any sweeping conclusions. But it is of interest to note that the group charged with fraud and false pretences graded highest (average mental age $15\frac{3}{12}$ years), while the group charged with rape and other sex offences graded lowest (average mental age $12\frac{4}{12}$ years).

It is unfortunate that the urgent routine duties incumbent upon prison medical officers allow so little time for work such as this. The investigation is worthy of pursuit on a more extended scale. It should be accompanied, and checked, by an investigation into the intelligence of the entire population of the country. This latter task might well be undertaken by the Medical Research Council.

M. HAMBLIN SMITH.

7. Mental Hospital Reports, etc.

ENGLAND.

Birmingham City: I. WINSON GREEN.—The number of patients in this hospital and its branches (Stetchford Hall and Glenthorne) at the end of the year 1925 was 743 (males 368, females 375), nine more than at the commencement, all of them belonging to either the Birmingham or West Bromwich Unions, with the exception of a number of service and private patients. The direct admissions for the year numbered 219 (males 87, females 132), of which 89% of the men and 84% of the women were first-attack cases. Of the ætiological factors it is noticeable that in practically 15% of the admissions alcohol was assigned as a cause; one case was attributed to encephalitis lethargica and one to lead-poisoning. The chief forms of mental disorder amongst the admissions were melancholia, confusional insanity and delusional insanity; 12% of the admissions were diagnosed as primary dementia and general paralysis accounted for 6·8%.

The recovery-rate was the high one of 45·6% on the direct admissions, and on the recovery-rate in their hospitals the Committee make the following comment:

"The Committee have recently adopted the curative treatment of patients on the most modern lines, and for this purpose have appointed visiting specialists in gynæcology and ear, nose and throat diseases. They are satisfied with the results that have been obtained by the adoption of this treatment and that economy has been effected thereby, inasmuch as there has been a definite rise in the recovery-rate, and the total readmission rate has been reduced."

The death-rate for the year was 7·7, the lowest death-rate recorded in this hospital since the year 1851.

Dr. C. B. Roscrow has continued the treatment of certain cases of general paralysis by the induction of malaria.

"The treatment of general paralysis with induced malaria was continued from the year previous, and 7 patients were so treated with a certain amount of mental and physical benefit. The improvement that resulted in the cases that were treated at the end of 1924 was more or less maintained, but none had recovered from the disease at the end of twelve months."

It is gratifying to note that 72% of the male and 55% of the female nursing staff are fully qualified with the Royal Medico-Psychological

https://doi.org/10.1192/bjp.72.299.649 Published online by Cambridge University Press

nursing certificate—a position which reflects great credit on the medical officers and nursing tutors.

With regret we have to record that this is Dr. Roscrow's final report, and that he is compelled to relinquish his office owing to ill-health after twenty-three years' service of a high quality, fully recognized by the Committee in their report, and it is to be hoped that freedom from the cares of office will in some measure restore his health, that he may enjoy for many years his well-earned leisure.

2. RUBERY HILL AND HOLLYMOOR.—The total number of patients in this hospital at the end of the year 1925 was 1,452, being nine more than at the beginning, but in addition to this 239 patients were boarded out at Barnsley Hall and Powick Mental Hospitals. The admissions for the year 1925 were 316 (males 152, females 164), of which 258 were direct—considerably less than those of the previous two years, the difference being entirely due to the reduction in female admissions. The largest number of direct admissions occurred in the age-period of 25–54.

"A little less than one-third of the total had been recognized as showing mental symptoms for over three months before steps were taken to secure treatment. This proportion seems to be an annual one. Careful investigation, however, generally reveals the presence of symptoms occurring much earlier than the period given as the time of onset. Inquiry into bodily conditions and investigations into the bodily state commonly shows the existence of chronic disease processes of long duration, in some cases going back to childhood. These processes have sapped the resistance of the individuals and lowered their vitality."

