this principle is, of course, often used in cases of neurasthenia, but Dr. Fernald has elaborated it, and rendered it more accurate and practical, by devising a simple apparatus to ensure the correct position of the subject during the experiment. In the ethical discrimination test the subject is required to arrange a number of offences in the order of their gravity; as the author is careful to point out, this is an intelligence test, but from the use of ethical notions as integers it may help to throw some light on emotional defect. Dr. Fernald mentions that he is now trying an extension of this test by asking a similar gradation of meritorious acts and of ambitions. In computing results the author has employed a rather intricate system, the utility of which is not very obvious, especially as it is proposed merely to compare the defectives with one another, and not with any standard of normality.

W. C. SULLIVAN.

The Present Status of the Binet-Simon Graded Tests of Intelligence. (*The Alienist and Neurologist, May,* 1912.) *Wallin, J. E. W.*

The Binet-Simon tests promise to become a recognised part of the technique of abnormal psychology, so that it is of importance to know how much reliance can be placed on their accuracy.

So far the examination of an individual has been confined to the exhibition of tests appropriate to his physical age, and to those belonging to one or two lower or higher age-standards. Dr. Wallin insists on the great variability of mental traits, and protests against this "narrow-range testing." From a series of observations he has made on epileptics it appears that some who could pass only the lower age-standards were successful with many tests assigned to higher ones. Examined by statistical methods the results showed that the six and nine age-standards are too difficult; also that many tests are too easy, others too difficult for the ages to which they have been assigned.

However, with all its imperfections, this objective measuring scale is far more accurate than unaided observation. Dr. Wallin instances the case of a patient in the terminal stages of dementia præcox. According to his clinical records, the man had been gradually becoming more demented for seven years. On being examined he passed almost all the highest tests in the scale; so that it would appear that this method is a valuable one for analysis where dementia is more apparent than real.

The writer considers Binet's 1911 revision imperfect, since the reduction in the number of tests for each age-standard renders the latter less accurate. He suggests that, for strict comparison, the method of applying the tests should be noted in each case, and urges the necessity for the determination of the maximal amount of variation allowable in normal age norms.

H. W. HILLS.

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7. Asylum Reports.

Some English County and Borough Asylums.

Carmarthen.—There is many a slip between the cup and the lip, and this has occurred here. It has been before noted that, on account of

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the failure of the three contributing bodies to agree about further accommodation being provided, the patients have been in far from the best circumstances for adequate treatment. The Visiting Committee reported to their authorities that agreement had been come to, and on that contracts for more land were submitted to the Home Office and approved by that authority. But we learned from a later report of the Commissioners that dispute had broken out again and the scheme for enlargement had been indefinitely postponed. It is hard to believe that out of an average population of 700, 100 are in excess of the number for which proper accommodation has been provided. The Commissioners threaten that if the work is not undertaken at once they will insist on the excess being boarded out. This step, we think, will bring home to the rate-payers the cost of bad administration, and thus lead to the remedying of matters more important even than overcrowding.

Dr. Richards gives his readers some sound advice on the production of insanity in his and similar areas. Among other remarks are the following:

> It has to be borne in mind, however, that in a considerable proportion of cases alcoholism is merely a symptom of graver underlying degeneracy, drink in small doses being often sufficient to bring to light mental abnormalities which would otherwise pass unobserved to the next generation, to be then reproduced on a more extensive scale.

It is to be hoped that when the Home Office builds for criminal imbeciles under the Mental Deficiency Act it will have room enough left for its criminal lunatics. If it is worth while for that Office to take imbeciles under its immediate care, it is surely worth while, and urgently desirable, for it to keep its own lunatics.

> Four of the admissions were criminal patients, an undesirable type, whose introduction into ordinary asylums is becoming increasingly common, and is much to be deprecated. These cases add considerably to the dangerous element, which is already sufficiently prevalent.

Cumberland and Westmoreland.—Dr. Farquharson adverts to the decrease in the population which has been going on steadily, more pronounced in the year under review. He cannot hazard any suggestion for this other than the general decrease of population in the two counties, shown by the last census. But, as he says, this is due chiefly to emigration of the younger and more healthy of the people, and it may lead to a greater proportion of mental defect later on. He can show for the year the highest recovery-rate that has been obtained in the last ten years in the asylum, namely, 51 *per cent.* on the total admissions. It may be partly explained by the fact that 50 *per cent.* of the patients were brought to the asylum within a fortnight of onset and another 30 *per cent.* within three months.

Derby Borough.—The information which Dr. Macphail usefully gives about the relapses of those discharged recovered is that the average period of remission was six years and eight months. If such information were given by every medical superintendent very useful knowledge would be obtained. Of his 165 admissions no less than 94 had threatened or attempted suicide and 63 had similarly threatened or attempted homicidal attacks. He notes that the period of residence in cases of recoveries tends to be more prolonged, especially in the cases

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of melancholia, which are generally admitted with impaired health and lowered vitality. Of the 28 recoveries 7 had an ætiology of influenza. Following up this pernicious factor we find that in the 72 direct admissions it was assigned in 5 cases, being correlated twice with insane heredity and once each with sudden stress and the climacteric period.

