and psychoneurotics are chronic invalids, complaining of vague aches and pains, rheumatism, weakness, etc. None of the above points prove disability, but by this examination a small group of applicants, about 10 *per cent.*, is isolated for a more thorough study. Of these nearly half will be found unfit, and will be responsible for accidents, thefts, etc.

The classification of the fit.—This is studied under five headings: (1) *Physical condition.* (2) *Mental capacity.* The author uses the following tests: (*a*) Traube C; (*b*) dissected sentences from Binet-Simon scale; (*c*) cancellation test; (*d*) memory span for numerals; (*e*) Healy code; the total marks obtainable being 100. The applicants were divided into four groups: (1) Below 65, inferior; (2) 65 to 75, low average; (3) 75 to 85, high average; (4) 85 to 100, superior. Practically it was found that there was a tendency for the low men to fail and for the high to succeed, and no man was admitted to a naval school from group 1, this comprising 30 *per cent.* of the personnel. *Educational classification:* The applicants were put into four groups: (1) Less than 8th grade (New England schools); (2) 8th grade; (3) High School; (4) College. *Industrial classification:* Again four groups were made: (1) Misfits or failures, as vagrants, criminals, etc.; (2) unskilled, as students, or day labourers; (3) experienced, those not fully trained, but who show enough ability to make this worth while; (4) trained.

In addition to the above groupings, each occupation was given a serial number from 1 to 53. This made it possible to give every man a numerical formula representing his capacity and training. The number allotted to his occupation was put at the right of a decimal point. For instance, 111·34 would mean inferior intelligence, less than 8th grade education and industrial failure, his work being odd jobs.

C. W. FORSYTH.

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5. Mental Hospital Reports, 1918–19.

Metropolitan Asylums Board.—The report for 1918 is very attenuated, and only a brief paragraph is devoted to each of the public services which come within the scope of the Board's many activities. Among these services not the least important is that which deals with the imbecile and feeble-minded.

The range of cases, the care of which is undertaken by the Board, comprises:

(*a*) Cases of imbecility and feeble-mindedness certified under the Lunacy Acts as suitable for workhouse care, which are divided into improvable and unimprovable.

(*b*) Uncertified feeble-minded.

(*c*) Cases admitted under the Mental Deficiency Act of 1913.

The Board's institutions consist of five asylums for imbeciles and two industrial colonies for imbeciles and feeble-minded.

The care and reception of cases under the Mental Deficiency Act, 1913, was undertaken subject to the authorities concerned agreeing to pay the full cost of maintenance, and to the Board of Control waiving uch of their requirements as are not obligatory under the Act. As

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regards these cases, the unimprovable adults are accommodated at Leavesden and Caterham and the unimprovable children at the Fountain Asylum. The trainable juveniles are sent to Darenth.

Statistics are given showing the movement of the asylums population during 1918. The total admissions under the Lunacy Acts were 894, and the average daily number resident 6,086. Judging by the number accommodated during previous years there must be nearly 2,000 vacancies.

As in the county and borough asylums, the death-rate has risen during the war, being 27·05 *per cent.* on the average number resident—more than double the average of the previous decade. Having regard to the fact that a large proportion of the patients are congenital and senile cases, the death-rate has not advanced as much as might have been expected, and is indicative of a state of affairs highly creditable to the Board and its staff. Tooting Bec Asylum must be one of the saddest institutions in the country, with its death-rate of practically 50 *per cent.* of the average daily numbers.

The number of uncertified feeble-minded patients under treatment was 777, of which 61 were admitted during the year.

Cases were dealt with under the provisions of the Mental Deficiency Act for the first time, and some 271 were admitted during the year, of whom 19 were discharged and 18 died.

The cost to the Board of its asylum service was £301,970.

St. Audry's Hospital (Suffolk District Asylum).—Dr. Whitwell draws attention to the fact that, at this hospital, no less than 46 out of the 97 patients discharged or transferred were dealt with under Section 99 of the Lunacy Act, 1890, and sent to the care of friends. During the past twenty years 675 patients have been discharged in like fashion, of which only 24·3 *per cent.* have been readmitted.