Of the forms of mental disease amongst the direct admissions the largest figure is under the heading "primary dementia," namely, practically 21%. 22 cases of general paralysis and 30 cases of confusional psychosis were admitted during the year.

Heredity (psychotic, neurotic, epileptic or alcoholic) was traceable as an operative factor in causation in nearly 40% of the admissions, and alcohol as a principal factor was assigned in only 1·5% of the cases.

Concerning the ætiology generally Dr. T. C. Graves says:

"Any given attack being the resultant of the operation of many forces occurring in individuals with either a primary narrow margin of safety or whose margin of safety has been reduced by disease. Emotional stresses, which, in a healthy individual, produce a physiological response, in such individuals produce a pathological type of reaction.

"External or environmental stresses are of less importance than sources of internal stress or bodily irritation or disease.

"In a considerable proportion of cases no history of emotional stress—certainly not adequate to cause the condition alone—could be elicited. What may superficially appear to be a causative factor of this character is on further inquiry frequently found to be an early symptom of the later cataclysm."

The recovery-rate for the year was 39%, and Dr. Graves draws attention to the difficulties involved in the different uses of the word "recovery."

"A larger number have been discharged under the heading of 'relieved' than in previous years owing to the higher standard being placed on the meaning of the term 'recovered.' The category of relieved also includes cases who have

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physical and nervous disabilities which prevent them being regarded as effective units, but who were well enough to be cared for at home by relatives as regards their mental state."

Treatment of general paralysis by malaria-induction has been carried out in all cases with the exception of those quite hopeless on admission, some alleviation of symptoms has occurred in many cases, and in two male cases "as far as present reports would indicate" useful recoveries have been effected.

The laboratory under Dr. F. A. Pickworth had rendered valuable assistance in investigating the nature and extent of the toxi-infective processes in patients.

Forty-three male and 42 female nurses hold the Royal Medico-Psychological Association's certificate, and 53 members of the nursing staff are on the Register of Mental Nurses of the General Nursing Council, and 2 matrons on the Register of General Nurses.

Brighton County Borough.—Dr. Harper-Smith commenced the year 1925 with 821 patients and ended with 828, in each case the female patients being considerably the larger number. There were 214 cases admitted during the year, and the chief forms of mental disease in these were recent mania and melancholia, there being only 5 cases of general paralysis and 4 of primary dementia. The recovery-rate for the year was 46·2%.

Of the nursing staff, 43 hold the Royal Medico-Psychological certificate and 24 have passed the preliminary examination.

Dr. Harper-Smith is hoping at an early date to establish an out-patient clinic in Brighton in connection with the general hospital.

Cheshire County: MACCLESFIELD.—There were 237 admissions during the year 1925 (94 males, 143 females), and in 113 of these Dr. Dove Cormac regarded the prognosis as favourable. 15 of the patients admitted were suffering from general paralysis, 16 from dementia præcox, 26 from chronic delusional insanity and 36 from senile dementia.

The recovery-rate for the year was 31%, and the death-rate 5·6, being the lowest recorded for 25 years. The total number of patients on the register at the end of the year was 1,325.

The chief causes of death were general paralysis, arterio-sclerosis and Bright's disease; tuberculosis was the cause in 5 cases.

General paralysis was treated with malarial inoculation in 18 cases, and of these 2 improved sufficiently to be discharged, and there was some improvement in 7 other cases.

Dr. Dove Cormac has treated 50 selected cases with ultra-violet rays, and has noted a marked general increase in weight, improved appetite and general exhilaration and cheerfulness. In manic-depressive cases the depression period appeared to be curtailed, delusional cases showed some improvement, dementia præcox showed but little change, and the treatment appeared to be contra-indicated in cases of melancholia with agitation and in hyperthyroidism. Although the work is still in the experimental stage, Dr. Cormac considers that ultra-violet radiation promises to be a useful addition to treatment in mental cases.

https://doi.org/10.1192/bjp.72.299.649 Published online by Cambridge University Press

A short *résumé* is given of the clinical and pathological work carried out at this hospital, which includes some observations on the blood-pressure in cases of mental disease, some experiments in connection with radiant heat-baths, which seem to show a marked delay in the onset of sudoriferous activity in cases of dementia præcox, investigations as to the value of ovarian and orchitic extracts in mental disease, and observations on the circulation in cases of primary dementia, together with a large amount of routine laboratory work.

