these institutions, especially of those persons suffering from alcoholic psychoses.

In 1913 the admissions to St. Jean numbered 276, of these 21·01% were suffering from alcoholic psychoses; in 1916, 216 cases were admitted, in which alcohol accounted for 4·1%. In 1923, when the effects of war-time restrictions may be supposed to have passed off and the true effect of the 1919 law be observed, admissions were 282, of which 8·51% were suffering from alcoholic psychosis. Of recent years the percentage of alcoholic psychosis is tending to rise slightly; this is ascribed to defects in the constitution of the law. An interesting observation is that while in 1913 the number of male patients was 9,286 paupers and 1,481 paying patients, and the number of females 7,614 paupers and 1,232 paying patients, since restrictions have been imposed there has been a steady change in the proportion of men and women patients until, in 1923, the figures are 6,610 pauper and 961 paying male patients as compared to 7,264 pauper and 1,425 paying female patients.

D. EWEN CAMERON.

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7. Mental Hospital and other Reports.

The Maudsley Hospital.—In his second annual report Dr. Mapother points out that no modification of policy of any moment has been found necessary as a result of the first year's experience, and the total treated during the year was 1,304, with 590 in-patients, as against 1,012 and 452 in-patients in the previous year. The demand for vacancies has been so much greater for females than males that one of the men's wards has been completely devoted to the use of female patients, giving hospital accommodation for 96 women and 48 men. Classification of types and specialization of wards to meet this is, of course, an inevitable difficulty in a hospital such as this, which has, on the whole, been successfully coped with; and a graphic record of the source whence the applications for admission chiefly come clearly shows, as pointed out by Dr. Mapother, the demand for hospitals of this type in other parts of London.

Dr. Mapother successfully meets and confutes the superficial comments frequently made on the types of admission to the Maudsley Hospital, and concludes as follows:

"It is easy to supplement the resources of our wards as regards chronic neuroses and psychoses. Such can be seen in the out-patient department or brought up from the ordinary mental hospitals; cases showing confusional states and severe emotional disturbances cannot be transported.

"The argument as to the deterrent effect of such cases appears to be unfounded. There appears to be no tendency for applications by suitable cases of the milder types to fall off. Such applications are in fact always adequate to keep full those wards reserved for patients whose symptoms are far too slight to qualify them for treatment in any ordinary mental hospital—most of them suffering from what would be universally diagnosed as 'neuroses.' The proportion of cases of 'neurosis' to 'psychosis' among those treated here is shown by the statistical tables to be higher in the second year than in the first. It is probably true that there is a class of neurotics—usually somewhat chronic—who regard their symptoms (often with a certain pride) as evidence of a higher sensitiveness rather than as mental disorder, and who may be deterred by the idea of associating with

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undeniable cases of the latter. Such neurotics are not the type for whom the wards here are intended; to say this implies no lack of sympathy for them.

"If one attempts to admit even mild cases of mental disorder at a really early stage in the attack and to treat them as long as there is reasonable hope of recovery, it is simply unavoidable to have special wards treating graver forms of psychosis. It is impossible at an early stage to distinguish cases that will become severe from those that will not in the given attack progress beyond neurosis.

"Those who make the contradictory criticisms that have been quoted overlook the fact that to a very large extent the patients in each kind of ward have been, or will be during their stay here, in the other kind. At any time half the population of the acute wards consists of cases transferred from the upper ones, where they had been admitted with very mild symptoms. The issue therefore is merely whether the ward for patients with severe symptoms should be reduced in size by refusal of cases where such have already developed before application. I can see no advantage in this partial policy, and it is certain that the refusal or discharge of patients with symptoms that are acute in both senses would involve rejection of many of the cases that are most fully and permanently recoverable."

The out-patient department continues its useful work to the community, the total number treated during the year being 1,045 (males 397, females 648). A considerable number were able to be treated as out-patients to either recovery or improvement, but a large proportion had to be admitted, and this appears to be to a great extent the chief source of admissions.

Treatment of in-patients has been by a combination of various measures—medicine, open-air, massage, remedial exercises, electricity, occupation and diversion—resulting in the complete recovery of 112 cases, or 25% of the admissions for the year. The stability of these recoveries is tested by the method the hospital has initiated of keeping in touch with the patient or his friends for a considerable period after discharge.

The closeness of contact that is maintained with King's College Hospital is of invaluable service in carrying out special treatment, and the same consultant specialists are attached to both hospitals.

