children the phrase "educationally defective" rather than mentally defective. The proportion of intellectually defective cases among the delinquent population is far lower than earlier investigators found, and nearer 5 % than 50 %. All four agree that morality is not inborn, but is acquired; hence, as there is no inborn moral sense, there can be no inborn moral defect. The real innate basis of most juvenile delinquency is to be found in the primitive instincts. There is an important group of cases where most of these instincts and their corresponding emotions are inherited in an excessive degree. Of special importance is the presence of general emotional instability. In a small proportion of cases excessive emotional instability may be found without intellectual retardation. All are agreed that the diagnosis of deficiency on other than inadequate intelligence is only to be made with great rarity and care. The moral imbecile or moral defective corresponds to what Burt describes as a " temperamental defective," or one who " without being defective also in intelligence, exhibits, permanently and from birth or an early age, less emotional control than would be exhibited by an average child of half his chronological age, or in the case of an adult, of the age of seven or less." G. W. T. H. FLEMING.

6. Mental Hospital Reports.

Down District Asylum.—During the year 1924, 105 patients were admitted, which, with those remaining on December 31, 1923, brings the total number under treatment to 821. The discharges were 59 and the deaths 42, leaving 720 who remained on December 31, 1924. The accommodation provided will permit 800 patients to be treated, so that 80 vacancies occurred at the end of the year.

Of the 105 admissions, 25 % were of a maniacal nature, 40 % melancholic, and 20 % were delusional. The remaining 15 % covered those suffering from general paralysis, dementia, epilepsy, etc.

The recovery-rate was 52·4 %, compared with 50 % for the preceding year. The report, however, points out that in 1923, 24 cases were admitted at ages ranging from 65 to 85, whereas in 1924 only 9 of such were admitted. The total annual average cost works out at £58 10*s.* 5*d.* per patient—an increase of £1 15*s.* compared with the previous year.

As a valuable adjunct to the medical treatment there is mentioned the appointment of a surgeon-dentist who has treated some 264 patients, and a great improvement followed in the general health of the patients thus treated.

Two sets of a wireless installation have been provided by the residents of the district under the auspices of the Ulster Gala Sports Committee. As a general rule, little or no notice is taken of the mentally sick by the public except on a question of illegal detention, so any little evidence of interest in another direction is to be welcomed.

https://doi.org/10.1192/bjp.72.296.130 Published online by Cambridge University Press

Lastly there is mentioned a visit of note from members of the Association on the occasion of Dr. Nolan's presidency. Many of us will long remember with pleasure the social side of that visit during the summer of 1924.

Maudsley Hospital.—This report is for the year 1923, and is the first issued from this institution, owing to the numerous difficulties that have occurred during the fifteen years that have elapsed since Dr. Maudsley made his magnificent offer. As Dr. Mapother points out, the Hospital was originally intended for recent recoverable cases of certified mental disease, but now, owing to the wise provisions of the London County Council Act, 1915, deals with voluntary patients; thus London County has been the first to remedy a defect in the Lunacy Act, 1890, which has been for many years not only detrimental and unfair to the poorer class of patient, but representative of a type of legislation which all must deplore.

The conditions of admission to the Hospital, it is noted, are on broad lines, and wisely leave a good deal to the discretion of the Medical Superintendent, though it may be thought by many that the entire and compulsory exclusion of any certified case, might, at some time, prove to be an undesirable limitation.

The chief purposes of the Hospital are research, educational, consultative, and treatment, and Dr. Mapother reports in some detail under each of these headings, though much of the research work is published *in extenso* elsewhere. Excellent and valuable work is recorded in the report, and of particular interest is a case of bronzed diabetes with mental confusion treated with success with insulin, and the trial of tryparsamide (supplied by the Rockefeller Institute, New York, through Sir Frederick Mott) as an antisyphilitic remedy, of which we have heard such glowing accounts from America.

The consultant specialists to the Hospital are Mr. Wakeley (surgeon), Mr. Gilliat (gynæcology), Mr. Jenkins (ear, nose and throat), Mr. Foster Moore (ophthalmic), Mr. Read (dentist).

