

the direct admissions was 36% and the death-rate 6·4%. Of the 81 certified cases admitted, 10 were diagnosed as primary dementia, 13 as recent melancholia and 14 as systematized delusional insanity, and of these admissions alcohol was considered to be an ætiological factor in 3 cases, the puerperal state (not septic) in 8 cases, and prolonged mental stress in 19 cases; heredity was ascertained in only 4 cases.

It is to be regretted that owing to unavoidable delays in the building trade, the new reception hospital was not completed and occupied at the date of this report as was anticipated. The Committee of management have also under consideration plans for a new nursing home, which, as Dr. Rambaut points out, will add greatly to the comfort and stability of the staff.

The average weekly cost of maintenance for the year was £4 14s. 8½d., but nearly a quarter of the patients are cared for gratuitously, and a large proportion pay less than the actual cost.

BURMA MENTAL HOSPITALS.

As a step in advance, it is pleasing to note that the former "lunatic asylums" in this province are now officially designated "mental hospitals."

The total available accommodation for mental patients is 933 beds (523 males and 272 females in Rangoon, and 138 males at Minbu), and this includes the new buildings at Tadagale (Rangoon) designed for female patients, but now temporarily occupied by male patients.

In the report of Col. Fenton, the Inspector-General of Civil Hospitals, Burma, it is recorded that the admissions for the year 1925 were 203 (males 166, females 37), and the recovery-rate was approximately 39% calculated on the admissions while the percentage of recoveries among the admissions of the year was 11·33. As much as 73% of the female patients and 50% of the male patients admitted during the year were from Rangoon town. The difficulties of sanitation in this part of the world are well illustrated by the following passage from the report:

"Sanitation and conservancy.—The cells, cottages and dormitories are washed daily with saponified cresol both in Rangoon and Minbu and steps are taken to keep them free from insects and vermin. Bedding and clothing are exposed to air and dried in the sun every day, and precautions are taken against body-lice or pediculi. The hair of the inmates is cropped and nails clipped to keep them clean and tidy.

Coal-tar and crude oil were freely used in latrines. Flooring of buildings and pillars were coal-tarred. Rubbish was collected in bins kept in suitable places. In Rangoon the Corporation Conservancy Department removed the night-soil as in previous years. In Minbu the latrines, which are of the aerobic filter type, were always kept clean and free from smell by covering the faecal matter with dry sand and removing it thrice daily. Seats are scraped and smeared with crude oil weekly."

The chief occupations of patients were, besides ordinary assistance in the wards, gardening, weaving, tailoring, paddy grinding,

laundry, kitchen work, masonry and carpentry. They are encouraged to work by daily issue of tobacco, fortnightly stipends, and occasional distribution of special food, sweets, fruit, etc.

The provision of mental hospitals in British India—an area about as large as Europe (excluding Russia), with a population of about 400,000,000 of some forty odd different races—is as follows: Assam 1, Bihar and Orissa 2, Bengal 2, Bombay 5, Burma 2, Central Provinces 1, Madras 3, Punjab 1, and the United Provinces 3. Of these mental hospitals, usually one in each group is termed a “central” mental hospital, and this frequently provides for both European and Indian cases, and is in charge of a medical superintendent, who has had special experience in mental disease, either in England or elsewhere. The other mental hospitals are “collateral charges” and generally held by civil surgeons.

ROYAL EASTERN COUNTIES' INSTITUTION.

The report is for the year 1925, and shows that there were 51 more patients resident at the end of the year than there were at the beginning. The admissions were 122, or 82 less than in the previous year, and 68 of these admissions were either medium or high-grade cases, capable of a considerable degree of development under suitable training. Forty-three patients were discharged during the year; 5 of these after a more or less prolonged leave of absence were placed under guardianship and have done well. It is under conditions like this that guardianship performs its best function to the community; as Dr. Turner points out, guardianship without a preliminary period of study and training in an institution such as this is frequently foredoomed to failure.

Dr. Turner makes some very sound remarks on the much-vexed question of “sterilization of the unfit,” that short cut to Utopia clamoured for by an ignorant public, and the ultra-crepidarian of the medical profession, and exposes without much difficulty the *non sequitur* upon which the proposal is chiefly based.

The institution has had the misfortune to be visited by two epidemic diseases, namely diphtheria and colitis, which have been a source of great anxiety, though kept in control by vigorous precautionary measures.

This institution, with its central establishment and subsidiary homes and schools, is an excellent example of the correct evolution on a sound classification basis of an institution for mental defectives, and although much remains to be done, as pointed out by Dr. Turner, it is clear that Colchester Institution is doing great and valuable work in the service of the community. The whole report shows that Dr. Turner and his staff are in agreement with the dictum of a well-known expert, that in the education and development of the mental defective, the essential thing is “happiness first, happiness second, and happiness all the time.”