

making," and the reading of modern fiction containing realistic love scenes, were reported by many as definitely increasing sex impulses. Only 3·5 *per cent.* denied masturbation at some period of their lives. Definitely homo-sexual feelings were admitted by 12 *per cent.*, but in only 3 *per cent.* did actual physical contact contribute to this.

M. HAMBLIN SMITH.

9. Mental Hospital Reports.

City of London.—The event of most importance in this institution during the year under review is the unfortunate ill-health of Dr. Steen, whose devotion to the Hospital as its Medical Superintendent has been such a marked feature for so many years. It is now known, of course, that this illness has culminated in his retirement, and all members of this Association, to which he also gave unsparing work and energy, will recognize the great loss a man of his personality must be to an institution, and will hope that relief from his anxious and trying duties will so ameliorate his condition as to ensure him many years of well-earned rest. Unfortunately for the Hospital, it loses, also owing to ill-health, the valuable services of Mr. Fitch, the very able and energetic Clerk to the Committee, whose work is known to us in other directions.

The City is blessed with powers, not given to, or at least not exerted by, most, of carrying through an Act (City of London, Various Powers Act, 1924) which overrides certain provisions of the Lunacy Act (1890, *et seq.*) giving them power, such as was contained in the ill-fated Miscellaneous Bill, to receive voluntary boarders and to use the title "mental hospital" for all purposes. However right this may be—and it is right—it is certainly contrary to the principles of modern legislation that any local Act should alter fundamentally an existing general Act except and unless the local conditions differ from those generally in being.

During Dr. Steen's absence, and pending the new appointment, Dr. Norman Navarra has ably carried on, as deputy Medical Superintendent, and from his report it is seen that there are at present in the hospital a total of 348 private patients (a proportion of 3 to 2 as compared with rate-paid), also one gentleman and two lady boarders; five voluntary boarders have been admitted since the passing of the Act in July, one of whom recovered completely after a few weeks' residence.

No tabulated statistics occur in this report, but it is to be noticed that no cases of general paralysis, in the initial stage, were admitted during the year, so that further treatment by malaria was necessarily suspended, and cases of dementia præcox failed to give any promising results.

A considerable amount of structural alteration, improvement and addition has been carried out during the year, and a contract has been accepted for still further work providing for extended accommodation, operating theatre, dental room and laboratory.

The hospital has accepted *in toto* the model dietary as suggested in the Report of the Departmental Committee, which is giving

general satisfaction. The recovery-rate was 52 *per cent.* and the death-rate 5.5 *per cent.* The weekly sum charged for maintenance is 21s., as in the previous year.

Bucks County.—This report is much curtailed, and consists of only 15 pages. The greater part is occupied by the report of the Visiting Committee (containing an excellent illustration of a distribution switchboard), the balance being taken up by the report of the Board of Control.

From the former it is gathered that the number of patients in the hospital was 670 in 1924 as against 674 in 1923, of whom 63 were private and 29 service and ex-service patients. The reception contract with London County Council having expired, on the transfer of these patients to the new hospital at West Park, Epsom, a considerable number of vacancies on the male side were created.

The suggestions for improved dietary, recommended by the Departmental Committee, have been adopted in this institution, and in order to meet these requirements considerable alterations and improvements have been made, chiefly by the installation of an electrical cooking and baking equipment of sufficient capacity to cover the requirements for many years to come at the present rate of population increase.

Full use is made here of the county organization for agriculture, by making a considerable number of variety trials in connection with potatoes, mangels and wheat, and the Committee give very valuable and interesting figures showing the density of crop from different varieties, under different conditions, and methods of manuring, with the object of establishing the seed and manure most suitable for the land at the hospital farm. Poultry and fruit culture are similarly under the supervision of specialists in these departments, apparently with considerable advantage to the supplies to the institution.

The recovery-rate is not shown, but the death-rate for the year was 11.1 *per cent.* of the average number resident; nine deaths were due to tuberculosis. It is unfortunate that there are no statistical tables nor Medical Superintendent's report, and therefore we are deprived of much information on medical matters which could not fail to be interesting and valuable.

The maintenance-rate for the year was 17s. 6d. per week.

This hospital is fortunate in having a Chairman of great and long experience, who takes a keen personal interest in its welfare, and, in addition, expresses his well-known sympathy with the patients by acts of whole-hearted generosity.

City of Birmingham.—This report comprises (1) the report of the City Mental Hospital at Winson Green with its branches at Stechford Hall and Glenthorpe, and (2) the report of Rubery Hill and Hollymoor Mental Hospital.

