7. Sociology.

Some Observations on Social Capacity; Application of the Porteous Maze Tests to 100 *Borstal Lads.* (*Lancet, November* 20, 1926.) *Jarrett, R. Fitzroy.*

The most important and the most difficult task of those who are responsible for the disposal of a Borstal inmate, on his release from the institution, is to decide how far the lad is capable of standing on his own. The individual's innate capacity for social adaptation is of paramount importance. The practical value of "mental tests" lies in the degree to which they assist in the estimation of this social adaptability. In this connection, it is claimed that the maze tests have great advantages over the various modifications of the original Binet scale. The maze tests require the individual to act in the face of a concrete situation, in such a manner as must reveal the presence or absence of qualities essential to social progress. The 100 subjects dealt with had all been tested with the "Terman" scheme, as well as with the mazes. But the latter tests were applied under somewhat more favourable conditions. Only 16 of the 100 reached the level of 14 years or over, and 53 were below the level of 12 years. In no case did any lad achieve a Porteous score higher than his Terman level, and in a number of cases the Porteous score was lower. The application of the Porteous tests is recommended in addition to those of the Terman scheme. M. HAMBLIN SMITH.

8. Mental Hospital Reports.

SOME REGISTERED AND PRIVATE HOSPITALS.

The Retreat, York.—The report is for the year 1925, and includes amongst many interesting features a short historical retrospect of the institution from the days when the Tukes initiated the movement in the treatment of mental cases which has culminated in the modern mental hospital.

During the year there were admitted 122 patients, that is, 35 more than in the previous year, and 56% of these were admitted as voluntary boarders—a condition of affairs that must be most gratifying to the hospital authorities, though we sympathize with the complaint put forward by Dr. Yellowlees as to the quite unnecessary difficulties associated with these cases, and regret that the comfort which he hoped for from the report of the Royal Commission does not appear to be maturing.

No doubt we are all in general agreement with Dr. Yellowlees' views on statistics of mental disease as published in official reports, and probably no one is more aware of their limited value than the original compilers of the tables; in the meantime, however, so difficult is the work of reconstruction that we must take poor comfort, as Dr. Yellowlees says, in the fact that "few, if any, beyond the unfortunate officials who compile them take the trouble to study them."

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A considerable amount of improvement and structural alteration has occurred during the year, the most noteworthy being the building of a new nurses' home, to be opened shortly by Dr. Bedford Pierce.

Dr. Yellowlees' remarks upon the establishment of an admission hospital are worth quoting:

"The superstition that patients have a harmful effect on one another dies hard, but is slowly being replaced by the realization that association with others need never harm a patient, and may often be of the greatest benefit, provided that a 'grading' process is carefully carried out. It is just here that the difficulty lies. Not only the general public, but many physicians who ought to know better, persist in speaking of 'recent admissions,' 'recoverable patients,' 'early cases' and so forth, as if these expressions necessarily meant the same thing or connoted patients whose symptoms were similar in type in each instance. Unfortunately this is very far from being the case. If it were so an admission hospital would be a very easy place to design and manage. The admission department may be almost considered to be a replica of the whole hospital in miniature as regards the widely differing types of mental illness which come into it. Recent cases require to be graded just as much as any others, and to do this satisfactorily within the limits of an admission department is a very difficult matter. The problem, like most mental hospital ones, is both medical and administrative, and the difficulties are, of course, greatly enhanced when, as in our case, the total numbers are small and the accommodation correspondingly limited, though the variety is liable to remain very great."

Barnwood House Hospital.—The average number of patients resident in the Hospital during the year 1925 was 142 and 37 patients were admitted. The recovery-rate, calculated on the net admissions, was 48%. Dr. Townsend draws attention to the perennial difficulty in deciding when a patient is to be discharged recovered, as against relieved—a difficulty, that it seems, can never be completely overcome, but one which hopelessly vitiates all existing statistical work on this subject.

Although many will agree with Dr. Townsend that some general practitioners are entirely unequipped mentally for the onerous duty of certification in cases of mental disease, many may not agree with the remedy he suggests. In the present state of affairs, in many districts it is impracticable.

"The Report of the Royal Commission on Lunacy and Mental Disorder will be issued at no distant date, and it will be interesting to see what its recommendations are. One matter which I hope will have received attention is with regard to the certification of patients which, in the light of recent changes and events, appears to me to be a point of special importance. It is doubtful whether certification should be left to the discretion of medical practitioners, as in many instances it now is, for few of them can have had much experience of mental disorders, and I am of opinion that no case should be certified unless one of the medical certificates is given by an expert; also that medical practitioners specially qualified should be appointed in various areas who would be called in to all cases where there was any question of certification, and that a certificate should be given by one of these. Such a course would certainly offer protection to both the public and the medical profession."