Derby County.—The Visiting Committee having reported that the time had come for providing further accommodation, it was decided by the county that another asylum should be built in the northern part of its area. It was determined that any increase to Mickleover would be very unwise. Accordingly a considerable sum of money was voted for land, and no doubt by this time good progress has been made with the plans.

A mother and two daughters were admitted together. This would seem to be a family record.

Dr. Legge supplies the following information which supports the pleas put forward for pension on a liberal scale:

> The risks run by the staff who have to deal directly with the patients are well shown by the following list of accidents for one year: Nurse, hair torn out and mouth cut; laundress, head and hand bruised; attendant, face bruised; nurse, hair torn out and arm bruised; nurse, knee bruised; attendant, black eye; nurse, hair torn out and set of artificial teeth broken; nurse, temple cut; attendant, bitten on leg. The above were all inflicted by patients.

We note that Dr. Legge assigns prolonged mental stress in 5 cases only out of 203 admissions. This is a far lower rate than is usual. In each case it is assigned as a contributory factor. This we think must be right. In some asylums these stresses are treated entirely as principal factors. In only one of these cases is there correlation, and in that it is with congenital mental defect, not amounting to imbecility. One would be disposed to look on such stress as bad mental hygiene facilitating the action of some determining factor, so unimportant as to escape attention as such. We note that among the fifty-nine recoveries, two had this ætiology of stress.

The Committee makes sympathetic reference to the death of Dr. Murray Lindsay, who was for many years their valued officer.

City of London.—Dr. Steen is afraid that before long the rates for both private and rate-paid patients must be raised in view of the increasing price of necessaries, and believes it will certainly be so if Lord Wolmer's ideas are put into force. This would be a great pity in the case of the private patients who pay from one to two guineas per week. There is no greater boon to the insane than the provision of good care for those just above the limit of dependence. Stone is one of the few places where this class can be well entertained at a cost within their reach. The number of them exceeds three hundred, and the total income of the asylum is derived one third from the rates and two thirds from private patients. A case was discharged recovered after eight and a half years' residence. A general paralytic was readmitted after a remission of two and a half years. A former patient came back in a pouring rain and asked to be admitted, but had to be refused. The remedying of this is one of the points which will need to be pressed on our legislators, when several matters long overdue are properly treated under the Lunacy Law.

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East Sussex.—Among the *post-mortem* finds, Dr. Taylor reports the following in a recently admitted patient: five crochet hooks, sixty-one needles, and several pieces of hair-pin swallowed before admission. It is not surprising to learn that she died of perforation followed by peritonitis. In mentioning the substitution of six spray baths for four of the ordinary type on the male side, he states that they are found to be a great improvement; they are safer, the bathing can be done more expeditiously, and quite as effectively; the patients prefer them, and they save much water. The engineer found, on actual tests, that the saving of water was 22½th gallons per patient bathed.

The following notes are taken from the report of the Engineer:

REPORT ON STEAM COAL COST WITH UNDERFEED STOKERS AS AGAINST HAND FIRING.

The mechanical underfeed stoking apparatus, which was fitted to the three Lancashire boilers, has now been working about seventeen months. The Chairman of the Stores and Works Committee requested me to prepare a statement showing the comparative cost of steam coal used in the boiler-house for a twelve months' period previous to and since its adoption.

The consumption of Welsh coal for one year:

October 27th, 1909, to July 24th, 1910 } by hand firing.
July 25th, 1909, to October 26th, 1909 }

Tons.	Cwts.		£	s.	d.
2245	15	costing	2563	17	11

and the consumption of Insdale peas and slack for one year, October 27th, 1910, to October 26th, 1911, by mechanical stoking, was:

Tons.	Cwts.	Qrs.		£	s.	d.
2614	6	1	costing . . .	2063	3	2

a difference of £500 14*s.* 9*d.* To this must be added £32 16*s.* 8*d.*, representing forty tons of coal *extra*, which have been used this October as against the same period last year. This was owing to the heat being turned on to the wards earlier this year.

This brings the actual total saving for the twelve months to £533 11*s.* 5*d.* The total cost of repairs carried out to this apparatus during the seventeen months' working was £1 17*s.* 9*d.*, but the plant being new it was not to be expected that many repairs would be required.

The repairs to firebars under the old system cost about £20 per annum.

These stokers can be considered quite satisfactory, and have given no trouble in working during the seventeen months they have been installed.