(1) *Winson Green Mental Hospital.*—There were remaining in the hospital on December 31, 1924, 734 patients—that is, 10 in excess of the normal accommodation provided—and of these 55 were service or ex-service and 31 private patients. Direct admissions were 182

for the year (males 72, females 110), and of the ætiological factors as far as could be ascertained, Dr. Roscrow gives the first place to heredity and mental stress (42·8 and 22·5 *per cent.* respectively), while alcoholism comes next with 17·5 *per cent.* Of the forms of mental disease 31·3 *per cent.* were diagnosed as confusional insanity, of which a large proportion made satisfactory recovery, and over 5 *per cent.* were cases of general paralysis.

The recovery-rate was 45 *per cent.* (males 36·1, females 50·9) and Dr. Roscrow adds :

“ Nearly all these patients were allowed leave of absence on trial before being discharged. They were visited in their homes by the After-Care Visitor, and given financial assistance when it was considered necessary.”

This is a method of dealing with discharges with which we shall all no doubt agree, and it is satisfactory both to the patients and the institution ; the weak point of discharge under sec. 79 is the clause prohibiting financial assistance from county or union funds. Recovery is recorded of dementia præcox in 7·3 *per cent.* and delusional insanity in 6·1 *per cent.* of the cases.

The death-rate for the year is noteworthy as the lowest death-rate since the year 1861, namely 8·3 *per cent.* General paralysis was the cause of death in 14·5 *per cent.* of the cases and senile decay in 19·3 *per cent.* ; death from tubercular disease of the lungs occurred in only 3 cases.

During the year 6 male patients received malaria treatment for general paralysis, but “ although a certain amount of benefit, both physical and mental, ensued, no recoveries from the disease have so far resulted.”

It is satisfactory to note that since 1891, 195 nurses have obtained the Nursing Certificate of the Association, and at the present time 47 *per cent.* of the staff hold it.

(2) *Rubery Hill and Hollymoor Hospital.*—The total number in the hospital at the end of the year was 1,442, the authorized accommodation being 1,421, and in addition to this there belonged to the area 240 other patients boarded out at Barnsley Hall and Powick, those formerly at Bicton (Shrewsbury) having been brought back. This figure of boarded-out patients is the lowest since 1912.

The direct admissions for the year were 296, of whom 242 were first-attack cases, and in the age-period curve of the direct admissions there were two chief peaks, one between the ages 25–34 and the other at 45–54.

Of the duration of the attack prior to admission Dr. Graves wisely says :

“ One-third of the total had been recognized as showing mental symptoms for over three months before steps were taken to secure treatment. This duration is regrettable, but is explicable. The natural reluctance on the part of relatives to realize the condition, and decide to accept hospital treatment—which reluctance is met with in other branches of medical practice—and the legal necessities of certification which require that the symptoms should be well-developed before action can be taken, these conditions militate against successful treatment.”

Of the types of insanity admitted, the largest group is that of confusional insanity (41) with simple melancholia closely following

(40); general paralysis and primary dementia contributed 27 and 24 cases respectively.

The recovery-rate for the year was 48.6, but no table is given showing the form of mental disease of those discharged under this heading.

The practice at this institution as to discharge of patients sent on trial is to accept the certificate of a general practitioner that "the patient has no further need of mental hospital treatment," and this is supported by information supplied by the Visitor.

The death-rate for the year was 6.78, 11 deaths being due to some form of tuberculosis, 15 were due to general paralysis, and Dr. Graves also records one death from rupture of the heart in the case of a man aged 63.

Dr. Graves is fortunate in having attached to his hospital a complete staff of specialists, which makes possible a thorough investigation into the physical condition of all admissions; in addition, the excellent laboratory under Sir Frederick Mott and Dr. Pickworth gives further aid in clinical work. From the experience thus gained Dr. Graves is satisfied that foci of septic infection are to be found "in the bodies of patients on admission, and removal of these foci is associated with an amelioration of the mental condition. In some cases improvement ensues much earlier than in others, and, broadly speaking, depends on the nature, duration and extent of the process of anti-intoxication, and the development of degenerative changes associated therewith."

No record of the result of the treatment of general paralysis by the induction of malaria is shown.

Of the nursing staff 29 male and 32 female nurses hold the Nursing Certificate of the Association, and the two chief female nurses are also on the Register of General Nurses.

The hospital is recognized by the University of London for the purpose of its special degree in mental diseases.

In this report Dr. Graves adopts the method of introducing his statistical tables into the body of the report, which obviously may have some advantages.