Hertfordshire County.—This hospital contained 904 patients at the end of the year 1925—seven more than at the beginning. There were admitted during the year 148 patients, of whom 137 were direct admissions, and of these 86 were first-attack cases, in which heredity to insanity was traceable in 26%, and alcohol was regarded as a principal cause in about 6%.

The recovery-rate for the year was 40·8%, as compared with 33·8% for the previous year, and 33·1%, the average for the past 25 years.

The dental surgeon treated 123 cases during the year, and a considerable amount of major surgery was performed.

St. Audry's Hospital, Suffolk.—In its Eighty-eighth Annual Report this hospital records an increase of 30 patients in the year 1925, making a total of 983 patients, the average increase for the past five years being 25·6.

During the year 184 patients were admitted, and in the interesting table shown by Dr. Brooks Keith, giving the areas whence these admissions came, there appears some very noteworthy variations. Of the forms of mental disease in the admissions recent melancholia takes the first place, closely followed by primary dementia (15%) and recent mania. Alcohol is assigned as a principal factor in causation in only 1% of the admissions. The death-rate was 5·5%, which, as in many similar institutions in the same year, was the lowest recorded for the hospital.

Both the Board of Control and Committee in their report, and Dr. Keith, have much to say as to the urgent necessity for providing further accommodation at the hospital for the increasing number of patients, which is at present provisionally met by the release of beds by building a nurses' home, and the boarding-out under sec. 26 (L.A. 1890). It is clear that such a step will require early consideration, since it is obvious that extension must also include enlargement of the central administration area to keep pace with the increase of work involved.

The hospital has sustained a considerable loss in the compulsory retirement, through ill-health and early death, of Mr. Gaffney, the Clerk and Steward, who had given faithful and devoted service to the hospital for nearly thirty years.

Metropolitan Asylums Board.—The duties of this Board are manifold and complex, one of them being the provision and management of institutions for mental defectives and epileptics, and in order to

https://doi.org/10.1192/bjp.72.299.649 Published online by Cambridge University Press

carry out these duties it now possesses four mental hospitals, one training colony for improvable imbeciles, mental defectives and feeble-minded, and one colony for sane epileptics. Although originally designed only to provide for the needs of London, seeing that some part of the provided accommodation is aggregated to constitute the " Metropolitan Asylums Board Certified Institution," it now, in fact, is able to receive defective patients from all parts of England under the provisions of the Mental Deficiency Act of 1913, provided only that they have not been found guilty of any crimes of violence, and are not moral imbeciles within the definition of that act, though it is admittedly difficult in practice in all cases to carry out this exclusion. Cases of mental abnormality occurring as a sequel to encephalitis lethargica are specially treated in a separate department of the Northern Convalescent Hospital, Winchmore Hill.

Dr. Kinnier Wilson's report on this unit contains many interesting and valuable points :

" The sequelæ of epidemic encephalitis are as diverse as the phenomena of the disease itself; hence the clinical material of the unit is, and is always likely to be, particularly heterogeneous. It ranges from merely paretic or physically handicapped juveniles, of normal intellect and of good behaviour and control, to so-called 'normal imbeciles' (an unsatisfactory term) whose cunning and deceitfulness are linked to a certain degree of lowering of the intellectual level and who are potential young criminals. All are united solely by the slender thread of a previous attack of encephalitis. It will be a matter of investigation to what extent these behaviouristic defects and apparent changes in personality are, in actual fact, the outcome of the brain disease, and how far, if at all, other factors than it are responsible. Some relative segregation within the unit may become necessary in the case of juveniles of this class whose influence on others, not necessarily younger than themselves, may be detrimental."