This possibly has some relationship with the recovery-rate of 12·43 *per cent.*, calculated on the total admissions during the year, which is low in comparison with 27·4 *per cent.*, the rate for the whole of the county and borough mental hospita s (the lowest ever recorded) fo rthe same period. It is presumed that the cases discharged to the care of friends are included among those recorded in Table A2 as "relieved." Since 1902, 3,734 patients have been admitted, of whom 655, or 17·5 *per cent.*, were discharged as "recovered" and 712, or 19 *per cent.*, as "relieved."

Of course it is recognised that there is no such thing as a fixed standard of "recovery," and the stage at which a patient may be said to have recovered is merely a matter of medical opinion. This no doubt accounts in a great measure for the different recovery-rates at various hospitals dealing with, on the whole, the same class of patients.

Quite apart from any views Dr. Whitwell may hold, a low "recovery" rate and a high "relieved" rate could be accounted for by a high standard of mental health for "recovery" being held, or a preference to discharge patients as "relieved" for further convalescence to be completed at home.

The latter procedure may have features which commend it apart from the relief afforded to the mental hospital accommodation and the

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lessened cost to the public, though undoubtedly the recovery-rate would suffer thereby. It is possible that, under favourable circumstances, final convalescence is hurried on, and of a more durable character. Against it, is the risk of an early relapse and the trouble of re-commitment to care. The ideal would be either a prolonged period of "trial," or an arrangement whereby all cases should be discharged as "relieved," and not recorded as "recovered" until a satisfactory certificate of mental health is forthcoming twelve months later. Though this is hardly practicable, yet something should be done toward standardising the meaning of a recovery-rate, for no recovery-rate is of the slightest value unless it can be considered with the relapse-rate within some definite period of time.

The death-rate for 1918 (10·5 *per cent.*) was the lowest for the last eleven years. For 1915, 1916 and 1917 the death-rates were respectively 12·74, 11·69 and 16·62 *per cent.*

Dr. Whitwell remarks:

"It is probable that these variations in the death-rate are nothing more than the normal fluctuations which occur at all times in a population such as this; there is not sufficient evidence upon which to associate them with any changes in diet that have occurred during the war period, inasmuch as though the body-weight of practically everyone in the institution (staff and patients) fell a few pounds, largely owing to the diminution in fat-forming substances, it quickly became stabilised on the new diet, and, moreover, the sick diet never changed in any single particular during the whole period of the war."

Turning to the financial report a very healthy state is revealed. During the year the balance in hand on maintenance account of £1,572 13*s.* 1*d.* rose to £3,506 15*s.* 4*d.*, of which £3,285 14*s.* was cash in hands of the Treasurer. The buildings and repairs fund account showed a balance in favour of £1,683 15*s.* 1*d.*, and likewise the farm account of £2,734 0*s.* 6*d.*

Part IV.—Notes and News.

MEDICO-PSYCHOLOGICAL ASSOCIATION OF GREAT BRITAIN AND IRELAND.

Seventy-Ninth Annual Meeting, held at Buxton.

The Seventy-Ninth Annual Meeting of the Association was held on Monday, Tuesday and Wednesday, July 26th to 28th, 1920, at the North Staffordshire Mental Hospital, Cheddleton, and at the Town Hall, Buxton, under the presidency, in the early proceedings, of Dr. Bedford Pierce, and later that of Dr. W. F. Menzies.

EVENING SESSION.—Monday, July 26th.

Held at the Town Hall, Buxton, Dr. Bedford Pierce in the chair.

Members present: Dr. Bedford Pierce (President), Major R. Worth (Hon. Gen. Sec.), Sir R. Armstrong-Jones, Drs. T. Stewart Adair, C. Hubert Bond, D. Bower, A. Helen Boyle, W. Brown, J. Chambers, R. H. Cole, W. R. Dawson, A. W. Daniel, S. Edgerley, F. H. Edwards, J. W. Geddes, W. W. Horton, J. Keay, J. R. Lord, R. G. M. Ladell, J. Mills, A. Miller, W. F. Menzies, J. Middlemass, J. McClintock, Colin F. F. McDowall, S. R. Macphail, A. W. Neill, W. F. Nelis, M. J. Nolan, E. S. Pasmore, G. G. Parkin, C. S. Read, G. M. Robertson, M. L

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