Morningside Royal.—Prof. G. M. Robertson's report is, as usual, both interesting and instructive, and it is perhaps difficult to do it justice in an abstract; it will no doubt be read *in extenso* by all who have the well-being of mental patients at heart.

In the two departments of the hospital (Craig House and West House) there were at the end of the year 829 patients under treatment, and 212 had been admitted during the year. Of these admissions, alcoholic excess was alleged as an exciting cause in 7 cases, but the number on more careful analysis was reduced to 5. The actual figures are not available, as no statistical tables are published with the report, but Prof. Robertson states that the recovery-rate for the year was below the average, and the death-rate the lowest in the history of the institution. There was only one death due to phthisis pulmonalis, and one due to pellagra.

The extension of the valuable services rendered by Morningside

to the community, by means of the establishment of four fully-equipped nursing homes, apart from the original building, in the suburbs of Edinburgh is described, and Prof. Robertson appears to approve of the treatment of early cases in these nursing homes by the general practitioner, which may, of course, be sound and true in a city like Edinburgh, but we are inclined to the view that all the evidence at present in our hands would not lead us to believe that the ordinary English general practitioner is, as a rule, sufficiently well equipped with special knowledge to give the best treatment to a mental case.

Prof. Robertson strikes a fundamental note of great importance when he challenges the necessity for judicial orders at all in the admission of patients to mental hospitals, and gives, in our opinion, sound arguments against them :

“ There is an obvious conclusion to be drawn from these simple statements of fact regarding voluntary admissions. The public, when they have actually to face the alternatives, do not think that certification and judicial orders are either desirable or necessary for the protection of the persons or property of one-half of the private patients who need treatment in mental hospitals. It must be noted, too, that these come from the best educated classes in the country, and from those who receive the most reliable legal and medical advice. Further, the whole question of the necessity of judicial orders is opened up, for if the patients who are placed in mental hospitals under the authority of a medical certificate of emergency be added to those entering voluntarily, it is found in the case of the Royal Hospital at Morningside that 95 *per cent.* of the patients are admitted without a judicial order. In the emergency cases a judicial order is obtained within three days, but they are actually admitted without one, and that is the critical step, not the detention afterwards. The General Board of Control already has the power to grant sanctions for placing insane patients in private houses without any order from a magistrate or judge, and, if so, why not in mental hospitals, where they are better protected in every way? The abolition of judicial orders is not, therefore, so revolutionary a step as it seems, and many years ago such orders were not considered to be necessary for the protection of the patient by the General Board of Lunacy. No harm seems to have resulted from the absence of an order in the cases mentioned.”

This is a view that many of us have held, but it is extremely doubtful whether the public in England are sufficiently enlightened on the subject of mental disease and its treatment to accept such a, to them, drastic step. The law that has to filter through the mind of the ordinary man in the market-place has, as Prof. Robertson remarks, frequently impeded medical treatment, and he quite justly refers to this law as a “bed of Procrustes for modern ideals”; it is to be hoped that we may not wait in vain to find a modern Theseus to slay our Polypemon.

Reference is made to malarial treatment of general paralysis and to psychic treatment, and an illustration given of the comparatively recent treatment of mental patients in Palestine by branding them with a cross at the back of the scalp to exorcise the devils, as described by Dr. Watson Smith, who is doing such splendid pioneer work as Medical Director of the Syrian International Mental Hospital at Asfuriyeh.

The whole report is full of interest and enthusiasm well directed.

Glasgow Royal.—There were 516 patients resident at Gartnavel at the end of the year—an excess of 12 as compared with the previous

year—and 118 patients had been admitted, of whom 112 were private and 6 service cases. The preponderating type of mental disease among the admissions was manic-depressive insanity (20), primary dementia of all kinds (19) and involuntional melancholia (11 cases). Two cases of encephalitis lethargica were admitted, and in 5 cases alcohol and drugs were the main ætiological factors.

The recovery-rate for the year was 34 *per cent.* and the death-rate 5.5 *per cent.*

It is with considerable satisfaction that Dr. Henderson reports that approximately half the total admission-rate were voluntary patients, which, as he says, “is a satisfactory condition of affairs, because it must mean that gradually the laity are beginning to have more confidence in hospitals of this type.”