There are many interesting and valuable scientific papers appended to the Board's report by its medical staff which it would be impossible to extract here, but special attention may be drawn to one by Dr. E. B. Sherlock, in which he discusses in some detail problems of heredity, devitalization of the germ-plasm and mutation in relation to a case of " four-toed foot." Other interesting articles are by Dr. J. Nicoll on " Unusual and Abnormal Mental States " and Dr. Park Inglis on " Pituitary Dwarfism." The total number of cases in mental institutions belonging to the Board on December 31, 1925, was 9,352.

Monmouth County.—This hospital ended the year 1925 with 1,164 patients in residence, as compared with 1,141 at the commencement of the year; in each case the male figures preponderated. There were 192 admissions during the year and the majority of these were cases of mania or melancholia, and Dr. N. R. Phillips records that of the 171 direct admissions (excluding congenital cases), insanity had existed for more than twelve months prior to certification in 25 cases, and from three to ten years in 7 cases; 35 were over 60 years of age on admission, 13 being over 70 and 1 over 80; 59 suffered from forms of insanity in which there was little hope of recovery.

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The death-rate for the year was 6·4%, 17·3% of the deaths being due to general paralysis and 2·6% to tuberculosis.

As to causation, hereditary predisposition was found to exist in 31%, syphilis was assigned as a cause in 13 cases and intemperance in drink in 7.

Dr. Phillips recognizes the value of the dental department to the hospital, which, under Dr. Graham White, has done good work during the year.

The average cost per head for the year was 19*s.* 2·71*d.*

Salop County.—During the year 1925, 141 patients were admitted, 65 discharged and 43 died, with the result that the hospital had an increase of 33 upon the number resident at the beginning of the year. The total patient population on January 1, 1926, was 809, and Dr. W. S. Hughes publishes a table showing that the number of pauper patients in the hospital has increased since the dissolution with Montgomery in 1912 by 28.

The recovery-rate for the year was 35·8%, and the death-rate 5·4%, being the lowest recorded since the opening of the hospital, and senile decay and arterio-sclerosis were the chief causes of death; 11·6% of the deaths were due to phthisis pulmonalis.

With the consent of the relatives nearly all the cases of general paralysis were treated with malaria induction, but the results are still uncertain.

Suitable juvenile cases of an educable nature were not retained in the hospital, but were transferred to mental deficiency institutions.

The cost of maintenance was 15*s.* 4¼*d.*, the decrease of 1*s.* 6¼*d.* on the previous year being attributed to the increase of the average number resident, a slight fall in prices generally, and the substitution of home-generated electricity for purchased gas.

" In the latter connection it is of interest to note that in the year 1923–24—the year 1924–25 was one of transition—the sum of £3,539 was expended on coal, slack and gas, and for the last year the cost of these commodities was £2,365, showing a reduction of £1,174. Against this should be set off a sum of £750, representing interest on capital expended on, and depreciation of, plant, and as labour and other charges were approximately equal, a saving of £424 per annum is shown—apart from any reduced expenditure on the re-decoration of the wards—with a much more efficient lighting and heating service than formerly."

Staffordshire County: 1. STAFFORD.—The net increase of patients on the year 1925 was 9, making a total population at the end of the year of 961 (males 463, females 498), the average annual increase for the previous five years being 40. The total admissions for the year were 73 males and 106 females—179—and of these 132 were first-attack cases, 32 recurrences and re-admissions, and 9 cases of congenital defect.

Dr. B. H. Shaw gives a further analysis of these first-attack cases:

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" First attack cases :	M.	F.
"(1) Mental breakdown due to or associated with—		
(*a*) Cardiovascular degeneration	9	13
(*b*) General paralysis	7	—
(*c*) Epilepsy	4	7
(*d*) Influenza	3	—
(*e*) Alcohol	5	—
(*f*) Heredity	24	18
"(2) Mental breakdown due to various other causes	8	34

" Excluding cases of breakdown due to cardio-vascular degeneration, general paralysis and epilepsy, possible recovery could be hoped for only in 92 of the first-attack cases, *viz.*, 40 men and 52 women. Hereditary predisposition was ascertained in 31·8% of the first-attack cases.

