children, and describes the difficulties to be met with in both the mental and orthopædic nursing of them, but the general result of this work appears encouraging and entirely praiseworthy.

Worcestershire: BARNSLEY HALL.—During the year 1925, 143 (males 60, females 83) patients were admitted, of whom 125 were direct admissions; the recovery-rate was 22% and the death-rate 6·4, 654 patients being on the hospital register at the end of the year, as against 718 at the commencement of the year, this fall in numbers being mainly due to an alteration in the contract with the City of Birmingham, by which 100 less patients belonging to it are maintained in this hospital.

Dr. Percy Hughes is able to record with satisfaction that no case of dysentery has occurred on the female side of the hospital since 1918, and none on the male side since 1914, and this in spite of overcrowding.

The average weekly cost of maintenance was 21*s.* 4⅜*d.*, an increase of 5¾*d.* on the previous year largely accounted for by the loss due to the occurrence of swine fever.

SCOTLAND.

Aberdeen City (*Kingseat*).—Dr. Alexander makes an appeal to his District Board of Control not to let the loss of the small Government grant (about 2*s.* per week) allowed for each certified case interfere with the reception of voluntary cases. He says:

"I would ask the Parish Council to relinquish this claim in favour of the few patients who could, to their benefit, be admitted here on a voluntary basis. The patients who can be admitted as voluntary boarders have some insight into their condition, and usually suffer from some form of emotional depression which a short course of treatment in the hospital would in most cases dissipate, but as matters stand at present in Aberdeen the illness of these patients is allowed to proceed until their symptoms necessitate certification. Were they able to afford it they could enter a private hospital as voluntary boarders at once."

We can endorse this heartily, and also point out that the present policy is penny wise but pound foolish, for the earlier that treatment commences the greater the prospects of recovery, and the less likely is the need for certification and perhaps prolonged and costly detention as a chronic patient.

À propos of this, Table IX, which shows the history of the annual admissions since 1904, with the discharges and deaths, and the number remaining each year on December 31, is very illuminating. Of the 113 cases admitted during 1925, 67 remained at the end of the year, so 46 had then already either died or left hospital, the actual demission being 24 recovered, 7 relieved and 15 died. Now the totals of the patients disposed of during the year were 43 recovered, 15 relieved, 3 not improved and 43 died. Of those who recovered in 1925, the years of their admission were 24 in 1925, 9 in 1924, 4 in 1923, 2 in 1922, and 1 each in 1921–19 inclusive and also a solitary case in 1914. This table shows, whether the figures for 1925 or any of the previous years be used as a basis, that patients on admission have a 5 to 1 chance of

https://doi.org/10.1192/bjp.72.299.657 Published online by Cambridge University Press

recovery during their first year and practically a *nil* chance after their third year of treatment. So the sooner that first year's treatment is commenced the better. Nothing, therefore, should stand in the way of skilled treatment when mental disorder has declared itself.

Among the causes of death is perforation of the stomach by swallowing a tooth-brush.

Dr. Alexander deplores the restlessness and lack of responsibility of junior nurses in these days as compared with those of a few years ago. It is to be feared that this is equally true in regard to the majority of occupations, the cause being difficult to define, but probably lessened parental control and home training has a good deal to do with it. Dr. Alexander is looking forward with satisfaction to his new villas being opened this year, which will facilitate classification, relieve overcrowding, and conduce to more contentment and less turbulence among his patients.

The Commissioners report that the hospital administration is handicapped by the presence of a number of mental defectives who are undoubtedly best segregated in a separate institution when detention is needed.

Aberdeen Royal.—There remained on the general register of this institution at the end of the year 815 patients as compared with 800 at the beginning, and 180 patients were admitted during the year (males 90, females 90). Of the admissions, 69 suffered from manic-depressive insanity, 39 from dementia præcox, and 29 from infection-exhaustion psychosis. Concerning the admissions and their ætiology Dr. Dods Brown makes the following remarks:

"Too many patients were not sent for institutional treatment sufficiently early, and a large proportion of them should have been certified sooner. In a certain number this procedure would doubtless have presented some difficulty, but they could have been advised to seek admission as voluntary patients. Statistics show clearly that the deferring of proper treatment militates against recovery. Much can be done by the relatives and medical advisers to overcome the reluctance of patients to enter a mental hospital. It is much more creditable to do everything that is possible to persuade a person to undergo treatment than to leave the matter alone when it is known that by doing so his chances of recovery are becoming more and more unfavourable.

"It is often difficult or impossible to obtain from the relatives an accurate account of the patient's condition before admission, either through want of knowledge or a disinclination to discuss it. In dealing with all cases it is advisable to enter fully into the personal history of the patient from an early age, and not merely to consider that obtaining within a few weeks or months of the illness. In this way only can a correct diagnosis and prognosis be come to and the proper treatment adopted. Some early psychical trauma, some long-continued irritation in the home or business environment may lay the foundation of an illness which starts later in life. What is given as the exciting cause of the disturbance is frequently either unimportant or is an early symptom for which treatment was not requested. Sleeplessness, constipation, intemperance, worry without sufficient cause, for example, may be mentioned as having been present for some time before the illness set in, but a thorough investigation then would have shown that other symptoms were present."