"The first three named are on the staff of King's College Hospital, and it has therefore been possible to arrange that our patients shall be seen and treated in the out-patient departments or wards of either hospital, as necessary. In this and in other ways the association with King's has been of enormous advantage, *e.g.*, several members of the staff in special departments, though holding no appointment here, have given opinions on cases referred to them."

Thus Dr. Mapother seems to have reached the ideal relationship between general and special hospitals, for which we have all been hoping, but frequently found so difficult of attainment owing entirely to the tyranny imposed by geographical position. It is to be hoped that the lesson taught by Maudsley Hospital on this point will be borne in mind by any future builders of mental hospitals.

Dr. Mapother's report as to results of treatment are wise, cautious, and show the sound scientific spirit.

"Of cases discharged with approval, 86 (35 %) were *recovered*, 87 (35 %) *improved*, and 75 (30 %) *not improved*.

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"These statistics without reference to diagnosis are of relatively little value, and they need considerable commentary.

"A very high standard has been maintained in the use of the word 'recovered' so far as the actual state of the patient is concerned. It is used, however, here, as elsewhere, in respect of the attack and in no prophetic sense. It is at present impossible to distinguish with any certainty those cases which are unlikely to relapse.

"The discharge of patients as 'improved' who are likely to complete their recovery at home, possibly while continuing to attend the out-patient department, has been deliberately adopted as a policy, so that many appearing as 'improved' might be credited as ultimate recoveries.

"As in the case of out-patients, the group appearing in the first report as still under treatment probably contains an undue proportion of those who will ultimately be discharged as recovered or improved, but have not yet had sufficient time.

"All comparison of these results with those of mental hospitals is to be deprecated. Variations in the results of mental hospitals receiving unselected and similar admissions correspond rather to differences in the mentality of medical superintendents than of the patients. Here, where admission is selective, if the supply of patients were unlimited and the aim a single one, *viz.*, treatment to recovery of the maximum number, then results would indicate chiefly the capacity of the medical staff for prognosis.

"During the early months, while there were numerous empty beds, selection was probably less stringent than it will be now that there is generally a waiting list; results will seem to improve. But the aim is not a single one, and many cases of bad prognosis are admitted for their value in relation to teaching or research, or for the trial of some new treatment, *e.g.*, general paralytics. Most of the cases grouped as dementia præcox indicate the difficulty of prognosis in the initial stages of this condition, the diagnosis having been reluctantly reached after observation in cases which at first seemed of another and more hopeful type.

"On the whole the cases of neuroses, as the tables show, are hopeful, but this is by no means universal. Careful selection of cases is still necessary to obtain favourable statistics as to the result of any kind of treatment in any form of neurosis. The cases of hysteria now sent here are usually of a far more difficult type than those one usually saw during the war; they have usually already been long treated without success. The need to limit the admission of some types of cases—*e.g.*, acute mania, and the tendency of those admitted to require discharge before recovery either at their own request or for the sake of others—robs this Hospital of a certain number of cases of a type treated with success at mental hospitals.

"Several of these points have to be remembered in considering the following table showing the results in cases of psychosis at this hospital which might otherwise be considered readily comparable with those of mental hospitals, and so bearing on possible legislation. Under the term 'psychosis' here are included all those cases which in the opinion of my two senior colleagues, checked by my own, were of types familiar to us at mental hospitals, which in fact at some stage of the present attack (before or during treatment here or on leaving) might have been certified if adequate treatment had not been available here or elsewhere without certification."

Apart from the pathological laboratory under the guidance of Dr. Golla, the medical staff of the Hospital is a strong one, consisting of a medical superintendent and four whole-time medical officers, four whole-time clinical assistants from the London County Mental Hospitals (three-month appointments), and a varying number of voluntary clinical assistants (usually about six), acting on two or three mornings or afternoons per week. As the patients are about 150 in number it is obvious that the intensive work possible in individual cases is very great, and yet Dr. Mapother has to record that even with this assistance, the work of the regular medical officers remains extremely heavy.

https://doi.org/10.1192/bjp.72.296.130 Published online by Cambridge University Press

The whole report is full of interest, instinct with the true spirit of great and high ideals, worthy of the name of the great man that the hospital bears, and of it, it may be said (with Horace) that it is truly a " monumentum aere perennius, regalique situ pyramidum altius."