" It is of interest to note that alcoholism is not now nearly so potent as an ætiological factor in the production of mental disorder as it was in past years. Of 634 first-attack cases admitted prior to 1914, its evidence as a contributory cause was 19% as compared with only 4% in 837 similar cases admitted since 1920."

The recovery-rate on the total direct admissions was 38% for men and 39% for women, and the maximum recovery-rate was in the case of men at the age-period 45–64, and in that of women 35–44. 55% of the recoveries during the past three years were admitted within two weeks of the reputed onset of the mental illness. During the past six years only 16% of the total recoveries have been re-admitted.

The death-rate for the year was 6·36%, the principal causes being pulmonary tuberculosis, general paralysis and cardio-vascular degeneration.

" The mortality from pulmonary tuberculosis, which is equivalent to a rate of 12·38 per 1,000 resident, should not be considered in conjunction with the entirely fortuitous figure for 1924 of 2·15, as most of these patients were in an advanced tuberculous condition in that year, in addition to which two cases were, on admission, suffering from the disease in its terminal stage. Thus, taking the biennial figure per 1,000 resident since and including 1920, a steady reduction in mortality is shown. The figures are—

For 1920–21	16·9
For 1922–23	13·4
For 1924–25	7·26

" A comparison with the pre-war average of 36·37 per 1,000 resident is sufficient to show that our efforts in the promotion of efficient hygienic ward conditions are being steadily rewarded. The absence of suitable isolation blocks for these cases is, however, a great drawback."

Dr. Shaw reviews at some length the admission- and recovery-rate of the pre- and post-war periods, and concludes that the rapid increase in numbers resident since 1920 is entirely due to the greatly diminished death-rate, and foreshadows the necessity for increase in accommodation at an early date—a subject that is at present under the serious consideration of the Committee.

Amongst other interesting points in this report is the pleasing record that Mr. Napier, the laboratory assistant, has been awarded the Senior Greenfield Prize open to all laboratory assistants in Great Britain, and the installation of a mercury vapour lamp for ultra-violet treatment.

2. BURNTWOOD.—This institution ended the year 1925 with 7 more patients than at the beginning, namely 914. There were

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admitted during the year 197 cases (males 103, females 94). The recovery-rate for the year was 41·8 and the death-rate 7·6.

"At one time there used to be more numerous alcoholic admissions, who, as a rule, recovered quickly. Partly as the result of greater sobriety, partly due to their being treated to recovery in other hospitals, these do not reach us, and the admissions of men are therefore of less recoverable type. Added to the natural increase of population, this accounts for our increased daily average number of men. The provision of further male accommodation whenever possible should always be kept in view."

Malaria treatment has been tried in cases of general paralysis, and 2 cases have shown some improvement, but Dr. W. Reid cautiously adds the "time has been too short to show whether they are to progress to recovery."

The pathological laboratory has done good work during the year, and Dr. G. F. Cobb is publishing at an early date two prolonged investigations on the subject of acidosis and its relation to epilepsy.

3. CHEDDLETON.—The net increase of patients for the year 1925 was 20, making a total number of patients resident at the end of the year of 1,123 (males 621, females 502). Of the 229 admissions during the year Dr. W. F. Menzies was only able to give a possibly favourable prognosis in about 36% of the male and 34% of the female cases, and he shows how these figures must be a governing factor in estimating the most suitable size for an acute hospital for the area.