London County.—The total number of the insane of all kinds in London has gone up by 530 during 1911, this being a slight increase on the average of twenty-three years. The asylum population has increased in the same year by 271, this being well below the average for the same number of years, of 469. But it is a greater increase than that of the two preceding years. Perhaps when the eleventh asylum is opened that tide will turn the other way, and the asylum will show a greater relative increase than the other institutions. At present the increase in non-asylum patients probably depends mostly on the shifting of people from the asylum to the Metropolitan Board's institutions. The Committee complain of the want of proper organisation in the assignment of receptions between the latter and the asylums, many coming to the asylum who should be sent to Caterham or Leavesden. Regarding the time of year in which patients are admitted the Com-

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mittee continue their table of months, wherein, as before reported, it is curious to note that the maximum of each year's admission during the last eight years occurs in only the three months, May, June and July, while the minima are invariably found in the six months September to February inclusive. The plans of the eleventh asylum have been prepared by Mr. Clifford Smith, the asylums engineer; 2,066 patients will be accommodated. The estimated cost of building, engineering and equipment is a little over £500,000. The land is already provided for in the Horton estate. The Maudsley Hospital has at last been commenced. We shall refer to it again when dealing with Mr. Clifford Smith's report. In dealing with the very large proportion of return cases from recoveries, attention is drawn to the fact that the five older asylums contribute a heavier proportion of relapses than the five newer asylums. While admitting the difficulty that medical superintendents have in coming to a correct decision as to recovery, the Committee does not offer any explanation of the curious fact. It is stated, with considerable justification, that nowadays the majority of cases are not in a true sense "curable." This, we think, will be borne out by most. When asylums were the *habitat* of the acute and active cases chiefly, the insanity contained was often an accident, so to speak, in the life of the patient. But now that the asylum has, from economic considerations, become the home of the degenerate, since degeneration is permanent, the so-called recoveries are at best remissions in permanent disease or defect.

Of 57 cases whose settlement was adjudged to the county only 13 belong to the British Isles; the remainder are a miscellaneous lot from Europe, Asia, Africa and America, 35 coming from outside the Empire. Deportation of alien lunatics is carried on with energy. The maintenance cost has increased by 2½*d.* per week, this being due chiefly to increased cost of provisions and to the new superannuation allowances coming on to maintenance under the new Act. Appropriate and grateful reference is made to the resignations from the London County Council staff of Drs. Seward and Bond. Referring to the proposed limitation of working hours in asylums and to the proposed amendments to the Superannuation Act, the Committee relates that it has suggested that power should be given to allow those who contracted out of the Act an opportunity to reconsider their position. We heartily endorse such a proposal, feeling sure that many, through misapprehension, went out without duly considering their best interests.

Among the reports of the various medical superintendents we make the following notes. Dr. Stansfield at *Bexley* states that a family history was obtained in 143 of the 194 male admissions, and that a history of insanity in blood relations was found in 56 *per cent.* In 25 *per cent.* the taint came from one or both parents. In only 5 *per cent.* was insanity in the family denied. One had as many as seven insane blood relations. In the female admissions all these ratios were considerably higher, 79 *per cent.* having blood relations insane, one having no less than nine. Parental insanity was admitted in 39 *per cent.* Regarding alcohol, the history in male parents was found in 23 *per cent.* of the males and 24 *per cent.* in the females. Even this high percentage does not satisfy Dr. Stansfield as being exhaustive. He points out that

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the inquiries only relate to statements made at the asylum by the friends. He thinks that domiciliary visit and inquiry would yield more history.

Each year we have pointed out Dr. Stansfield's figures showing the preponderating amount of evidence of syphilis in the general paralytics under his care. Referring to these figures he states that more precise methods of investigation have proved the accuracy of his views, for which he has been criticised (certainly not by us) and accused of over-stating the case. Eighty-five cases were submitted to lumbar puncture, and part of the product in each case was treated at Bexley by the Nonne-Apelt and Noguchi's tests and part was sent to Claybury to be treated by Dr. Mott with the Wassermann test. At Bexley in sixty-seven cases all three tests were positive and each case was one of general paralysis; nine (control cases) were negative to all the tests and none were paralytic; nine were positive with the first two and negative with the Wassermann; of these three were paralytic, one was a case of congenital syphilis, two had syphilitic brain disease and two were primary dementia cases; the remaining case was positive to the first two tests, but at the time indeterminate to Wassermann, and is clinically a well-marked case of paralysis in a woman. Of the twenty-three persons who died and were submitted to *post-mortem* examination the results in every case fully confirmed the diagnosis of general paralysis.

Tests made by Dr. Mott on the blood of forty-two of the same series of cases harmonised with the foregoing results, though in two cases Wassermann on the cerebro-spinal fluid acted in the opposite direction to Wassermann on the blood.

A somewhat severe epidemic of enteric fever caused a large amount of scientific inquiry. Twenty-one cases occurred with four deaths. The water and milk having been found quite blameless, extensive inquiries were made into the history of each inhabitant of the focal ward, and Widal examinations were made of patients and staff. Some of the cases appeared to have been due to importation from the neighbourhood, where its occurrence synchronised with the asylum attacks, but one carrier was found who had had enteric three and a half years before. He recently gave a positive Widal reaction, and has been removed to the isolation hospital for precaution. Clinically the following notes were made: Tepid or cold sponging in those cases where there was much fever markedly diminished the intensity of the disease; almost entire absence of diarrhœa, only one case occurring; in only two cases was there hæmorrhage, and then slight; the incidence of bone disease in three patients, one of whom has her sixth periosteal abscess. From all these last cases *B. typhosus* was isolated.