Treatment by induction-malaria in cases of general paralysis has only been used in a few cases, for excellent reasons given, but of six cases treated during the first year, three died and one deteriorated, one improved sufficiently to remain at home, and in the other case a very complete remission occurred, which was still maintained at the date of the report.

Treatment of neuro-syphilis (locomotor ataxy or general paralysis) with tryparsamide was carried out in 20 cases by Dr. Dawson (the results will be published elsewhere).

"Briefly it may be said that the method appears safe, but it is doubtful whether results are of a distinctive kind such as would clearly be unobtainable by means of other arsenic compounds. Of the 20 cases, 2 died, and of the rest 13 showed improvement clinically, or as regards the serological findings. The changes of the two kinds do not appear necessarily to coincide."

During the first two years 45 cases of encephalitis lethargica have presented themselves, and Dr. Mapother notes how frequently the initial stages are missed, and how difficult is the diagnosis at times between it and simple melancholia. Drug treatment appeared only to be palliative.

Treatment by continuous twilight sleep in conditions of agitation

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and restlessness (especially associated with hallucinations) led to disappointing results in all the cases in which it was tried, somnifen being the drug employed.

A considerable amount of valuable work has been done by Dr. Barkas in connection with the scientific observations of patients under treatment with glandular extracts; the results will be published when completed.

Dr. Mapother's remarks upon the nomenclature employed in the statistical tables are worth quoting:

"In the 'Organic' group are included all cases connected with obvious physical causes or symptoms, and in the 'Functional' those where such connection is absent. Where possible every case is referred to the former group and the latter diagnosis is reached by exclusion. It includes, however, the great majority of cases, those where such factors as a neuropathic constitution (whether hereditary or not) and mental experience (either recent or remote) interact in varying degrees in production.

"The subdivision of the 'functional' group has been modified by the exclusion of all terms purporting to have any sort of prognostic significance, and substitution of others that are meant to be merely descriptive of the predominant anomaly of reaction at the time when the patient is seen. Under the conditions existing here often no more than the latter is possible, and especially in the case of out-patients. One is increasingly impressed by the difficulty of basing prognosis on form of symptoms early in the course of mental disorder and even after opportunity of observation for some months. It is possible to predict the future from the past where a history of prolonged insidious development or previous attacks is present. But any table including forecasts about cases where such history is present and those where it is absent must be a mixture of certainties and speculation. It appears better in classifying our cases showing functional mental syndromes to attempt simply a record of observed fact rather than to mix this with guesses of very doubtful value."

In the report of the Almoner of the hospital, the co-operation of many social and philanthropic bodies is a most pleasing feature in connection with the care and after-care of patients, and full use is made of the services of such bodies as the Charity Organization Society, the Church Army and the Mental After-Care Association.

The report of the Director of the Pathological Laboratory, Dr. Golla, though short, is most inspiring reading, presenting as it does an array of scientific workers and an amount of conscientious and earnest work which is entirely admirable, and the vigour and life in the laboratory is in marked contrast to the post-war paralysis and faded scientific *morale* complained of by the "*Gelehrter*" in some parts of Europe.

Besford Court Catholic Mental Welfare Hospital for Children.—This is an interesting institution, housed in a beautiful building about six miles south of Worcester and four from Pershore. It has attached to it eleven physicians and surgeons from a wide area, forming an honorary medical staff, two medical officers and a dental surgeon, and in addition an honorary medical referee. The Administrator and Superintendent is the Right Rev. Monsignor Newsome, and the Honorary Assistant Superintendent Dr. B. J. Mullin.

The report is for the year 1925, and is full of interest. It is clear that only the higher class of defectives is accepted, which, of

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course, gives this institution an advantage as compared with a similar one belonging to a local administrative area, but a perusal of the report leaves us with the impression that this segregation of type is probably sound in principle and an important element in character formation, which is the chief aim of an institution such as this, and a great deal of the success which is obtained here is no doubt due to the high ideals of the trainer, the gentle disciplinary atmosphere of the church, and the clearly defined principle that the true end of manual training is education (in the best and widest sense of the word) and not production. Monsignor Newsome is in complete agreement, as would be expected, with the conclusions of the Central Association for Mental Welfare on sterilization as a means of meeting the mental deficiency problem, though we are inclined to think he would alter the words "at the present time" into "at all"; he also emphasizes the point, too often forgotten, that mental defectives of the higher grades are by far the most numerous, and, if left to themselves, by far the most dangerous to the community. A considerable space is devoted to a discussion of the subject of instinct as a foundation of behaviour, and the existence of a moral sense, ending with a wholesome note of doubt as to whether there is such a thing as moral imbecility at all.