Dr. Menzies has much to say of the gravity, from all points of view, of continual overcrowding—

"But whether it be for mental deficients or for adult psychotics, some authority will have to face expenditure on bricks and mortar. I estimate that a colony of 1,500 beds would be none too large to supply the mental deficiency needs of the geographical area. It does not appear probable that certain authorities will, in the near future, withdraw their opposition to a combined scheme. This is a matter for the rate-payers, but I may say that two colonies of half the size will cost about half as much again in overhead administrative expenses, and the classification will suffer. Expenditure on mental defectives is not only on living quarters, but on shops, classrooms, industrial machinery, teachers and technical tradesmen instructors. All these, with the higher administrative officials, will be needed in two colonies as in one; the only saving will be in the number of less technically efficient junior staff. Were a large colony started now we could do without a detached hospital for some years, but if not then the sooner one is started at each of the three institutions the sooner will the insane of the county receive adequate treatment. Overcrowding is bad for the health of the patients, expensive in the fight against communicable infections, trying to the tempers of patients and staff alike, and ultimately expensive to the public owing to the small but certain percentage who each year should have recovered, but remain chronic for life."

Ten patients in all were admitted as the result of encephalitis lethargica, of whom 2 male adults with purely mental symptoms improved and were discharged. All the Parkinsonian type cases became steadily worse.

Inoculation of malaria was used in 8 cases of general paralysis, of which 2 improved, 3 have not altered, and in 3 cases sufficient time for observation has not elapsed.

Dr. Menzies goes into some detail as to his development of a system of education for the lowest grade of mentally defective

https://doi.org/10.1192/bjp.72.299.649 Published online by Cambridge University Press

children, and describes the difficulties to be met with in both the mental and orthopædic nursing of them, but the general result of this work appears encouraging and entirely praiseworthy.

Worcestershire: BARNSLEY HALL.—During the year 1925, 143 (males 60, females 83) patients were admitted, of whom 125 were direct admissions; the recovery-rate was 22% and the death-rate 6·4, 654 patients being on the hospital register at the end of the year, as against 718 at the commencement of the year, this fall in numbers being mainly due to an alteration in the contract with the City of Birmingham, by which 100 less patients belonging to it are maintained in this hospital.

Dr. Percy Hughes is able to record with satisfaction that no case of dysentery has occurred on the female side of the hospital since 1918, and none on the male side since 1914, and this in spite of overcrowding.

The average weekly cost of maintenance was 21*s.* 4⅜*d.*, an increase of 5¾*d.* on the previous year largely accounted for by the loss due to the occurrence of swine fever.

SCOTLAND.

Aberdeen City (*Kingseat*).—Dr. Alexander makes an appeal to his District Board of Control not to let the loss of the small Government grant (about 2*s.* per week) allowed for each certified case interfere with the reception of voluntary cases. He says:

"I would ask the Parish Council to relinquish this claim in favour of the few patients who could, to their benefit, be admitted here on a voluntary basis. The patients who can be admitted as voluntary boarders have some insight into their condition, and usually suffer from some form of emotional depression which a short course of treatment in the hospital would in most cases dissipate, but as matters stand at present in Aberdeen the illness of these patients is allowed to proceed until their symptoms necessitate certification. Were they able to afford it they could enter a private hospital as voluntary boarders at once."

We can endorse this heartily, and also point out that the present policy is penny wise but pound foolish, for the earlier that treatment commences the greater the prospects of recovery, and the less likely is the need for certification and perhaps prolonged and costly detention as a chronic patient.

À propos of this, Table IX, which shows the history of the annual admissions since 1904, with the discharges and deaths, and the number remaining each year on December 31, is very illuminating. Of the 113 cases admitted during 1925, 67 remained at the end of the year, so 46 had then already either died or left hospital, the actual demission being 24 recovered, 7 relieved and 15 died. Now the totals of the patients disposed of during the year were 43 recovered, 15 relieved, 3 not improved and 43 died. Of those who recovered in 1925, the years of their admission were 24 in 1925, 9 in 1924, 4 in 1923, 2 in 1922, and 1 each in 1921–19 inclusive and also a solitary case in 1914. This table shows, whether the figures for 1925 or any of the previous years be used as a basis, that patients on admission have a 5 to 1 chance of

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