Referring to psychiatry as a public health question, Dr. Henderson says :

“It must be remembered, however, that the institutional treatment of mental cases is by no means the largest or most important part. It is wrong to suppose that mental illness is something which must necessarily be controlled by means of irksome and cumbersome legal formulæ, but it is important to bear in mind that the care and treatment of the mentally ill is a purely medical and highly technical question. I admit that there must be, and should be, legal safeguards, not only for the patient, but also for the doctor, and that is the reason why I believe that, irrespective of future legislation, mental hospitals will never be able to be done without. I believe, however, that this problem of the care of the mentally ill should be viewed largely as a public health question, which can only be satisfactorily met by co-operation between the medical profession and the public. I have constantly referred to this matter before, but it cannot be over-emphasized or over-stated. Typhus fever, tuberculosis and other physical conditions have only been coped with by instituting campaigns directed towards educating the people in regard to the causes of these diseases, and in regard to matters of personal hygiene. The problem of the mental health of the community is a bigger and more difficult topic, but it must be dealt with in the same way. In tuberculosis and in physical illness generally the result must largely depend on how early the case is put under treatment. The same thing holds true of mental illness. Our statistics show us that as many as 44 of our cases out of a total of 118 admissions had shown mental symptoms for over one year before they were brought to the hospital. This, of course, means that the great majority of these patients are so disorganized in mind and body that they are unable to react to the treatment which is best for them, and are often so ill that they are unable to appreciate the suggestions and the advice given to them. If it is important for patients who are physically ill to be treated early, it is particularly important for patients who are nervously and mentally ill, because as the duration of the illness goes on these patients tend gradually and insiduously to get into habits of life which are difficult to eradicate. In order to effect this, it is essential for every enlightened member of the medical profession and of the community to familiarize himself with the work which is actually being done in mental hospitals, and to banish utterly from his mind the idea that it is a disgrace to the patient and to his family to be treated in one. The popular idea is that a patient will be made worse rather than better when associated with other patients who are mentally ill, whereas the opposite is usually the case. Furthermore, it should be understood that in mental hospitals an attempt is made to subdivide the patients as completely as possible, and to arrange the wards so as to have an admission unit, a hospital unit, a unit for convalescent patients, and a unit for patients who are disturbed, or who need very special observation. In a hospital so arranged it is possible for practically every type of mentally ill patient to receive the care and treatment which is necessary without having their feelings too greatly shocked. I would, therefore, again emphasize the fact that treatment in every sense of the word is carried out, that mental hospitals are not merely hospitals in name, but that they are hospitals in fact; they are not custodial institutions of a prison-like

nature, but they are institutions where curative and remedial work is carried out, often under the most adverse circumstances."

The Out-Patient Psychiatric Clinic held each week at the Western Infirmary is well attended, and Dr. Henderson has the voluntary help of a trained social service worker whom he finds to be of invaluable assistance, and illustrates, by cases, what can be done in this direction.

The appointment of an occupational teacher in the person of a lady graduate of Cambridge University appears to have been a great success, and Dr. Henderson expresses the belief that this department has assisted the recovery and made life in an institution more pleasant for the irrecoverable. Miss Robertson's report on her management of the Occupational Department is interesting reading and indicative of an enthusiastic worker.

Dr. Henderson has the assistance of three assistant physicians, three clinical clerks and specialists in all departments of medicine and surgery, while the pathological work of the institution has been carried out at the Western Asylums' laboratory under the direction of Dr. Whitelaw.

Glengall Hospital (Ayr).—The patients resident at the end of the year numbered 601, a residual increase of 20. There were 142 (males 74, females 68) cases admitted during the year, and by comparing the figures of past years Dr. McRae arrives at the conclusion that "certified insanity shows no increase in the county of Ayr."

Dr. McRae regrets, as we all do, the tendency to send criminals to ordinary mental hospitals, as it interferes with "the hard-won amenities of the unfortunate victim of mental disease in our mental hospitals provided by local authorities"; and referring to the admission of voluntary boarders, he points out the difficulties under which the District Asylums labour:

"Although the Royal mental hospitals continue to increase their number of voluntary patients, no uniform practice has yet been devised to permit of the admission to the District mental hospitals of similarly uncertified patients chargeable to the rates. Except that the ultimate decision to receive the patient as a voluntary one rests with the medical superintendent, it is only the financial aspect that effectively bars the way to extending the benefit of treatment without certification to rate-aided cases. This is the forfeiture of half the Government grant of something like 2s. 3d. weekly given to the parish in the case of certified patients—a sacrifice that might reasonably be made by those parishes that already only pay half the cost of the patient's maintenance, and none of the cost of providing and upkeep of the hospital. Were the parish agreeable to forego this small sum, it should be possible to arrange that anyone who desired to be admitted as a voluntary patient should come to the hospital provided with a letter from the Inspector of Poor of the district in which the applicant customarily resides, giving his consent to admission for treatment without certification, after examination by the medical superintendent. I am aware that many technical difficulties will arise, but they will gradually diminish in the light of experience. The system of voluntary admissions to mental hospitals should receive every encouragement, as there is reason to fear that the "borderline" supposedly dividing incipient from established cases of mental disease has now become a wide region or "borderland," which is surely degenerating into a "raiderland" for exploitation by the unskilled and unqualified. More than ever before many valuable lives are lost yearly in cases of curable mental disease from failure of the relatives to take proper steps to prevent such tragedies and secure restoration to perfect health and usefulness."

