General Paralysis and Multiple Softening of the Brain due to Specific Endarteritis [*Paralysie générale et ramollissements multiples du cerveau par endartéritie spécifique*]. (*Bull. Soc. Clin. de Méd. Ment., May–July*, 1927.) *Marchand, M. L.*

In this clinically typical case of general paralysis the brain showed at the autopsy, in addition to the expected signs of general paralysis, large numbers of areas of softening in the cortex, up to the size of a nut. These were clearly due to syphilitic endarteritis accompanying, but distinct from, the paralytic process.

W. D. CHAMBERS.

5. Sociology.

Periodicity of Sex Desire. (*Amer. Journ. of Obstet. and Gynecol., September and December*, 1927.) *Davis, Katherine Bement.*

This is a continuation of the author's research into sexuality in women. The information was derived by means of a questionnaire. The results are tabulated and analysed. No inferences are drawn. Among 1,000 unmarried graduates, at least five years out of college, all but 132 admit some form of sex feeling. Regular periodicity of such feeling was recognized by 272. The group which recognizes periodicity has better physical health, practises masturbation more frequently, and has a higher percentage of present sex problems. The information obtained from a group of 1,000 married women, all of the educated class, was not so complete. But a much smaller percentage had recognized periodicity of desire before marriage.

Desire shows its maximum around the menstrual period—an interesting finding in relation to recent work on ovulation. It also has a bearing upon the "safe time" method of contraception.

Among the unmarried 60% admitted masturbation, 10·5% admitted hetero-sexual intercourse, and 18·4% admitted homosexual experiences. Among the married women, taking only pre-marital experiences, the respective percentages were 38, 7, and 16. In considering these figures, it must be remembered that the average age of the unmarried group was 37·4 years, while the average age at marriage of the married group was 25·7 years. Both auto-erotic and hetero-erotic experiences were more common among those who recognized periodicity. This preponderance did not occur in the case of homosexual forms.

M. HAMBLIN SMITH.

6. Mental Hospital Reports.

Staffordshire Mental Hospitals.—(1) Stafford: During the year 1926 there has been a steady increase in the number of cases under treatment, and on December 31 there were 996 patients (males 472, females 524) remaining on the registers—an increase of 35 on the year. There were 211 admissions, 89 discharges and removals, and 87 deaths.

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Of the admissions there were 9 cases of general paralysis, and 5 cases attributed to excess of alcohol. The recovery-rate on the total direct admissions was 28·7 in the case of males and 21·7 in the case of females.

The death-rate for the year was 7·4% of the total cases under treatment, and the principal causes of death were pulmonary tuberculosis (20·6%), cardio-vascular degeneration (24%), and general paralysis (6·8%).

For the relief of overcrowding, Dr. B. H. Shaw suggests proper staffing of Poor Law institutions for the reception of certain cases, and separate provision for idiots and imbeciles, and possibly "boarding out," but the erection of additional accommodation obviously cannot be delayed much longer.

In reviewing the report of the Royal Commission on Lunacy and Mental Disorder Dr. Shaw makes the following remarks:

Alternatively to admission to a separate reception block at a mental hospital, the Commission suggest sending patients first to receiving houses in connection with large centres of population, where they could be detained for a period not longer than one month, when they should be sent on to a mental hospital if the treatment order is extended to six months. For the vast majority of recoverable recent cases provisional treatment for one month is entirely inadequate, as the following statistics with regard to duration of stay required for recovery will show:

Table showing Duration of Attack since Admission to the Mental Hospital in respect of the last 100 *cases Discharged Recovered.*

Duration.	No. of cases.
Under 1 month	2
Over 1 and under 3 months	19
Over 3 and under 6 months	37
Over 6 and under 12 months	22
Over 12 months	20

It is interesting to note, however, that although the proposed period of one month would have been quite inadequate in most of the cases referred to, 58% of the recoveries could have been dealt with without the necessity for certification had there been provision for dealing with them on a voluntary basis up to a period of six months from the date of reception.

The Laboratory shows its continued activity by valuable research work carried out by Dr. B. H. Shaw himself, Dr. K. K. Drury and Dr. C. Farran-Ridge.

(2) Burntwood: During the year 1926 the number of patients increased by 22, resulting in a considerable degree of overcrowding, especially on the male side, and this the Committee proposes to relieve, at as early a date as possible, by the building of an Admission Hospital and a Convalescent Villa, while the Board of Control recommend as an immediate measure boarding out under Sec. 25 of the Lunacy Act, 1890, and a freer use of Sec. 79.

The recovery-rate for the year was 25·9, and the death-rate 7·6%.

(3) Cheddleton: The total admissions to this hospital during the year 1926 were 36 more than the previous year, a considerable increase coming from the Stoke-on-Trent area, though the numbers in residence at the end of the year showed little difference from that

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at the beginning. There are, however, a considerable number, both male and female patients, boarded out in other hospitals.