The whole report is extremely well brought out both in manner and matter, and the illustrations are exceedingly good and well chosen for the purpose of the report, and the high ideal aimed at is to be read in the concluding paragraph:

"At Besford we are engaged in pioneer work . . . we are pilots of a laden ship steering a course over strange waters. We carry a precious freight—more precious than Cæsar and his fortunes—a freight of helpless mites of humanity whose lives and happiness are ours to make or mar."

Victoria (*Australia*) *Mental Hospitals*, 1924.—The smallest of the States of the Australian mainland (rather less than twice the size of England and Wales), and one which has the greatest extent of land under cultivation relatively to population, has nine mental hospitals (one exclusively reserved for idiots) and a ratio of insane to population of 1 to 268, as against 1 to 245 thirteen years ago. The Inspector-General of the Insane in his report draws attention to the fact that there is great necessity for a new institution to serve the coastal Gippsland area to the south-east of Melbourne.

The total number of patients in State institutions is 5,366, the largest number being in the two institutions of Kew, close to Melbourne and Sunbury in co. Bourke, some twenty miles to the N.W. A whole-time dentist has been appointed, who visits in turn the institutions at Kew, Sunbury and Mont Park (Military). The appointment of a whole-time pathologist to the Department is an advance of considerable importance, which appears to be considerably discounted by the fact that he is compelled to make a *post-mortem* examination on every patient dying in the Metropolitan institutions and licensed houses, and attend the Coroner's inquiries relating thereto—perhaps the most certain way of killing the scientific zeal and initiative of a skilled pathologist and rendering

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null and void a valuable appointment. Dr. Ernest Jones (Inspector-General) is satisfied that the receiving houses have achieved a distinct success in that country, but still pleads for the need for psychiatric clinics.

Bengal Mental Hospitals, 1924.—In a monograph by Sir Andrew Halliday, dated 1828, it is stated that there were, under the Bengal Government at that date, six hospitals in which mental cases were treated: (1) The twenty-four Pergunnahs at Calcutta, (2) Dacca, (3) Moorshedabad, (4) Patna, (5) Benares, (6) Bareilly. The provision now made by the Government of Bengal for mental cases consists of two mental hospitals at Dacca and Barhampore (in the Murshedabad district, some hundred miles north of Calcutta), together with a small observation ward at Bhowanipore, and a mental ward attached to the Albert Victor Leper Hospital at Gobra (in the Khulna district). The total population of these, excluding the observation ward, was 1,172, as compared with 1,186 in the previous year; 224 cases were admitted during the year as against 213 in the previous year, and the recovery-rate for the year was approximately 38% calculated on the admissions. Colonel Wilson, the officiating Surgeon-General with the Government of Bengal, reports that the buildings in connection with the New Indian Mental Hospital at Ranchi (in the Lohardga district) are nearly complete, and will be ready for occupation in September.

Part IV.—Notes and News.

THE ROYAL MEDICO-PSYCHOLOGICAL ASSOCIATION.

POSTPONED QUARTERLY MEETING.

THE QUARTERLY MEETING of the Association summoned for May 18, 1926, had to be postponed owing to difficulties of travelling, the outcome of the general industrial strike and cessation of work in the coal-fields.

On June 1 the Council and various standing Committees met and transacted all the business which would ordinarily have come up at the May quarterly meeting had it been held.

SOUTH-EASTERN DIVISION.

THE SPRING MEETING of the Division was held by the invitation of Dr. D. F. Rambaut at St. Andrew's Hospital, Northampton, on Thursday, April 1, 1926.

There were 23 members present.

The members were shown round the hospital and grounds and were then entertained to luncheon, at the conclusion of which Dr. NATHAN RAW proposed the health of Dr. Rambaut, to which the latter replied.

The meeting was held at 2.15 p.m. Dr. J. Chambers occupied the chair.

The minutes of the last meeting were taken as read and confirmed.

Dr. Noel Sergeant was elected Hon. Divisional Secretary, and Drs. A. Helen A. Boyle, H. Wolseley-Lewis, R. C. Turnbull and N. R. Phillips Representative Members of the Council.

Drs. A. H. A. Boyle, C. W. Bower and N. R. Phillips were elected members of the Divisional Committee of Management.

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