Thirty-eight cases were discharged recovered during the year, giving a total recovery-rate of 28 *per cent.*, and 90 *per cent.* of the recoveries took place within two years from the date of admission. Heredity was ascertained in 50 cases, and "grave bodily disease" was the chief ætiological factor (predisposing or exciting) in 43 cases; alcohol was the ascribed cause in 18 cases and vagrancy in 2 men.

As to the types of insanity on admission, delusional melancholia takes the first place with 19 cases, followed by organic dementia (15 cases) and acute mania (12).

The death-rate was 12 *per cent.*, and only 3 patients (4 *per cent.*) died of tuberculosis, in all of whom the disease was in an advanced stage on admission; that this is a cause for congratulation is evidenced by the fact that in 1908 37 *per cent.* of the deaths were due to tubercular disease in some form.

Inverness District.—Dr. Mackenzie admitted 159 (males 88, females 71) patients during the year, and ended the year (May 15) with an excess of eight over the previous figure. Of these admissions only 108 were first admissions, and the preponderating type of mental disease was melancholia, of which there were 81 cases; the next largest groups were dementia (40 cases) and mania 29 cases. It is interesting to observe the differing balance of the various types of mental disease in different institutions, and it is not at all clear in some cases as to how much nomenclature, how much geographical distribution, and how much personal equation is responsible for it. The areas from which the supply of cases is received show a fairly constant figure for some years back, and from a table given it is clear that during the last ten years admissions have tended rather to fall in number.

As regards ætiology, heredity was ascertained in 55 of the cases, and in addition to the 51 admissions that had been previously in an institution, there were another 15 who had undoubtedly had previous attacks, and in 23 of the total cases hereditary predisposition and previous attack were combined factors. Alcohol is given as the cause in 10 cases, all males.

Of the year's admissions 27 patients were discharged recovered during the same year, and 100 remained on the register at the end of the year. The recovery-rate was 32 *per cent.*

The death-rate for the year was 11 *per cent.*, and the majority of the deaths were due to senile decay (24 cases) and pulmonary tuberculosis (21 cases); there was also one case due to tubercular meningitis.

A considerable amount of work in the way of repair, extension and addition was carried out during the year, and it is interesting to note that Dr. Mackenzie makes special mention of the valuable work of one patient (in connection with clearing the catchment area of the asylum water supply), so continuously, persistently and well done as to relieve all anxiety of previous years as to scarcity of water. How well we all know this splendid type of man, so valuable, so full of character, and how rare he seems to be getting in most institutions.

Dr. Mackenzie draws special attention to the great need of early treatment in all mental cases, and quoting from the experience of a somewhat similar type of county, namely Dorset, and an extract from the *Journal of Mental Science*, urges and outlines a scheme of establishing a clinic in connection with the Northern Infirmary in Inverness.

During the year no less than 40 nurses and 17 attendants have been attending courses of instruction for the Association Certificate, and it is shown in a table that since 1896 145 male and female nurses have obtained the Association's Certificate after training at this institution, and of this number 127, mostly female nurses, have left the service.

Metropolitan Asylums Board.—The annual report of the Board is a bulky volume dealing with all the manifold duties for which it is responsible, and amongst these the Mental Section (which can be obtained separately). The classes of persons for whom the Board are responsible are: (1) Harmless Poor-law imbeciles, capable or incapable of improvement (children or adults); (2) feeble-minded Poor-law children; (3) sane epileptics; (4) suitable cases transferred from London County Mental Hospitals; (5) cases certified under the Mental Deficiency Act, 1913 (sec. 37), except those found guilty of any crimes of violence, or moral imbeciles within the legal definition. These cases are distributed as follows:

Fountain Mental Hospital: All children under *æt.* 7, unimprovable boys up to 9, and girls up to 16.

Tooting Bec: All adult Lunacy Act cases—no mental defectives.

Caterham: Healthy not-improvable adults of both sexes, and a certain number of low-grade trainable cases, not up to the Darenth standard.

Darenth: Practically all high-grade cases capable of a good deal of training.