Out of the 290 admissions for the year, heredity was noted in 107, alcoholic excess in 30, encephalitis lethargica in 9 cases. Amongst the deaths, Dr. Menzies records an unusual case of actinomycosis in a man who had been resident in the hospital for 17 years, and had never either before or since admission done farm work.

A somewhat serious outbreak of dysentery occurred during the year, which greatly increased the work of the laboratory in the endeavour to discover the carriers.

Dr. W. F. Menzies' remarks on the basic structure of the farm land and the farm of the future are full of interest.

Birmingham City Mental Hospitals.—It is with regret that the Committee of these hospitals record the retirement through ill-health of Dr. Roscrow, after 24 years' service at Birmingham (Winson Green). It was the hope of his colleagues, and we are sure of all members of this Association, that removal from the responsibilities of office would give him many years of better health, to enable him to enjoy his well-earned retirement; this, however, was not to be, and to the regret of all who knew him he passed away later in the year.

An important result of the termination of this appointment is the decision of the Committee to place all the institutions controlled by them (namely Winson Green, Rubery Hill and Hollymoor) under one director, and to this end Dr. T. C. Graves has been appointed Chief Medical Officer of the City of Birmingham Mental Hospitals, at the same time retaining, at least for the present, his position as Medical Superintendent of the Rubery Hill and Hollymoor Division, while Dr. C. W. Forsyth assumes the position of Medical Superintendent of the Winson Green Division.

The total number of patients in the Hospitals on March 31, 1927, was 2,250, with 355 patients boarded out under contract, the corresponding figures for the previous year being 2,207 and 239.

(1) Winson Green Mental Hospital: The report is for the year 1926, and there remained in the hospital and its branches 756 patients (males 363, females 393) on December 31, as compared with 743 at the beginning of the year, the total authorized accommodation being for 724.

There were 228 direct admissions during the year, and of these 110 came directly from their own homes, 106 from the Guardians' institution, and 12 from the hands of the police. Forty-six of these admissions were diagnosed as suffering from primary dementia—that is, about 20%—and 14% were cases of confusional insanity. The most important principal causative factor was considered to be some form of toxicity, which was found in 22% of the admissions. Alcohol was considered to be a causative factor, either principal or contributory, in 32 cases. The recovery-rate on the direct admissions was 30·7%, and the majority of recoveries took place within a year's residence.

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The death-rate for the year was 7·2%—the lowest in the history of the hospital since 1850.

Of 4 cases of general paralysis treated by induced malaria, followed by a course of novarsenobillon, 2 showed no change, 1 physical and slight mental improvement, and 1 so far improved physically and mentally as to be discharged recovered, and was able to continue his former occupation satisfactorily.

(2) Rubery Hill and Hollymoor Mental Hospital: There were resident in the hospital on December 31, 1926, 1,459 patients—7 more than at the corresponding date in the previous year—and of these 15·6% were epileptics; there were, however, 320 patients boarded out under contract in various hospitals. There were 344 direct admissions during the year, or 86 more than the previous year, and of these 277 were "first attack" cases, and the largest number of direct admissions occurred in the age-period 25–34.

Of the forms of mental disorder in the direct admissions, confusional psychosis and primary dementia give the largest figures, being 95 and 46 respectively. There were 15 general paralytics and 26 epileptics admitted during the year.

Amongst the causative factors, alcoholic excess was regarded as potent in 24 cases, either as principal or contributory, and "other toxins—chronic sepsis" in 208 out of the 344 direct admissions.

The recovery-rate calculated on the direct admissions was 40%.

As to the existence of focal sepsis as a factor in mental disease, Dr. Graves makes the following note:

> The search for focal sepsis present in the bodies of the patients has been, as in the past, a regular routine procedure during the last year, aided by the visiting and consultant surgical specialists, and there is no question as to the good results which this mode of treatment has produced in those cases where the conditions are not fixed and irremediable.

A very large proportion of the nursing staff hold the Certificate in Nursing of the Royal Medico-Psychological Association (60 male and 47 female nurses), and in addition many also are on the register of the General Nursing Council.

The Retreat, York.—At the end of the year 1926 there were 214 patients resident in the hospital, or 8 more than at the beginning of the year; the admissions for the year were fewer than in the previous year, and the recovery-rate calculated on the admissions was 40%.

Dr. Henry Yellowlees was unfortunate enough to have a death by suicide during the year amongst his voluntary boarders. There is always great difficulty in deciding in any given mental case the degree of liberty. It is frequently not recognized that the insistent demand for greater liberty to be given in as large a number as possible to all mental patients entails an enormous responsibility to the Medical Superintendent. Unfortunately when an accident does occur, relatives think that they have a just grievance in that the patient was sent to a hospital for safety.

The new Nurses' Home was opened during the year, and

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Dr. Yellowlees rightly points out that the effective result is something more than merely housing the staff:

Six months of practical working have shown the Home to be admirably suitable for its purpose, and to have even surpassed our hopes as to its value to the Retreat.