Four female nurses passed the final examination of the Royal Medico-Psychological Association, and of these three gained distinction, and the satisfactory proportion of 41% of the staff hold

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this certificate; the difficult position of this certificate in relation to registration is one to be deplored, as there appears little difference between the standard required for it and that required by the General Nursing Council examination.

An achievement of great value to the institution is the establishment by the Governors of the Hospital of a non-contributory pension scheme for officers, nurses and employees on a generous basis.

The Lawn, Lincoln.—The most noteworthy event of the year 1925 is the resignation of Dr. A. P. Russell after forty-seven years of devoted work to this institution and its patients, which is recorded by the Governors with full appreciation of the value of his work during this long period, "and as a natural expression of their gratitude they invite Dr. Russell to become a vice-president of the Institution," and thus ensure to the hospital a continuance of his valuable help and experience. We are sure it is the wish of this Association to echo the sentiments of the Governors and the Board of Control in wishing him many years of happiness and leisure.

As to the appointment of his successor the Board report as follows:

"In the appointment to the vacancy there was no hesitation or difficulty. Since the number of the female patients had been for a long time largely in excess of that of the male patients, and since this proportion seemed likely to continue, or even to increase, the Governors decided to appoint a Lady Medical Superintendent. Dr. Shortt, by her six years' service as Assistant to Dr. Russell, had secured the entire confidence of all; and she was unanimously appointed. The change has been made with very little disturbance, for the guiding principle throughout was the true interest of the patients. Six months' experience of Dr. Shortt's administration has shown that no mistake was made; and the Governors have every hope and confidence that, under her direction, The Lawn will maintain and even increase its past tradition and reputation as a real home for the mentally afflicted."

There remained in the Hospital at the end of the year 60 patients (males 15, females 45), or one less than at the beginning of the year. The recovery-rate was 38% and the death-rate for the year 6%. There were admitted during the year 15 voluntary boarders.

The cost of maintenance is £4, and over 46% of the patients pay more. A few patients are received and cared for gratuitously. This figure does not, however, include laundry, for which the modest sum of 30*s.* per quarter is charged.

The nucleus of a pension scheme for the staff has been formed which will no doubt add considerably to stability and efficiency, and it is suggested that in the near future this hospital should limit its services to ladies only.

St. Andrew's Hospital.—This Hospital ended the year 1925 with a total of 427 certified patients and 28 voluntary boarders as against 417 and 25 at the beginning of the year. The recovery-rate on

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the direct admissions was 36% and the death-rate 6·4%. Of the 81 certified cases admitted, 10 were diagnosed as primary dementia, 13 as recent melancholia and 14 as systematized delusional insanity, and of these admissions alcohol was considered to be an ætiological factor in 3 cases, the puerperal state (not septic) in 8 cases, and prolonged mental stress in 19 cases; heredity was ascertained in only 4 cases.

It is to be regretted that owing to unavoidable delays in the building trade, the new reception hospital was not completed and occupied at the date of this report as was anticipated. The Committee of management have also under consideration plans for a new nursing home, which, as Dr. Rambaut points out, will add greatly to the comfort and stability of the staff.

The average weekly cost of maintenance for the year was £4 14*s*. 8¾*d*., but nearly a quarter of the patients are cared for gratuitously, and a large proportion pay less than the actual cost.

Burma Mental Hospitals.

As a step in advance, it is pleasing to note that the former "lunatic asylums" in this province are now officially designated "mental hospitals."

The total available accommodation for mental patients is 933 beds (523 males and 272 females in Rangoon, and 138 males at Minbu), and this includes the new buildings at Tadagale (Rangoon) designed for female patients, but now temporarily occupied by male patients.

In the report of Col. Fenton, the Inspector-General of Civil Hospitals, Burma, it is recorded that the admissions for the year 1925 were 203 (males 166, females 37), and the recovery-rate was approximately 39% calculated on the admissions while the percentage of recoveries among the admissions of the year was 11·33. As much as 73% of the female patients and 50% of the male patients admitted during the year were from Rangoon town. The difficulties of sanitation in this part of the world are well illustrated by the following passage from the report:

"*Sanitation and conservancy.*—The cells, cottages and dormitories are washed daily with saponified cresol both in Rangoon and Minbu and steps are taken to keep them free from insects and vermin. Bedding and clothing are exposed to air and dried in the sun every day, and precautions are taken against body-lice or pediculi. The hair of the inmates is cropped and nails clipped to keep them clean and tidy.

"Coal-tar and crude oil were freely used in latrines. Flooring of buildings and pillars were coal-tarred. Rubbish was collected in bins kept in suitable places. In Rangoon the Corporation Conservancy Department removed the night-soil as in previous years. In Minbu the latrines, which are of the aerobic filter type, were always kept clean and free from smell by covering the fæcal matter with dry sand and removing it thrice daily. Seats are scraped and smeared with crude oil weekly."

The chief occupations of patients were, besides ordinary assistance in the wards, gardening, weaving, tailoring, paddy grinding,

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