Edmonton: Sane epileptics.

Leavesden: An infirmary.

Fountain, Caterham, Darenth and Leavesden together constitute the Metropolitan Asylums Board Certified Institution under the Mental Deficiency Act. The Board has a total accommodation for 9,077 cases.

Recent development in methods of training is described in various of the institutions, and the quality and output of the work appears to be highly creditable, representing as it does an enormous amount of patient and earnest work on the part of the instructors and others responsible, and it will no doubt be a surprise to many to hear that Leavesden has as many as 200 male patients on parole, which indicates a very thorough and detailed knowledge of individual tendencies.

As regards bodily health, tuberculosis seems to have declined considerably as a result of improved segregation methods, and at Caterham buildings have been specially set aside for this purpose, and also for dealing with ophthalmia.

Darenth was unfortunate enough to become infected with diphtheria,

which gave a great deal of anxiety and trouble, the work involved becoming so great as to necessitate the delegation of a special medical officer from the fever hospitals to cope with it. The very widespread dissemination of the germ was marked, and the isolation of the carriers discovered became difficult on account of want of accommodation, and an enormous amount of detailed work was necessary before the disease was eliminated.

The main body of the report is occupied by some extremely interesting and valuable papers, which are scarcely adapted for abstraction; the work, however, is extremely good and creditable to the Medical Officers of the Board, and should be available to a larger body of readers by publication in a medical journal.

The Royal Eastern Counties Institution for the Mental Defective.— This Institution, dealing with the mental defectives of Norfolk, Suffolk, Essex and Cambridge, has a central main building at Colchester (including the Peckover Schools and Workshops), with subsidiary homes and schools at Halstead, Colchester, Lexden, Witham and Clacton, and in all has accommodation for 1,070 patients. With this large area to supervise, it is small wonder that the Board of Control suggested and the Board of Directors acceded to the appointment of a second assistant medical officer to relieve Dr. Turner of some of his responsible and widespread duties. It is impossible to read this report without admiration for the devotion of its officers and staff, and some amazement at the ready and good financial response, even in these difficult times, from the constituent areas from which the institution receives, and it is a satisfaction to find that, with all its difficulties and expenses, the financial position is quite sound. The work of the Ladies' Association in collecting money reads as one continuous record of successful work.

Dr. Turner's report is full of interesting matter, and is particularly noteworthy as resonating an enthusiastic and truly human tone which is no doubt the keynote of the outstanding success of the institution, and the high ideals of duty to their patients shown by the officers and staff.

Referring to the relation of the mental defective to the outside world Dr. Turner says:

"In thinking of the defective in an institution we should clear our minds of a good deal of cant and false sentiment. E. R. Johnstone, the Director of one of the best institutions in the world, the Vineland Training School, at New Jersey, puts it very plainly when he says, 'Let us not waste any maudlin sympathy on the subnormal girl or boy who spends his life in a good institution. It is a paradise compared to life in the slums and brothels, in the broken-down borders of a village or in a field of labour, that takes the last ounce of unfeeling strength to keep body and soul together.' This is perfectly true, and at the present time even more true of the defective in England than in America. The parents who want their boy or girl out do them a disservice that is difficult to estimate by their frequently unsettling letters and remarks. Inside, they have care, good food, an easy occupation without overwork or driving, plenty of recreation, no worry about to-morrow's dinner, no worry because of real wrong-doing, and above all the feeling of equality, the feeling that they are as capable or even a little more capable than their neighbour, a soul-satisfying feeling. Outside, apart from the possibility of prison, or refuge, or of brothel, there is the constant feeling of inferiority, the

knowledge that they will be the first to lose their job if employment gets slack, the poor type of work they can do. One of the greatest regulators of human conduct is the influence and opinion of the herd on the individual member of it, the effect of community or social influence. It is also one of the chief causes of happiness or unhappiness. We ought to ask ourselves how we should act and feel, if all our lives we had always had impressed on us, by every circumstance of our daily life, our uselessness and inferiority to our neighbours. That is the position of the defective outside, often, even in the best of homes. In the institution he is as good as the next man. The institution is, for the very great majority of its inmates, a very happy place. It gives them care suited to their needs, and employment regulated to their ability."

Dr. Turner's outline of the correct line of development of the institution in relation to the community in general is clear and absolutely sound.

The maintenance rate for the year was 19s. 8½d., which, of course, includes building and repairs.

COLONIAL, ETC., MENTAL HOSPITALS.