Dr. Stansfield is able to report that special subjects are studied in the laboratory by each one of his assistants. The industry of the laboratory appears to be rivalled by that in the workshops, which produce a prodigious amount of result, spread over many trades; 9,800 yards of tweed and serge woven, together with 2,858 articles made in the tailoresses' shop, are samples of production which make one think.

Colney Hatch.—Dr. Gilfillan, who has succeeded Dr. Seward, pays a handsome tribute to his predecessor. Among the clinical data are several references to the experiences acquired in respect of patients of the Jewish faith. These form a considerable proportion of the total

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population—about 20 *per cent.* As they number 466, special provision is made for their religious observances and for their food. At the same time they are sufficient in number to afford statistical and clinical data of value. The relative incidence of tuberculosis and syphilis with their liability to general paralysis and other forms of disease form enticing subjects for study. This is being undertaken by Dr. Elgee, and will doubtless be duly communicated. Unfortunately, religious scruples on the part of their relatives lead to persistent objection to *post-mortem* examinations, and consequently a large field of observation is thus shut off. In giving an account of the structural alterations now in progress, Dr. Gilfillan frequently refers to the need for light, air and cheerfulness to meet the requirements of new methods of treatment, such as the hospital idea. Colney Hatch is now over sixty years old, and would no doubt require much remodelling in these particulars, but it was built and has been added to and altered when progressive ideas had laid hold of the authorities responsible for the insane. It is somewhat surprising that these well-meaning people did not then grasp the advantages to be got from liberal measures in building. At the present time we may be sure that enlightened committees will recognise that the extra money spent to obtain these all-important advantages is a sound investment, since their possession will obviate for ever most of the expensive remodellings that are required in those asylums where such requirements were not fully studied.

We are glad to see that here, too, the cult of honest work is much pursued. The workers are so numerous that new shops are an urgent necessity. Dr. Gilfillan can show a good tale of labour of various sorts for both sexes, especially on estate work for the males.

Hanwell.—Dr. Percy Baily found heredity of insanity and epilepsy in 35 *per cent.* of all his admissions where reliance could be placed on the statements of the relatives. He gives an amusing case, illustrative of the mendacious instincts of friends. A sister came to give the history of a male patient recently admitted. She spoke of her mother as being eccentric, though, as was subsequently discovered, that mother was actually in the asylum at the time. In touching on the proposal to practise sterilisation, he refers to the conclusions arrived at by Dr. Daniel in a paper recently read before the Association. The broad results are that where parental heredity had been ascertained, only a small proportion of these (representing less than 2 *per cent.* of the total admissions) would have been affected by the parent's sterilisation, the insanity of the parent first occurring after the birth of the patient. Marked vascular degeneration was found in a large number of cases, and must be regarded as a very potent factor in the causation of insanity. In excluding cases where syphilis and disease of the kidney were in evidence, 13 *per cent.* of the male admissions between the ages of forty and sixty were suffering from grave arterial degeneration. Of these the great majority revealed in their history no hereditary taint of any kind. Dr. Baily shrewdly suspects the insidious effects of nicotine as a cardio-vascular poison. Syphilis in positive form was found in 100 *per cent.* of the female and in 60 *per cent.* of the male general paralytics admitted. In reference to the Association's nursing examination, Dr. Baily laments the want of success on the part of some of his candidates.

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This he attributes mainly to their scholastic shortcomings making it difficult for them to cope with the written portion, whereas a very large percentage of the same passed a very thorough and searching practical examination. This experience is by no means uncommon, and proves that the hopes of progress from the improved educational system of the present day are not fulfilled. It is an unhappy, though burning question. It is obvious that the selection of well-educated candidates for employment would solve the question, but, assuming that these could be obtained with convenience and at no impossible expense, it is quite likely that the practical nursing power would not be so well developed in them.

