

TABLE IV.—*Discharges.*

| Discharged. | Cases. | Menstruated | | Amenorrhœic. |
|--------------|--------|-------------|--------------|-----------------|
| | | regularly. | irregularly. | |
| Recovered | 174 | 150 | 22 | 2 (1 menopause) |
| Relieved | 84 | 46 | 31 | 7 (5 over 40) |
| Not improved | 65 | 35 | 10 | 16 (9 over 40) |

A Research into the Cranial Measurements of the Insane, Comparing them with those of the Sane. By DAVID THOMSON, M.B., Ch.B.Edin., Formerly Assistant Medical Officer, Horton Asylum, Epsom.

WHILE acting as Assistant Medical Officer in the London County Asylum at Horton, Epsom (1907–1908), I made an investigation into the head measurements of the various classes of male lunatics, contrasting these with their bodily height and weight.

I took similarly the cranial and bodily measurements of the attendants at the asylum so that I might have a comparison between the sane and the insane to see if any marked difference existed between the two.

The number of patients I examined was 408 and the number of attendants was 80.

With regard to the head I took three measurements:

(1) *The circumference* at the level of the glabella and occiput.

(2) *Antero-posterior measurement* from the occipital protuberance to the glabella.

(3) *Lateral measurement* from ear to ear (measuring from the upper junction of the external ear with the head).

I made every measurement myself with the same tape-line to make the results as accurate as possible.

The following table gives the results. The measurements given are the average of all the measurements taken in each class.

| Head measure. | Head measurements in centimetres. | | | Height in centimetres. | Weight in kilogrammes. |
|--|-----------------------------------|-------------------|----------|------------------------|------------------------|
| | Circumference. | Antero-posterior. | Lateral. | | |
| Attendants | 57·2 | 35·3 | 31·2 | 174·2 | 76·5 |
| Total cases of insanity | 56·4 | 34·8 | 30·2 | 167·1 | 62 |
| Organic brain disease | 56·9 | 35·1 | 30·2 | 167·1 | 64 |
| Epileptic insanity | 56·0 | 35·1 | 30·7 | 166 | 62·4 |
| Delusional insanity | 56·6 | 35·1 | 30·2 | 167·4 | 62·4 |
| General paralysis of the insane | 56·6 | 34·8 | 30·2 | 170·2 | 66 |
| Secondary dementia | 56·4 | 34·5 | 30 | 166·3 | 62 |
| Dementia præcox | 56·1 | 34·8 | 30·5 | 166 | 59·8 |
| Mania | 56·1 | 34·8 | 30·2 | 165·8 | 61·2 |
| Melancholia | 56·1 | 34·8 | 30·2 | 167·6 | 59·9 |
| Imbecility (low grade), practically idiots | 54·6 | 34·3 | 29·5 | 164·9 | 56·9 |

It will be seen from this table that the attendants have the largest heads. They are also taller and heavier than the average lunatic.

The attendants are to some extent chosen for their strong physique, but intelligence is the chief factor.

Both the attendants and the insane are from practically the same section of the population, *i. e.* from the lower middle-class to the poorest. The patients include all those who cannot afford a weekly sum of say twenty to thirty shillings a week for whom there is practically no accommodation other than the public asylum. There are included therefore many who are not very poor.

Thus it seems that the sane have a better cranial and physical physique than the insane of the same rank of society.

It is interesting to observe that the next best cranial and bodily physique is shown by the organic brain-disease patients, the epileptic insanity, delusional insanity, and the general paralytics. Another interesting group comprises mania, melancholia, secondary dementia, and dementia præcox.

The low grade imbeciles on the other hand show most decidedly the poorest measurements of head and body.

These facts suggest an interesting relationship between the degree of physical development and the type of mental disorder.

The best physiques and largest heads are found in those whose mental disorders are, in a manner of speaking, of the

sanest variety—paranoia, epilepsy and the mental states associated with coarse brain-disease, the outcome of senility, arterial disease and syphilis.

True psychoses such as mania and melancholia and syndromes resulting in early dementia are definitely associated with physical degeneracy. Although heredity is a strong ætiological factor, probably all the conditions that lead to physical degeneracy lead also to lunacy, imbecility, feeble-mindedness, inebriety, and criminality.

I am indebted to Dr. Lord, Superintendent of Horton Asylum, for the facilities he gave me in acquiring the above data, and for his supervision and assistance.

On the Certification of Mental Defectives as proposed by the Royal Commission. By H. B. DONKIN, M.D.

THE recent Royal Commission on the Care and Control of the Feeble Minded was occupied with two main subjects of inquiry. *First*, the existing methods of dealing with idiots and epileptics, and with imbecile, feeble-minded or defective persons not certified under the Lunacy Laws. *Second*, the constitution, jurisdiction and working of the Commission in Lunacy, and other Lunacy Authorities. The Commissioners were requested also to report on any amendment of the law which should appear desirable in relation to these subjects.

Out of the many and interesting matters for discussion which this Report suggests, and after rejection of certain more alluring but more contentious subjects, I have selected one of the most important questions that arise under the first of the above-mentioned headings, *viz.*, that of the control and certification of such mentally defective persons as are not now certified under the Lunacy laws, and are generally regarded and treated as "uncertifiable." I think, indeed, that this subject is perhaps the most important in all the work of the Commission, for the chief reason of this inquiry being pressed upon the Government in 1904 was the widespread conviction among experienced men and women of the multiform evils resulting to the community from insufficient provision for the control of large numbers of persons whom the Lunacy Laws fail to reach.