The Federated Malay States Central.—The hospital is situated at Tanjong Rambutan, in the state of Perak, near to the considerable town of Ipoh on the main railway line running north and south; its contact, therefore, with the constituent States by rail is fairly good, but inasmuch as the roadways in the area are unmetalled, locomotion in the neighbourhood of the hospital in the heavy rain season is, at times, extremely difficult.

The report is the thirteenth, and is for the year 1923. The total number in the hospital on December 31, 1922, was 1,050 (males 838, females 212). There were admitted during the year 601 patients from all sources; a large number of these are to be counted as transfers, but the admissions from the Federated Malay States alone were 358 men and 111 women—a total of 469—and this is stated to be the smallest since 1920. The common form of mental disease on admission appears to have been recent melancholia, closely followed by recent mania, confusional insanity and primary dementia. General paralysis accounted for 22 admissions. As regards discharges Dr. Samuels says:

"I still persisted in discharging patients 'improved' who would have been classed as 'recoveries' had I kept them a few weeks longer; but I believe it pays, as one feels that friends and relatives are beginning to see that this is primarily a hospital, and that our object is to cure and discharge our patients as soon as possible, and not merely shut them up and keep them out of harm's way."

As to ætiology, malaria, intestinal parasites, syphilis and alcohol are chiefly mentioned, the latter appearing as a primary cause in 42 cases. Having in view the attitude of the League of Nations and of those who advocate "American principles," it is interesting to read Dr. Samuels's experience of opium and alcohol, namely, that the ætiological figures indicate a very definite increase in the number of Chinese taking alcohol to excess, apparently as a direct sequence of the suppressive limitation of the supply of opium; this is a tendency which Dr. Samuels views with alarm, and in his opinion, and we would say in the opinion of all those who view life with a wider philosophy, rather than the narrow Puritanic outlook,

entirely a step in the wrong direction ; and this view is in harmony with the experience of many familiar with the Eastern races, who maintain that the majority differ from the Western communities, in that they can use, without abusing, stimulants like opium, but fall to pieces under the influence of the less familiar alcohol.

Under the heading "Heredity" Dr. Samuels says :

"Heredity appears eleven times, but I am confident that it was really responsible for a considerably greater number, especially in cases of primary dementia. The people are not yet educated sufficiently far enough in their views of mental disease to willingly acknowledge 'heredity' as a cause."

The explanation of the occurrence of mental disease in a family by the sin from without to conceal the sin from within is familiar to us even in *soi-disant* highly educated communities.

Dr. Samuels deplores the handicap under which he is placed by the continual change of staff of all kinds, medical officers being difficult to obtain and still more difficult to retain, consequently the medical and scientific work does not come up to the standard which is desirable, and in addition it is for this reason that no candidates were able to be trained for the Nursing Certificate of the Association.

The whole report is full of interest, but a rather pathetic expression of difficulties and disappointments, which fortunately Dr. Samuels is able to meet with a fine optimism, realizing with Smollett that "few live exempt from disappointment who run ambition's course."

Abbasiya and Khanka (Egypt).—The "lunacy department" of Egypt owes an immeasurable debt to Dr. Warnock for his many years of entirely praiseworthy work in its service—a department whose origin was entirely due to his energy and enthusiasm under difficult conditions. He has been succeeded by Dr. Dudgeon, from Khanka, who has been in the service since 1902, as Director of the Lunacy Division, and Director of Abbasiya Asylum, while Dr. Miller has been appointed Director and Dr. Selim Guirgis Sub-Director of Khanka.

Both of these institutions appear to be suffering from a high degree of over-crowding, and it is suggested by Dr. Dudgeon that any further accommodation should provide for the entire elimination of criminals from general wards by the erection of a Criminal Asylum for at least 500.

"The existing practice of keeping women, criminals and paying patients all in the same asylum is undoubtedly wrong, and a criminal asylum should be provided for at least 500 males—a number which is constantly increasing in spite of often discharging those who would be much better under care."

Abbasiya is an example of the frequent and alluring error, always deplored, made by public bodies, of taking over an existing building and converting it into a mental hospital.

"The total amount expended on the structure of Abbasiya Asylum now amounts to LE 181,799, while LE 236,155 have been expended on Khanka Asylum. Abbasiya was originally an old palace, and converted into an asylum ; Khanka was specially built as an asylum."

The normal accommodation at Abbasiya is 1,434 beds (males 701, females 733), the number of patients actually in residence being 1,530. There were admitted during the year (ending March 31, 1924) 571 cases, of whom 195 were paying patients, classified first, second and third class according to the amount they pay, which varies from P.T. 10 *per diem* to P.T. 40 *per diem*.