At *Horton* Dr. Lord deprecates the admittance of five criminal lunatics in the course of the year, making twenty-four since 1907. He claims, as we do, that the Home Secretary should look after his own. He will have the chance of doing so under the Mental Deficiency Act. Dr. Bartlett has ready for publication the results of inquiry into the genealogy of a criminal family, covering five years, and dealing with the sane as well as the insane members. This should be instructive. Dr. Lord thinks that the correlation of a clinical type of disease with its cause is of great importance. A case may present all the typical disorders associated with alcoholism, yet the amount of alcohol may be small, though efficient, while in the same case mental stress may be very prominent. There is a danger that, unless care is exercised, the latter may attract undue attention at the expense of the former. He points out, too, that while alcoholism occurring in a parent before the procreation of the patient should receive all proper attention, if special care be not taken the alcoholism acquired after procreation may be exalted to equal importance. He is no friend of sterilisation, and would place it on the same footing as abortion-procuration. He advocates the detention, for life if necessary, of feeble-minded children, and some provision to make it sure that no one should be allowed to marry without having full knowledge of existing taint in the other party. He would have it possible to claim a statutory declaration on the point from either party, and in this we entirely concur. There should be no concealment as to what may exist in a family into which anyone proposes to enter. At the same time we feel that, in the poorest classes at all events, the raising of more difficulties than exist at present might lead to their dispensing with the services of the parson, who has enough difficulty in persuading many to regularise their relationship by the marriage ceremony. But there can be no doubt that in the higher classes such a declaration would do good, if it were also provided that a false declaration should be uni. peachable ground for the dissolution of the marriage.

A new acute hospital for men has been set in hand and completed. The similar institutions at Long Grove and Bexley have been studied, and further improvements have been adopted. The cost works out at £195, including the equipment, but, we suppose, without any allowance for the value of the land taken up out of the large estate. We can compare that cost with the £95 per bed, which was the cost of a villa at the Manor Asylum, mentioned in our review of last year. The two places were built presumably under exactly similar conditions,

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both being below the average price on account of the large amount of home labour employed. The difference may be taken to express the extra cost of providing for acute over that of providing for non-acute patients, and should be borne in mind by those who criticise asylum cost.

At *Long Grove* Dr. Ogilvy, in taking up office, makes a warm and suitable reference to the work of his predecessor, and to the manner in which his own advent was received by his colleagues and the staff generally. We note that of twenty-six deaths from tuberculosis, twelve acquired the disease subsequently to admission. Though this is not a large number among so many patients it serves to show that tuberculosis is still a scourge, in spite of the modernity of the buildings and their arrangements, the open-air treatment and careful measures of a prophylactic nature undertaken, especially in regard to the possibility of bovine infection. It helps to counteract the idea, which acquired much prominence not long ago, that phthisis was mostly caused by old infection dwelling on the walls and floors.

At *The Colony*, Dr. Collins makes some valuable remarks on the effect of various therapeutic measures on the occurrence of epileptic fits. Sodium bromide was substituted in the diet for common salt, but with disappointing results. Total absence of meat gave no encouraging results, and no particular kind of meat appeared to be less hurtful than another, though when the general meat diet of all the asylums was reduced in 1909 a slight reduction in the total number of fits was noticed. He thinks that in many cases bromide appears to have a deleterious effect on mind and body, which is not counterbalanced by the reduction in the number of the fits. But, as he says, unfortunately most of his cases are well established before admission. In several cases the Wassermann test was applied to the cerebro-spinal fluid by Dr. Mott, the reaction being negative in the epileptic cases submitted, and positive only in the general paralytics. A system of appointing the assistant medical officers for six months only has been inaugurated.

The report of Dr. Mott chronicles an immense amount of delicate and arduous work accomplished and in hand. Most of the results appear in the archives or in various medical journals, the space allotted to the report being too confined, we suppose, for its more particular description therein. There is an important summary of the efficacy of the Wassermann test. The original technique devised by that great authority has been followed to the exclusion of all suggested modifications, the great majority of which have been found to be quite unreliable. Experience has led Dr. Mott to state that the reaction in the cerebro-spinal fluid he has found to be of great practical value in the diagnosis of general paralysis. In this connection it is most gratifying to read that he has found that a practically equal value is to be attached to it as a means of diagnosis when applied to the blood-serum. One cannot but hail a statement like that, made on such incontrovertible authority, as the announcement of a great boon, not only to the patients, who may escape the inconvenience, if no worse, of lumbar puncture, and to the medical inquirer, but to general science, by rendering possible the adoption of a process of simpler technique but giving as accurate results.

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The general incidence of tuberculosis in the asylums hardly varies from year to year, the percentage of reported cases ranging around 2. Similar uniformity is found in the revelation of active tuberculous lesions on autopsy. The percentage for last year of 15·5 seems to be about the mean of the last nine years. The *post-mortem* findings of error, either by under-discovery or over-discovery, are not considerable in view of instances of non-discovery, occurring mostly among the males who include the general paralytic and senile cases, in whom it was either a terminal recrudescence or re-infection. In regard to dysentery Dr. Mott states that the cases show a diminution. For the past five years the condition of the asylums has improved, and had it not been that the last opened asylum contributed one-third of the total of cases the incidence would have been low. Ward epidemics of the disease do not appear now, though there is still a tendency for the cases to group themselves round certain wards, the relapse of a recurrent case being followed by one or more fresh cases in the same ward.

So, too, with diarrhœa, which is carefully registered. An independent table shows the total number of cases in all the asylums. It is noteworthy that the total for last year with ten asylums contributing is but a trifle more than one-third of the total cases in 1901–2 in seven of them only, Horton, Long Grove, and The Colony being yet on the knees of the gods. These returns of dysentery and diarrhœa are convincing proofs of what can be done by scientific, resolute, and unending fight with disease, and they confer the greatest credit on those who are responsible for putting up that fight.