The Kent County Mental Hospitals: (1) *Barming Heath.*—Dr. Wolseley-Lewis opens his report with a reference to the interest at present shown by the public in mental affairs, and in a sentence, well indicates the attitude that all medical superintendents have towards it:

" The public and the daily press continue to take an active interest in the treatment of the insane, and a Royal Commission is now sitting to inquire into the Lunacy Laws and to make recommendations. We welcome an investigation into the existing conditions, hoping that thereby our difficulties may be more generally appreciated, and our aspirations get a better chance of being realized."

from which it is to be understood that those who have had the responsibility of treating all kinds of mental disease have never been satisfied with the conditions under which they have to work, but have had to put up with them *faute de mieux* in order to satisfy the tyrannous demands of the myopic ratepayer for a low-figure maintenance rate at all costs.

The admission-rate for the year was rather less than the usual, namely 354 (M. 122, F. 232), but overcrowding was present during the whole of the year, which terminated with an excess of 62 over the statutory accommodation figure.

The recovery-rate was 39·6 %, and the death-rate 5·6 %—the lowest ever recorded by this institution—and it is noteworthy that a similar low death-rate has been recorded in several mental hospitals during the year under review.

An interesting innovation in the form of an occupation officer has been introduced by Dr. Wolseley-Lewis, who reports that the department is now fully organized, and forms a valuable unit in the therapeutic armamentarium of the Hospital.

"The Occupation Officer has now organized his department. As soon as a patient is considered fit, the medical officer in charge notifies the Occupation Officer, and it is his duty to interview the patient and find him employment suitable to his mental and bodily health.

"Three classes are recognized: (1) Those able to work by themselves, (2) those able to work only in parties, (3) those requiring individual attention. Classes 1 and 2 have always existed to some extent; Class 3 needs better development. For this experience, tact, initiative, and perseverance are required. It is advisable that the range of occupations should be as wide as possible to meet the needs of particular cases. We have taught basket-making, and will soon make a start on other simple trades."

Dr. Wolseley-Lewis gives as an addendum to his report a useful *résumé* of the last five years of the Hospital, from which it is seen that the average admission-rate was 367, average recovery-rate 35 %, and the death-rate 7 %, while 63 % of the admissions had been ill for more than a month prior to admission, and in 5·4 % of the cases alcohol " was considered to be an exciting factor."

https://doi.org/10.1192/bjp.72.296.130 Published online by Cambridge University Press

(2) *Chartham.*—In this institution there is also overcrowding, which Dr. Abdy Collins suggests might be relieved to some extent by the provision of accommodation for senile cases of a suitable type in the local infirmaries, and still better by the provision *in loco* of special hospital accommodation for recent and acute cases.

Concerning treatment, Dr. Collins reports as follows:

"We have been able to continue the treatment of general paralysis by malarial infection. One case has been well enough to be discharged, and several others have been greatly benefited, but it is still early to say what can be hoped for finally in dealing with this disease. To get the best results the treatment should be begun very early, and cases are not generally sent for treatment soon enough."

The admissions for the year were equal for each sex, and rather less (244) than those of the previous year. The recovery-rate was 30·7 %, and the death-rate 7 %, the former being about the same as that of the previous year, and the latter the lowest for 35 years.

Dr. Collins has, like many others, to complain of the perennial and universal difficulty in maintaining an adequate female staff, and considering that a portion at least of this difficulty may be due to want of accommodation, records with some satisfaction the fact that the Committee are taking steps to provide it.

Of the admissions for the year it is to be noted that nearly half were congenital defect, epilepsy, general paralysis, other gross brain lesions, dementia præcox, or some form of dementia, and alcohol was regarded as a principal ætiological factor in only three cases, all female. The only noteworthy cause of death was one case due to pellagra.

Dr. Collins refers to the valuable services rendered to his hospital by the Mental After-Care Association, which has successfully helped many of his convalescent cases to tide over that difficult period following discharge.

Dorset County Mental Hospital.—This institution ended the year with the same number of male patients as on December 31, 1923, but with an increase of 15 in the number of female patients, leaving little vacant accommodation for female patients in the main building.

