laundry, kitchen work, masonry and carpentry. They are encouraged to work by daily issue of tobacco, fortnightly stipends, and occasional distribution of special food, sweets, fruit, etc.

The provision of mental hospitals in British India—an area about as large as Europe (excluding Russia), with a population of about 400,000,000 of some forty odd different races—is as follows: Assam 1, Bihar and Orissa 2, Bengal 2, Bombay 5, Burma 2, Central Provinces 1, Madras 3, Punjab 1, and the United Provinces 3. Of these mental hospitals, usually one in each group is termed a "central" mental hospital, and this frequently provides for both European and Indian cases, and is in charge of a medical superintendent, who has had special experience in mental disease, either in England or elsewhere. The other mental hospitals are "collateral charges" and generally held by civil surgeons.

Royal Eastern Counties' Institution.

The report is for the year 1925, and shows that there were 51 more patients resident at the end of the year than there were at the beginning. The admissions were 122, or 82 less than in the previous year, and 68 of these admissions were either medium or high-grade cases, capable of a considerable degree of development under suitable training. Forty-three patients were discharged during the year; 5 of these after a more or less prolonged leave of absence were placed under guardianship and have done well. It is under conditions like this that guardianship performs its best function to the community; as Dr. Turner points out, guardianship without a preliminary period of study and training in an institution such as this is frequently foredoomed to failure.

Dr. Turner makes some very sound remarks on the much-vexed question of "sterilization of the unfit," that short cut to Utopia clamoured for by an ignorant public, and the ultra-crepidarian of the medical profession, and exposes without much difficulty the *non sequitur* upon which the proposal is chiefly based.

The institution has had the misfortune to be visited by two epidemic diseases, namely diphtheria and colitis, which have been a source of great anxiety, though kept in control by vigorous precautionary measures.

This institution, with its central establishment and subsidiary homes and schools, is an excellent example of the correct evolution on a sound classification basis of an institution for mental defectives, and although much remains to be done, as pointed out by Dr. Turner, it is clear that Colchester Institution is doing great and valuable work in the service of the community. The whole report shows that Dr. Turner and his staff are in agreement with the dictum of a well-known expert, that in the education and development of the mental defective, the essential thing is "happiness first, happiness second, and happiness all the time."

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