The Asylums Engineer's report:—Mr. Clifford Smith shows by his lessened steam-coal consumption the benefit of up-to-date apparatus for producing steam and hot water. At Cane Hill, opened thirty years ago, 1·04 ton was used per patient. The analogous ratio for Long Grove, opened 1909, was 0·91. At Banstead he found that a hot-water main of 6 in. diameter had been reduced by deposit of lime carbonate to one-sixteenth of its proper area. The opportunity afforded by the need to lift the pumps for repair at Bexley was taken to give all the under-water work a coating of non-oxidisable material, former experience having demonstrated the benefit of that process, Referring again to the benefits of a new hot-water system at Cane Hill, he says that the substitution of water for steam as a carrier of heat gives the result that the loss when water is thus used is but 33 *per cent.* of that when steam is the agent. The change involved the removal of thirty-six local tanks and a considerable amount of gear. The substitution of gas-heated stoves for coal-fired kitcheners in ward sculleries continues to prove a remunerative procedure. The actual cost of the firing is the same, but the gain is in convenience—the heat can be obtained instantly, and coal and ashes have not to be handled, with the consequent lessening of traffic, dust and dirt in the wards. At the central station the cost of electricity was a shade over 1½d. per unit—rather less than the cost of the previous year. Mr. Clifford Smith has 585 men under his orders.

The following extract refers to the Maudsley Hospital.

Upon the acquisition of the site at Denmark Hill, sketches of buildings suitable for it were prepared and submitted to the sub-committee, who selected one and

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decided as to the numbers and grades of the staff to be accommodated. The designs of the administrative and hospital buildings were then put in hand and in due course approved. The scheme adopted, which has Dr. Maudsley's approval, consists of an administrative building, two hospital blocks, a building in which the boiler room, main kitchen and other domestic sections are arranged, and a mortuary and disinfector house.

The administrative building will face the main road, and in it are arranged, on the lower ground floor, the stores department and laundry section; on the ground floor, the offices for the medical and clerical staff and quarters for the medical officers, admission rooms and the department for out-patients; and on the first floor, the quarters for the matron, night nurses and other female staff and the pathological laboratory.

The hospital section consists of a three-floored building for each sex. On each floor there will be a complete self-contained ward, having dormitory, day and single-room accommodation for eighteen patients, and rooms for two nurses, so that the beds in each building will number fifty-four, arranged in three wards—a total of 108 in all. In the ground-floor wards there are to be special rooms fitted with continuous baths, and verandahs for open-air treatment are arranged. The hospitals will be connected with each other by bridges for convenience of supervision.

It is proposed to acquire a house adjacent to the site for the accommodation of the medical superintendent. The day sisters and nurses, for whom accomodation is not arranged in the buildings, will also have a residence adjacent to the hospital, but not actually within it.

The whole of the plans are now with the Commissioners in Lunacy, to whom they have been submitted for consideration.

From the list of pensions, which is in very full detail, we take the following:

A. 12 nurses and 19 attendants (in each sex, from the chief downwards) have taken the benefit of the *Superannuation* Act under the following circumstances:

	12 Nurses.	19 Attendants.	Required by Act apart from incapacitation.
Age average	50	55	55
Service average	23	27	20

B. The last 12 nurses and the last 19 attendants (graded as above), who took the benefit of the *Lunacy* Act, did so under the following circumstances:

	12 Nurses.	19 Attendants.	Required by Act apart from incapacitation.
Age average	49	52	50
Service average	23	28	15

Of those who retired before qualification by both age and service:

	12 Nurses under		19 Attendants under	
	A.	B.	A.	B.
Doubly disqualified	3	1	2	—
Disqualified by age only	3	5	2	2

These calculations are not exact, since, on the one hand, the days over and above completed years have been omitted, and on the other hand the averages are not continued into fractions. They are probably near enough to the actual truth. Further, they do not cover sufficient time, especially in the case of the new Act, to support assured consistency of events, but, as far as they go, they point to the great

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strain thrown on prolonged service among the nurses, and they serve to confirm the claims made by the Association for the reduction at least in the recently increased age qualification in their case.