Dr. Peachell gives an interesting summary showing the prospects of possible recoveries and their subsequent history thus:

Total admissions during 1924	174
Of admissions considered recoverable	63
Possibly recoverable cases remaining under treatment 1.1.24	51
Total number of possibly recoverable cases under treatment during 1924	114
Of whom had recovered by 31.12.24	68
Recoverable cases transferred, etc.	2
Recoverable cases died	1
Recoverable cases remaining under treatment 31.12.24	43

https://doi.org/10.1192/bjp.72.296.130 Published online by Cambridge University Press

The percentage-rate of recovery to total possible recoverable cases was thus 59·64. The actual recovery-rate calculated on the direct admissions was 43 %.

A large number of admissions were of the senile type, many of whom Dr. Peachell, in agreement with many other medical superintendents, considers might be suitably dealt with in a properly staffed and equipped workhouse infirmary.

As to the type of mental disease amongst the admissions, confusional insanity, recent melancholia and non-systematized delusional insanity take the lead, primary dementia only occurring in two cases, one of either sex. Heredity is given as an ætiological factor in 50 cases, and alcohol as a principal factor in 13 cases, which Dr. Peachell notes is a figure showing considerable increase over that of the previous year. The death-rate for the year was 7·4 %.

The pathological laboratory, to which has been added further equipment, has done valuable work during the year—not only in the form of a great deal of routine examination, but in continuing the investigation that is in progress, as to the urea content of the blood in epilepsy.

The out-patient clinic, which has been successfully established here by arrangement with the County General Hospital, has done good work during the year: 58 new cases attended during the fifteen months under review, and Dr. Bedford, who acts as Hon. Physician to the Clinic, reports as follows:

"In addition to these a number of patients discharged from the mental hospital report themselves from time to time for advice or treatment as required. This I consider a very useful function of the Clinic, for a certain amount of stress is experienced by those who have to face the world again after their breakdown.

"Only 12 persons of those attending had ultimately to be certified and admitted to the mental hospital, and of these, 5 have since been discharged as recovered. The remainder are unfortunately suffering from forms of mental disease in which the prospects of recovery are not good.

"The commonest type of mental disorder seen at the Clinic continues to be an anxiety neurosis, often associated with depression. It is sometimes found that the patient's home surroundings for one reason or another are militating against his chances of recovery, and these are the cases that soon improve when removed from their unsuitable environment by certification.

"A few cases are sent for consultation and are not seen again, whilst others, such as feeble-minded children, are not suitable for out-patient treatment.

"A certain number of persons suffering from epilepsy come to the clinic as a last resort, and even some of these have undoubtedly been benefited.

"If the grants given by the Boards of Guardians of the county are renewed, the Clinic will just be able to pay its way. I earnestly hope they will continue to give it their financial support."

The Salop County Mental Hospital.—This was formerly the mental hospital for the two counties of Salop and Montgomery, and it is interesting to note that since the dissolution with the latter county in 1912, the total population of this institution has only increased by 6 patients during the succeeding fourteen years. Dr. Hughes has not to complain at present of overcrowding, and is able to maintain 78 private patients, but for obvious reasons is making definite efforts to secure the transfer of juvenile patients of the mental deficiency class to their proper institutions.

https://doi.org/10.1192/bjp.72.296.130 Published online by Cambridge University Press

There were 165 admissions during the year 1924, of whom 124 were first-attack cases. The recovery-rate was 37·2%, and the death-rate was 10·5%. No tables are shown from which details concerning these may be gathered, but from Dr. Hughes's summary it is shown that pneumonia was the cause in 13·6% of these deaths.

The weekly cost of maintenance was 16*s.* 10½*d.* and the charge to the Guardians during the whole year 14*s.* 7*d.*—a discrepancy which has resulted in a considerable reduction in the maintenance account balance.

Dr. Hughes deplores the apathy of the staff with regard to training and preparation for the Royal Medico-Psychological examinations, since only two candidates of either sex presented themselves at the recent examinations.