The recovery-rate was approximately 16 *per cent.* and the death-rate 6 *per cent.*

A large amount of laboratory work was done during the year in connection with blood and cerebro-spinal fluid examination and also in examination for bilharzia, under which heading 1,525 patients and 379 staff were examined, of whom 128 of the former and 24 of the latter showed live ova.

The normal accommodation at Khanka is for 640, while the number of patients actually in residence was 1,010, representing overcrowding to the extent of over 50 *per cent.*

Owing to the surplus water from the Gabal el Asfar sewage farm (some two miles distant) being allowed to flow on to the neighbouring desert land (Dr. Miller thinks), a great increase of mosquitoes occurred in the autumn of the year, which later led to a serious epidemic of malaria in the district, including the mental hospital.

The recovery-rate was approximately 18 *per cent.* and the death-rate 12 *per cent.*

During the year 1,550 patients and 255 staff were examined for bilharzia, and of the former as many as 1,156 and the latter 166 were found to be positive.

Pellagra showed a fall in numbers as compared with former years, and Dr. Miller points out the great difficulty in the diagnosis of these cases.

Dr. Miller is to be congratulated in that he is able to record a higher standard in the nursing staff, and to be sympathized with in his laments as to the insufficient water supply, which it is to be hoped will shortly be remedied.

New South Wales.—These are ten in number, of which two (Newcastle and Rabbit Island) are entirely devoted to mental defectives, and one, at Parramatta, to criminals. Besides these there are three licensed houses, and some patients also coming within the jurisdiction of the Inspector-General are maintained, for convenience, in this wide-flung area, in the hospital for mental diseases at Parkside, Adelaide, by an arrangement with the Government of South Australia.

The total number of patients actually resident in hospitals on June 30, 1924, was 7,596 as against 7,466 on the corresponding date in 1923, representing an increase of 130, which is a little under the average increase for the past 20 years.

The number of admissions to the hospitals during the year was 1,396, natives of New South Wales forming (roughly) 57 *per cent.*, while the balance is made up by other Australian States (12), England (18), Ireland (5), Scotland (3) and other countries (4 *per cent.*).

Dr. Sinclair shows the amount of "occurring insanity" in a table which demonstrates that whereas the proportion to population in 1904 was 1 in 1,432, in 1914 it was 1 in 1,310, and in the year under review it was 1 in 1596.

The total recovery-rate from all the hospitals (excluding Newcastle and Rabbit Island) for the year was 39.8, and the inclusive death-rate was 7.6 *per cent.*, 68 deaths being due to general paralysis of the insane and 41 to consumption.

As regards ætiology, intemperance was the assigned cause in 126 cases, venereal disease in 86 cases and old age in 153; heredity was only definitely ascertained in 132 cases.

The weekly cost of maintenance varied considerably in the different hospitals, from approximately 19s. 6d. at Stockton to approximately 35s. per head at Newcastle.

In addition to the institutions enumerated above, the State also has three reception houses at Darlinghurst, Newcastle and Kennore respectively, and during the year 1,659 patients were admitted to them, of whom 655 were discharged, and thus were saved the necessity of being certified and removed to a mental hospital.

"These institutions do valuable work, not only in the interests of the patients, but in the interests of the mental hospitals generally. Patients with slight mental disturbances of short duration are enabled to obtain suitable treatment in a reception house, and to avoid certification, while alcoholic cases are detained there, and prevented from proceeding to hospital. The latter are out of place in the wards of a hospital for treatment of cases of insanity, in which they invariably prove troublesome and difficult to manage."

An out-patient department has been, during the year, established at the Royal Prince Alfred Hospital, and a psychiatric clinic at Broughton Hall is in existence, both being under the medical supervision of the Professor of Psychiatry, and acting in a complementary manner to each other.

"Admission to Broughton Hall is entirely voluntary, and patients are not detained against their desire to leave. In all the mental hospitals there are patients under similar conditions. It is therefore obvious that there is a desire in the community for treatment in mental hospitals without certification, which should be met by regularizing the present procedure by amendment of the Lunacy Act."

No legislation in connection with mental deficiency, such as has been carried through in Great Britain, the United States, and indeed in some other Australian States, has been forthcoming in New South Wales, and for this Dr. Sinclair makes an eloquent appeal "in the interests of both the unfortunate mental defectives themselves and the integrity of the mental and physical standard of the race."

An amendment of the existing Lunacy Act (1898) dealing with incipient cases and voluntary patients in public hospitals, somewhat on the lines recommended by the Association, is urgently needed, and in fact has been drafted and re-drafted, but so far has not been presented to the Legislative Assembly.