The effect on the nurses, however, has been the most striking and satisfactory result of all. They take a real pride in the Home, which forms an invaluable nucleus and centre for their social life and *esprit de corps*. The result is a most gratifying increase of social sense, and improvement in general public feeling among them, with much increased happiness as its necessary corollary.

The founding of a sports club, a study club, a thrift club and a choir are among the pleasing evidences of a healthy corporate existence.

The report is illustrated with many views of different parts of the hospital, which are exceedingly pleasing, and as evidence of the useful work carried on it may be pointed out that 38% of the patients are maintained at less than the actual cost of maintenance, which is £5 2*s*. 7*d*.

Barnwood House, Gloucester.—On December 31, 1926, there were 137 patients in residence—the same number as at the beginning of the year. The admissions during the year were 33, discharges 25, and deaths 8. There were admitted during the year 35 voluntary boarders, and 21 remained in residence at the end of the year:

It will be noticed that for the first time the number of patients who were received on a voluntary basis exceeded those who were admitted under certificates; and there is every reason to anticipate that voluntary admissions will tend to increase, the certified admissions to diminish. The decrease in the number of the involuntary cases admitted may be due partly to the reluctance both of the public and the medical profession to resort to certification, but I hope it may be due in some measure to the increasing willingness of patients to submit themselves for treatment during the early stages of illness.

Dr. A. A. D. Townsend expresses with no uncertain voice his views concerning the training and examination of the mental nurse:

Eleven nurses entered for the preliminary examination of the General Nursing Council, but only four were successful—a disappointing, but not unexpected result, owing to the severity of the practical part of the examination, where the standard demanded was, I consider, too high for mental hospital nurses. In these examinations mental nurses are evidently expected to have as much knowledge as general hospital trained nurses; and this is not possible. I think, therefore, that we shall in future have to advise our nurses to take the examination of the Royal Medico-Psychological Association, where the practical part is within the limits of their training and experience.

The average cost of maintenance is £5 2*s*. 1*d*., and the percentage of patients received gratuitously is 3·3, those paying 21*s*. a week 2, from 21*s*. to 42*s*. 6·5, those paying above this figure and up to and including the cost of maintenance 36, and the percentage of those who pay over the cost of maintenance 52.

The Lawn, Lincoln.—At the end of the year 1926 there were 66 patients in residence at this hospital, including voluntary boarders. During the year there were admitted 15 patients (and 21 boarders) discharged 15, and 3 died. As in the case of other registered hospitals, Dr. Jane Shortt has to point out the definite increase of voluntary admissions, as compared with previous years:

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From the above tables it will be seen that of the 36 patients admitted during the year, 21, or 58% entered the hospital of their own accord. This is a marked increase in the numbers of voluntary boarders admitted in any previous year, and shows that the knowledge of the benefits which can be derived from the voluntary boarder system is becoming more widely recognized and taken advantage of. There is no doubt that doctors are more reluctant to certify patients since the recent cases brought before the Law Courts. In many instances this has resulted in patients being kept at home, to their great detriment, until their disorders were well established. The more the voluntary boarder system is taken advantage of, both for early treatment of incipient cases and for giving a greater sense of freedom, when possible, to patients under treatment, the better the chance of recovery. It is to be hoped that great advances in this direction and in that of allowing still more freedom to the insane will be made in the future.

In the report of one of the Visiting Commissioners of the Board of Control the following sentence occurs: "It is gratifying to note that neither mechanical restraint nor seclusion is *ever* resorted to at this Hospital." There must be many, with a very wide experience in mental disease, who would feel a little uneasy in endorsing this as a supreme virtue in a mental hospital; to reduce these forms of dealing with cases to a minimum is good; to know when and how to use them wisely and well to the advantage of the patient is better.

The Governors' report consists of a short but interesting review of the past of this hospital since its foundation and opening in 1819; it is difficult to read the history of the foundation and opening of the older hospitals without a feeling of wonder at the extraordinary prevision of these really great men, who, carrying into practice the highest Christian principles and ideals, founded a hospital and a "*monumentum aere perennius*."

St. Andrew's Hospital, Northampton.—There were on the books of the hospital on December 31, 1926, 471 patients, including 38 voluntary boarders. There were admitted during the year 66 certified patients, and 42 voluntary boarders. The recovery-rate (calculated on the direct admissions) was 50%, and the death-rate 3·6%. The percentage of patients who receive treatment gratuitously is 0·23 and those paying over the cost of maintenance 27. The average cost of maintenance for the year was £4 17*s.* 5½*d.*

We notice amongst the "entertainments" provided during the year, "Ap. 1, Conference of the Royal Medico-Psychological Association."

Part IV.—Notes and News.

THE ROYAL MEDICO-PSYCHOLOGICAL ASSOCIATION.

Quarterly Meeting.

The usual quarterly general meeting of the Association was held on Thursday, November 17, at the House of the British Medical Association, 19B, Tavistock Square, W.C. 1, under the presidency of Dr. Hamilton Marr, F.R.F.P.S.Glasg.

The Parliamentary, Educational, Research and Clinical and Journal Committees assembled on the previous day.

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