Dr. Dods Brown speaks highly of the value of occupational therapy, which has been developed with such success under the

https://doi.org/10.1192/bjp.72.299.657 Published online by Cambridge University Press

skilled guidance of Miss Fulton, a graduate of the College of Occupational Therapy of Philadelphia.

Glasgow Royal.—During the year 1925 there were 138 admissions to this institution and 121 removals, of whom 51 recovered and 42 died, with the result that there were resident in the hospital 533 patients at the end as against 516 at the commencement of the year; 136 of the admissions were private cases.

Dr. D. K. Henderson makes some wise and interesting remarks on the loose, ill-digested *obiter dicta* so commonly expressed in the daily papers concerning mental disease:

"Not infrequently statements appear in the Press in regard to such topics as sterilization of all grades of people suffering from mental defect, and even of those who have at one time suffered from attacks of mental disorder. There are some who do not hesitate to say that the best and easiest method to deal with the whole group of the insane, the defective and the criminal, would be to exterminate them altogether. Superficially, such methods might seem to be an easy way out of a very grave difficulty, but in practice such a plan would be impossible. I am convinced that all such repressive measures undoubtedly would mean class legislation of the worst type, and, furthermore, it would be impossible to get medical men who had a due sense of honour to take the responsibility for advising such procedure. In any case, I do not believe that mental disorder or defect can be cured in any such way, because inevitably such a course would produce a lower moral attitude rather than a better race. The road is not easy; it may mean many years of painstaking work before we accomplish very much, but we should attempt to put matters on a higher plane, and by education, in the truest sense of the word, spread abroad a saner, healthier and more broadminded attitude."

Dr. Henderson urges a closer and more intimate study of personality as a basis of mental disease, and subscribes to the recent views expressed by Kretschmer, which appear to be more or less closely related to the two types described by Jung, and points out the importance of recognizing these types in their developmental period, more especially in the case of the high-grade defective, and those of highly-sensitive and poorly-balanced nervous systems.

The report of the occupational mistress is full of interest, and shows how encouraging is the effect of allowing the free expression of personality in crafts and arts.

Dr. Henderson is fortunate in having the support of a strong body of directors who, from the report of their annual meeting, are evidently keenly interested, and in having the assistance of a large number of assistant physicians and clinical clerks and a full consulting staff.

James Murray's Royal Asylum, Perth.—Dr. Chambers states in his ninety-ninth report that the admission-rate for 1925 was 84 (the highest recorded in the history of the hospital), and of these admissions 59·5 were on a voluntary basis.

He has little difficulty in inducing a voluntary boarder to remain in the hospital as long as may be necessary or advisable.

In a considerable number of the admissions a septic condition of the mouth, throat and teeth was present; but the "severity of this septic condition bore no regular ratio to the severity of the

https://doi.org/10.1192/bjp.72.299.657 Published online by Cambridge University Press

mental symptoms, and, as in past years, the results obtained by energetic and even drastic treatment were frequently disappointing."

Rest in bed on verandahs has been intensified in this hospital during the past year by a regulated exposure of increasing areas of the uncovered body to the direct rays of the sun, and by the use of the ultra-violet rays produced by a mercury vapour lamp.

Every eligible nurse and attendant sat the examination for the nursing certificate.

Northern Ireland.

Down County.—During the year 1925, 110 patients were admitted, the male and female admissions being exactly equal in number. The total number of cases under care during the year was 830, and the number remaining on the books at the end of the year was 720, the males predominating.

Of the admissions, there were only 4 cases of general paralysis of the insane, 4 of epilepsy and 4 of primary dementia—the largest figure occurs under the heading "recent melancholia."

The recovery-rate was a high one, namely, 53% of the admissions, which Dr. M. J. Nolan explains as follows:

> **"This high rate may be attributed to a very limited extent to the speedy return to equilibrium of storm-stressed minds which, unbalanced by purely psychical burdens, find themselves quickly stabilized when harboured in sheltered surroundings. But the vast majority of the patients admitted were those whose mental affection was the outstanding accompaniment of some abnormal organic or functional condition in structures other than the brain. Very many, if not most mental derangements arise from causes outside that organ. 'Search the body to find the disordered mind' is the slogan in the clinical investigation of insanity. The appended abstract from the *Medical Journal* shows that no less than 594 cases were under treatment during the year for various bodily ailments."**

Of the admissions, heredity was ascertained in 29% of the cases, and in 3 cases masturbation and sexual excess were assigned as associated factors of the insanity; alcohol was only considered a principal factor in one case, and the puerperal state (not septic) was only responsible for a single case. The preponderating factor in causation appears to have been prolonged mental stress.

The Committee of Management have adopted certain regulations in connection with promotion of the nursing staff and the possession of the Royal Medico-Psychological Association Certificate, which Dr. Nolan finds have proved an excellent stimulus, and larger numbers are now presenting themselves for training and examination, to the great advantage of the hospital and its patients.

The dental department is now in full working order, and the tabular statement appended shows a considerable amount of valuable work done, 372 patients having been treated during the year.

The large number of exceedingly good photographic illustrations of the hospitals, both inside and out, adds interest to the report.

https://doi.org/10.1192/bjp.72.299.657 Published online by Cambridge University Press