Among the general statistical information we note that the Strand still occupies the first place among the contributing unions in the ratios of those in asylums to the population, with 13 per mille patients at the end of the year, the next in prolificacy being Westminster and St. Giles-in-the-Fields, each with 10·6. The ratio for all London is 6·07. This high proportion has attracted attention before, but no particular reason has been offered for it. Stated, as it is, on the residence at the end of the year, it admits the possibility of the patients from these areas being more resistive to decay and death than their fellows, but this is hardly probable, and it may be that the ratio of admissions would show a still more striking departure from average. On the whole the parishes below the mean line, though they include such places as Bethnal Green and Hackney, are mostly neighbourhoods where quiet, possibly dull respectability is most found, though Kensington is only just below the line. But why should these first-mentioned unions leave behind them Poplar, Mile-End, Bermondsey, Shoreditch, and Whitechapel? These latter quarters are generally coupled with grinding poverty and struggle for life. Since, as we believe, in the three highest unions, which form the chief part of hotel-land in the metropolis, the ephemeral guests would form a considerable part of the enumerated population at census time, the gathering ground would be further restricted. Hard work and even hard living are not necessary factors in the production of insanity, and we can only believe that there is some peculiar factor at work in them. A suggestible factor is the pernicious combination of mental stress, restless excitability with irregular life and alcohol.

Another return which arrests attention is that of the stated relapses during 1911 of "recovered" cases. In the gross they amount to 29 *per cent.* of patients so discharged from 1895–1911 inclusive, and, further, the readmissions during the year of those so discharged within twelve months amounted to 12·06 *per cent.* Such striking figures invite criticism and comment, especially as we are becoming more and more nervous about the future of the race. But it is easier to sneer than to suggest any method of getting over the facts. The question first raised is as to the exact value to be placed on the term "recovery." There is the advanced academic view, originally made in Germany, but becoming more prevalent here, that the great majority of ordinary cases never do get well, that the emergence from an attack is but a remission in some weird cycle of varying mental health. The adaptation of such an arm-chair theory to actual practice is too dreadful to contemplate. Even admitting its truth, it wars against common-sense and common language. Because there is a chance of recurrence, it might be said that a man never recovered from acute rheumatism, gout or similar afflictions; in fact, the only way of establishing permanent recovery in a particular case would be death from accident or disease before a further attack comes. We are apt to look upon insanity as a disease that may probably return on account of its own aggressiveness; but it is easy to forget that the great majority of pauper patients, at least, go back from

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the asylum to the same stresses, the same environments that originated the initial attack. It is only to be expected that these malignant factors should have increased effect on a brain that has once given way. Until the stresses and the environment can be bettered, there is every prospect of relapse. We knew of a case where the patient was readmitted after fifty years of useful and active life spent after an attack in younger days. Should his first attack be counted as recovery? If so, it is only a question of degree between his case and that of a man who becomes ill again after, say, two years. In the absence of a definition possessed of engine-turned accuracy, the use of the term "recovery" must be assigned by each man on his own responsibility and sense of what is practically right to the patient. The difficulty cannot be got over by calling him relieved only. Presuming that he has no further business in the asylum, he would go out and do the same mischief and suffer the same harm, whether he is called cured or relieved. An exception to this may possibly arise where questions of official or monetary responsibility are involved. Then the interests of others must be considered.

Suffolk District Asylum.—Among the many factors of uncertainty in the attempt to translate the facts of asylum work into figures, there is none more disturbing than the actua. value to be placed on the term "recovery." Dr. Whitwell has some well-considered remarks on this term.

Recovery.—Definition has been said to be the putting into language entirely unintelligible of something that was previously quite clear. It would therefore perhaps be unwise to attempt anything in the nature of a definition of the word "recovery" as used in medicine and surgery; it would at first sight appear to be sufficient to say that it was a return to the normal, were it not on the one hand extremely improbable if that ever occurs, and on the other, that it rarely in practice means anything of the kind. It seems that a "return to practical usefulness of the individual" would meet most cases, even those which include loss of, or loss of function of, considerable portions of the organism.

In ordinary bodily cases the individual can return to practical world usefulness, even after considerable damage has been done to, or removal taken place of, various parts of the organism—but in the case of both mental and nervous disease, so great is the inter-dependence of parts, and so highly specialised the functions of the areas involved, that the return to practical world-usefulness which is called "recovery" is of less frequent occurrence, and it would appear to be a fact that, taking the mass of nervous diseases, and the mass of mental disease, real return to practical usefulness is greater in the latter than in the former.

Unfortunately it is the case in connection with mental diseases that the use of the word "recovery," though still holding the meaning referred to above, is much complicated in that there is a legal view of recovery which is based on quite other considerations, just as the legal view of what constitutes mental diseases is removed by some distance from what mental disease really is.

There is thus a legal "recovery" which is quite apart from and different from that defined above, and it perhaps might be defined roughly as the "apparent return to practical usefulness of the individual."

We do not for a moment say that this discrepancy is entirely avoidable inasmuch as some arbitrary division must be made where no clear natural division exists, and we do hold that the legal side of mental disease is extremely important, and anything weakening or impairing its influence would certainly be detrimental to the welfare of mental patients; it is, however, found in practical life that the complication is an awkward one at times, and not productive of good results. Thus, legally, a patient is by implication said to be recovered if at a given time he cannot be

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certified, while it is within the knowledge of everyone familiar with mental disease that there are many patients suffering from certain forms of mental disease who cannot be certified within a specified time or at a given moment. Similarly, also, a patient who has escaped from an asylum, and can mix with his fellows outside for fourteen days, without detection, is adjudged legally to be sane, which may or may not be the case—usually not, since very few patients who are really convalescent from mental disease attempt to escape.

