other factors certainly enter into this. Familiarity with the sight of the body abolishes petty pruriencies, trains the sense of beauty, and makes for the health of the soul.

There is still a wide difference of opinion as to the limits to which the practice of nakedness may be carried, and also as to the age when it should begin to be restricted.

Gerhard points out that in this, as in many other matters of sexual enlightenment, it is the adult who needs education far more than the child. Parents educate their children in prudery, and flatter themselves that they have thereby promoted their modesty and morality. Forel, in his *Die sexuelle Frage*, adopts the same point of view.

The intense absorption of thought in the minds of many boys and girls concerning the physical conformation of the other sex, and the time they devote to the solution of this problem, is not generally realised. The fact that such matters are generally regarded as being in some way "wrong," and that therefore thoughts relating to them must be kept secret, tends, of course, to produce sexual excitement. If the knowledge were gained openly, no unwholesome results would follow.

Some progress in the desired direction is certainly being made. Not many years ago an English actress regarded as a calumny the statement that she appeared on the stage barefoot, and obtained substantial damages in an action at law. This is scarcely possible to-day.

James Hinton has "sought to make clear the possibility of a positive morality on the basis of nakedness, beauty, and sexual influence, regarded as dynamic forces which, when suppressed, make for corruption, and when wisely used serve to inspire and ennoble life."

BERNARD HART.

Tuberculosis in the London County Asylums. (*L.C.C. Arch. of Neurol. and Psychiat., vol. iv*, 1909.) *Mott, F. W.*

In this interesting and important paper, Dr. Mott concludes from his researches that the evidence adduced does not support the contention that infection is one of the strongest causative elements in the prevalence of tuberculosis in the London County Asylums. Still less does it support the view that the causes of tuberculosis inhere in the asylums themselves, and not in the character of the patients sent to them. Ward incidence is not comparable with that shown by dysentery. If tuberculosis is communicable, it cannot be regarded as an infectious disease in the same sense as dysentery, smallpox, scarlet fever, etc.

The average proportion of living patients reported as tuberculous is 20 per 1,000 inmates. The incidence varies from 10·6 in Cane Hill to 40·3 in Claybury. With respect to the association of tuberculosis and mental disease, Dr. Mott comes to the conclusion that young subjects suffering from melancholia, dementia præcox, and imbecility are specially prone to the disease. This conclusion is confirmed by *post-mortem* statistics. A large number of general paralytics die with recent active tuberculosis which is not diagnosed during life. There is a relatively larger number of female general paralytics compared with male general paralytics affected by tuberculosis. Dr. Mott ascribes this state of affairs to the social conditions under which a large number of female general paralytics live prior to admission. Exposure to cold and wet,

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insufficient nourishment, poverty, overcrowding, and alcoholism, combined with an inborn mental and physical deficiency in a considerable percentage, produce a suitable soil for the development of tuberculosis in the female sex.

In 14·8 *per cent.* of the autopsies made at the London County Asylums during the past five years, active phthisis was found. It cannot be shown that the variation in the incidence of tuberculosis in the various London County Asylums depends in any measure upon the class of patients received, the parishes from which they are taken, the construction and age of the asylums, or the dietary or treatment.

Comparing the death-rate for 1907 at the several age-periods in the sane and insane, the mortality from phthisis among the insane is highest at a much earlier period than among the sane. At the age-period of forty-five to fifty-five, when it reaches its maximum among the sane, it is a question whether the incidence among the insane is much greater than among the sane pauper population. The death-rate from phthisis for the insane from the age of fifteen to thirty-five is about five times that for the sane of the same age-period. The Jewish population at Colney Hatch (mostly aliens) shows a higher death-rate (25·7 *per cent.* of the total deaths) from tuberculosis, than the Christian. Dr. Mott accounts for this by the fact that Jewish patients are generally composed of aliens who have not been long in this country. They come from Russia for the most part, where they and their progenitors have lived in great pauperism and degradation, and, therefore, unlike the prosperous Jews whose progenitors settled in this country generations back, have already the seeds and soil of consumption in their bodies when they arrive in this country.

It is of special interest that the several London County Asylums officials do not contract tuberculosis from the patients.

From 1,892 necropsies made in Claybury during the past ten years, active phthisis was found in 20·9 *per cent.*, and the *post-mortem* statistics for the past ten years show that 51·6 *per cent.* of all the patients exhibited either obsolescent or active tuberculosis, or both. It was inferred from the *post-mortem* examinations that no less than 10 *per cent.* of the cases in active phthisis at autopsy could have acquired the disease in the asylum.

Infection of the disease depends upon dosage and resistance.

Dr. Mott concludes that the preventive measures against tuberculosis are good in the London County Asylums as regards milk, food, personal cleanliness, ventilation, clothing, warmth, and exercise in the open air, and the liability to infection is less than in the houses from which the majority of the insane are taken. He suggests the following additional measures, consistent with proper and due economy:

(1) The earlier and more frequent diagnosis of active phthisis, with a view to isolation and treatment.

(2) The adoption of the verandah system of open-air treatment in all asylums.

(3) The encouragement of patients suffering from phthisis to expectorate into proper receptacles, which would possibly diminish the amount of intestinal tuberculous ulceration caused by auto-infection.

HAMILTON C. MARR.

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