of patients are difficult to satisfy, especially recently, for reasons which are obvious. Most of them soon learn, however, that we are not as bad as we are painted—indeed, as a rule, the relationship between them and the staff soon becomes cordial, and but for the publicity that would be given to their private affairs we should have no lack of public expressions of their appreciation of the care and treatment patients receive in mental hospitals, and an endorsement to the full of the final conclusion of this Committee—" that the present provision for the care and treatment of the insane is humane and efficient." That both could be vastly improved there is no doubt, but the next step lies with the public, *i.e.*, to ease the path and provide the means.

(1) From a cursory examination of the records in the *Medical Directory* of the members of the Association who are assistant medical officers, it would appear that the majority have held house appointments.

Significance of Sociology for Psychiatry.

PSYCHOPATHOLOGY, in extending its studies to crime and the minor psychopathies, comes to deal more with the *maladjustments* of function than with their disorders and imperfections. Certain mental aberrations are regarded as " faulty reactions," " regressions," or " evasions of difficulties," and much use is made of the conceptions of " attitude " and " psychological type." From such a standpoint the alleged traumata is to be found in the social environment; it is social stresses and disharmonies that are blamed. The strictly Psycho-analytic School, in the theory of " censorship," " repression " and " resistance," assigns no less pathogenic significance to *social* contacts. It is not between mind and its *physical* environment that we find most psychopathic disharmonies. Disturbances in this adaptation point to organic disease or abnormality and are correspondingly intractable. It is with the relationships between ***mind and mind*** that psychopathology is chiefly concerned.

Apart from the ætiological significance of the social environment, we find psychopathy manifested chiefly in social reactions. For example, delusion is not distinguished from " normal " belief by its truth or falsity. A very large proportion of current belief is demonstrably false, while " new " truths have often been branded as delusional. We are more tolerant now than to regard all foreigners as mad, but still, the justification of belief is consent, class, sectarian or racial. Literally abnormality is disease. No belief and hardly any behaviour is too fantastic to gain this social sanction in some circumstances; the *acceptance* of such is hardly ever regarded as pathological, its *origination* far otherwise! All delusions have this

in common with each other (and with the originality of genius)—that they betray a weakening of the social bond. When this affects important conduct we call it *insanity* or *crime*. Indeed the fundamental conception of insanity might be stated as "social incompatibility," and the prime task of psychiatry is to discover its causes. Hence our concern with the mechanism of the social *rapport*, and hence the relevance to our task of the social sciences whose fundamental problem is the nature of this "social integration" of minds.

Dr. Ian D. Suttie has kindly consented to contribute to the pages of our Journal a series of critical notes calling attention to significant conceptions and developments in sociology, and suggesting their psychiatrical application.

Part II.—Reviews.

The Seventh and the Eighth Annual Reports of the Board of Control for the years 1920 *and* 1921.

Our review of the Report of the Board of Control (1) for the year 1920 could not be undertaken in time to be included in the volume of the Journal just concluded, and in the meantime the Report for the year following was issued, so we propose, as in the case of the Reports for the years 1917 and 1918, to consider them together.

The Board of Control, like every other part of our lunacy organisation, has been subjected to close scrutiny, amounting at times to fierce criticism. The Commissioners personally have had a troublesome time, and have shared with us an unusual measure of worries and anxieties. We are not much comforted by the reflection that an occasional shaking up is good for everybody. Such a reflection will have more point when we can feel that the tempest is over, and the current is with us and not against us. The future continues uncertain and reform is still talked about. We are not afraid of reform; we are as anxious as anybody that psychiatry should advance with the

(1) The Lunacy Act of 1845 (8 & 9 Vict. c. 100) constituted the Board of "Commissioners in Lunacy." The Lunacy Act of 1890 continued the "Commissioners in Lunacy." The Mental Deficiency Act of 1913 (Section 22, Subsection 4) constituted a body corporate by the name of "The Board of Control." These Acts did not extend to Scotland or Ireland as its jurisdiction is limited to England and Wales.

The Lunacy Act (Scotland) of 1858, the result of a Royal Commission which sat from 1855 to 1857, established the "General Board of Lunacy for Scotland," which became by virtue of the Mental Deficiency and Lunacy Act (Scotland) of 1913 the "General Board of Control for Scotland."

An Irish Lunatic Asylums Act was passed in 1845 and amended in 1847 and in 1898. The "Inspectors of Lunatics, Ireland," issued in 1921 their 68th Annual Report, which related to the year 1918.