Wilts County Mental Hospital.—This institution ended the year with 59 patients more than it began with. This included 35 patients received under contract with Middlesex county—a figure later increased to 70. The admissions for the year were actually one less (excluding contract cases) than in the previous year. The admissions included 11 cases of general paralysis, and alcohol, was regarded as an ætiological factor in 6·1% of the cases. The ratio of recoveries to the direct admissions was 21·5%, and 44% of these were a first attack of insanity of less than three months' duration. The majority of those recovered had a probationary period on trial with a money allowance.

The death-rate for the year was 7·1%, while senility, tuberculosis and arterio-sclerosis show the largest figures amongst the causes of death.

Dr. Cole publishes an interesting table showing the total number admitted during the year and from the opening of the asylum, which would be much more interesting if the basal populations also were shown, and from this there appears to be a tendency to an increase of admission-rate from the more densely populated unions.

It is proposed to utilize the new detached annexe, which is designed for 100 patients of each sex, as a reception hospital—a suggestion which meets with the approval of the Board of Control.

Brighton City and County Mental Hospital.—There were on the registers on December 31, 1924, a total of 821 patients (M. 304, F. 517), and during the year there were admitted 199 cases (M. 81, F. 118). The recovery-rate on the total admissions was 28%, and the percentage of deaths on the average number resident was 9·5%.

A considerable number of patients are resident under contract from Eastbourne and Middlesex; there are however, only a few vacant beds on the female side, taking the normal accommodation as 513.

Dr. Harper Smith gives parole to as many patients as in his judgment is wise:

"Parole has been introduced, and there are at present 7 male patients and 17 female patients on full parole, and 46 male patients on parole within the grounds.

https://doi.org/10.1192/bjp.72.296.130 Published online by Cambridge University Press

The male parole patients are in a ward apart from the other patients, and have open doors between the hours of 9 a.m. and 9 p.m. The hours of parole for male and female patients are: In the summer, 9 a.m. to 9 p.m., and 9 a.m. to 6 p.m. in the winter. Special permission is always given for evening church and entertainments outside. On the female side four wards have open doors, throughout the year, into the gardens."

Herts County Mental Hospital.—This hospital was opened in 1898 on the partial dissolution in partnership of the old "Three Counties," and Dr. Norman Boycott became the first medical superintendent, and has remained so from that date to this, giving to the institution initiative, ability and energy, which is reflected in every part of the hospital. The committee in their report gladly recognize this, and in receiving his resignation place on record the loss which will be felt by themselves and the institution when his resignation becomes effective; they also recommend a resolution to that effect to the County Council, accompanied by the hope that he may be spared many years "to enjoy the comparative rest for which his labours have made him so fully entitled," and we are sure that all members of this Association will unite in this wish to one who has always been such an active, useful and devoted member.

The number of admissions during the year were 160, of whom 151 were first admissions and 93 first-attack cases. The chief forms of mental disorder in the admissions were—recent melancholia, recurrent melancholia, recent mania and confusional insanity; only 6 cases of primary dementia occurred amongst the first-attack cases.

In the ætiology of these cases, heredity, senility, prolonged mental stress take the leading place, alcohol being regarded as a principal cause in 10 cases only.

The recovery-rate for the year on the direct admissions was 33·8% and the death-rate 5·9%.

The Staffordshire County Mental Hospitals: (1) *Stafford.*—Here, as elsewhere, overcrowding is the insistent note which calls for remedy, there being an excess population on the female side of 45 over the normal accommodation of the hospital, but even under these conditions Dr. Shaw is able to report a very satisfactorily low record of both pulmonary tuberculosis and colitis:

"The mortality from pulmonary tuberculosis is gratifyingly low this year, and must be attributed to the unremitting attention which has been given to ward hygiene, and to the generally improved diet. How far the addition of Marmite is responsible it is impossible to say, but that it must have been beneficial is undoubted—it was given with the idea of supplying vitamines, as the diet generally was considered to be lacking in these substances. This was, I believe, the first hospital to introduce it into its dietary, and it is now in use in many similar institutions."

The relative immunity from colitis is attributed to stringent measures of cleanliness, formaldehyde disinfection, and the introduction of the vacuum system of dust removal, which has been installed in two wards on each side of the hospital. This is believed

https://doi.org/10.1192/bjp.72.296.130 Published online by Cambridge University Press

to be the first time this principle has been adopted in a county mental hospital.

