbreeding of the Parsees has resulted in nothing but good, and that its object is the preservation of racial purity, he writes that he is in no sense a champion of it, and "fully realizes its undesirability." I wonder why?

Your correspondent writes of "inbreeding"—an admitted custom: "What I am urging is that its relationship to dementia præcox has never been definitely established." This bald statement is certainly true at present, and it constitutes his whole case! I have, however, still a hope that my paper may have shown a new field for inquiry, in which the relationship can be thoroughly tested. I have personally no doubt of the result of an impartial investigation, should one ever be made—a possibility which experience compels me to doubt, for the reason I have already given.

I have previously remarked on the curious theory that schizophrenia among Parsees and Indians generally is directly due to "western education," and have little to add. Major Dhunjibhoy seems to consider the term synonymous with "stress." He, however, loses sight of the fact that statistics in Europe and America have become increasingly accurate with the years, whereas Indian statistics of disease in general, and of mental disease in particular, are still untrustworthy, and will continue so to be as long as the Alienist Department remains as it is, and has no responsible specialist supervision and control.

Parkstone,
Dorset.
July 10, 1931.

W. S. JAGOE SHAW, M.D.,
Lt.-Col. I.M.S. (retired).

STUDY TOURS AND POST-GRADUATE EDUCATIONAL INFORMATION SUB-COMMITTEE.

Notice.

TOUR OF GERMAN MENTAL HOSPITALS.

A Study Tour of German Mental Hospitals and Clinics has been arranged to take place from Monday, October 5, to Wednesday October 14th.