In defining the legal form of recovery as the "*apparent* return to practical usefulness of the individual," it is intended to imply that the law accepts the position in certain cases that if to the unversed in mental disease the individual *appears* to be well mentally, he is in fact well mentally, and it is to be observed that those unversed in the peculiarities and complexities of mental disease are frequently prepared to readily give an opinion thus on superficial points, although they would equally readily admit that it is not always quite easy from observation to diagnose the apple with the worm in it, or the nut devoid of kernel. Insanity suffers, perhaps, more than any other single subject from the certain necessary mystery which is bound to surround it, with the result that everyone appears to form his own opinion on the matter in terms of that which is within himself. The great diversity of opinion as to what constitutes being "well mentally" after an attack of mental disease is shown by the fact that a patient is deemed to be well mentally—(*a*) by the law, when he cannot be certified, when to the uninitiated he appears to be well, when he can mix with his fellows for fourteen days without detection; (*b*) by medicine, when from a knowledge of the types and varieties of mental disease the patient has ceased to exhibit mental symptoms and abnormal tendencies after prolonged observation, trial and analytical examination; (*c*) by the friends, when he can work; (*d*) by a large section of the public, when he does not put straw in his hair; (*e*) by himself, frequently when at his worst mentally; (*f*) by the yellow journalist, whenever the patient says so, and there is good copy in it.

In his own practice he rigidly restricts the use of the term "recovery," excluding from it all discharges of those types of mental disease which are known to have an early neuro-dissolution basis. Accordingly his recovery-rate is not on the average line. By a diagram he shows that while among several unnamed asylums the discharge-rate is apparently about the same, the number of recoveries in a few, including his own, is much lower. The patients go out of the asylum, but "by a different door." Dr. Whitwell makes one other point about recovery. He says that if we take a series of any asylums and compare the rates of alleged recovery the ordinary reader will note wide differences among them which he might reasonably attribute, in the case of the greater ratio, to some better method of treatment, some subtle drug or some potent apparatus. Unfortunately, as he points out, the best equipped asylums show not the best results, and if we take the returns of the old days and of these, where so much scientific improvement has taken place, the comparison shows no improvement. We might, perhaps, suggest that scientific improvement may have produced something, for if the rates of old days and those of the present are equal there must be some advance, not in number, but in the quality of recovery. Science forbids the easy way of recording recovery. And, again, cases now are less susceptible of improvement than they were in the days when an asylum was an asylum, and in no sense a glorified workhouse ward for the insane.

Wilts County.—Eight unions in this county have adopted a scheme of combination to provide institutional care of the feeble-minded. It is gratifying to find an instance of the initiative of this important movement coming from within. It is looked forward to in the county as one means

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of relieving the asylum of those inmates whose retention causes pressure to the point of necessitating the provision of additions to the asylum. Since this report was written the Bill has come forward, and it has been amended so as to exclude all but the congenital and early-age cases, so that much of the relief will not be found when the Bill passes. In this case perhaps the original scheme will be followed, and we hope that it will. If there is need for different accommodation for some of the old cases other than the workhouse or the asylum, a trial in a county like Wilts, made *proprio motu* and not under compulsion, will help much to solve doubts and to guide action in other quarters. If undertaken voluntarily, it will undoubtedly happen that actual local needs will be followed up, and that the provision will not be made tentatively on lines laid down in office or in Parliament. One would think, too, that the steps already taken by the local authorities will be useful when the Act causes inquiry to be made in respect of the congenital cases. Such a grouping must help the responsible authority, even if, as at present ordained, the county itself is to have charge of the arrangements.

The reports of visiting guardians have always been a notable feature in this report, and we are most glad to see that their tone is so favourable towards the officers of the asylum, who have the burden of looking after so much misery. Some of the reports remark strongly on the personal qualifications of Dr. Bowes and the bearing of his patients to him. We think that such a feeling must be a greater source of pride than the possession of the highest scientific attainments. It certainly is evidence of the fulfilment of the first duty, that of kind care of patients, whatever may be the value of the information to be gathered from their scientific observation; and these reports are valuable, further, in that they reveal a true appreciation of what a well-managed asylum really is. In this connection we take leave to make an earnest protest against the common, we may say, vulgar, use made of the term "incarceration." At first it was meant as a term of reproach and prejudice. It was obviously ill meant, as it imparted first the idea of gaol and next of walls; but now it has been adopted as the most useful expression, because it is crisp and comprehensive, by persons even who ought to know better than to keep alive an utterly false suggestion. Of late it has been much in use, in letters to the press, in debates and so on, in connection with the Mental Deficiency Bill. It has been much used to help in drawing a fancied distinction between the asylum and other less costly methods of care-taking. "Confinement" would be the obvious alternative, but it is not biting enough for some purposes.

(*To be continued.*)

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