The ordinary statistical tables of the Association are not published, but Dr. Shaw gives the following analysis of the direct admissions:

	M.	F.
Congenital defect present	5	7
Recurrences and readmissions	15	35
First-attack cases	55	86

A further analysis of these as regards ætiological factors is given in the following table:

First-attack cases:	M.	F.
(1) Mental breakdown due to or associated with—		
(*a*) Cardio-vascular degeneration	3	7
(*b*) General paralysis	6	1
(*c*) Epilepsy	9	7
(2) Mental breakdown due to various other causes	37	71

Of the previous admissions, 1 was epileptic, 2 syphilitic, and 7 suffered from cardio-vascular degeneration.

Possible recovery could be hoped for from 108 (37 men and 71 women) of the 141 first-attack cases—that is, of the men 67·2%, and of the women 82%.

The recovery-rate for the year was 29·3% in the case of the men and 37·6 in the case of the women, and the maximum recovery-rate was in the men's case at the age-period 35–44, and in that of the women, 25–34. In 60% of the recoveries the duration of attack prior to admission was less than two weeks.

The death-rate was 6·3% of the total cases under treatment for the year (1924), and the chief causes of death were general paralysis 22%, and cardio-vascular degeneration 33%.

Considerable and valuable work has emanated from the pathological laboratory, on toxic products in the intestines, the blood-sugar curve in different forms of insanity, and the condition of the endocrine glands in mental disease, besides a great deal of routine work, and in addition the laboratory has afforded help to the Stafford Infirmary and local practitioners in the pathological investigation of certain cases—a very satisfactory *liaison* between the general hospital and practitioner and the special hospital and medical officer.

Approximately 14% of the male and 9% of the female nurses hold the final certificate of the Royal Medico-Psychological Association.

(2) *Burntwood.*—After over 45 years' residence at this hospital, of which period as much as 43½ years were spent as Medical Superintendent, Dr. J. Beveridge Spence retired on April 30, 1924, and both Visiting Committee and Board of Control readily recognize and place on record the valuable and distinguished service which he has at all times rendered to this hospital over this long period;

https://doi.org/10.1192/bjp.72.296.130 Published online by Cambridge University Press

and our Association, of which he has been for many years an active, energetic and devoted member, will readily join them in wishing him many years of ease and leisure in his retirement.

Dr. Reid, who had acted as Deputy Medical Superintendent for many years, succeeds Dr. Beveridge Spence, and the report for the year 1924 is his. The normal population for which accommodation is provided is 422 males and 482 females, and at the end of the year there were 11 in excess on the male side and 8 vacant beds on the female side. In spite, however, of the crowded state of the hospital, pulmonary tuberculosis and dysentery cases are comparatively few in number.

The admissions for the year were 201 (M. 101, F. 100), the recovery-rate 38·7% and the death-rate 7·9%, which is lower than usual.

A good deal of routine work is carried out in the laboratory, and Dr. Cobb is, in addition, carrying out an investigation on the chemical aspects of epilepsy.

(3) *Cheddleton.*—At the end of the year 1924 there was in this hospital an excess in the number for which normal accommodation is provided of 39, and both the Committee and Dr. Menzies have grave things to say as to the necessity for the provision of the necessary accommodation and the methods to be adopted in doing so, the latter recommending that each mental hospital in the county should enlarge its accommodation by building its own acute hospital, thus giving a reception hospital to each of the densely populated areas associated with the existing hospitals of North, Mid- and South Staffordshire.

As to the causes of mental disorder Dr. Menzies says:

"The usual alleged causes recurred among the 1924 admissions, and need not be set forth at length. There is the gradual increase in the alcoholic cases, which has been in operation since the war, but the percentage has not yet reached pre-war dimensions, probably on account of the high price of intoxicants. A good many senile cases have come in, and it is to be hoped that in any amendment of the law, provision will be made for the comfortable nursing of these old people in properly equipped wards in the Guardians' institutions without certification, although there will always be a proportion of seniles whose nursing is one of the most difficult problems of the mental hospital, and whose care will continue to tax all its resources."

Dr. Menzies has initiated in the Cheddleton Mental Hospital arrangements for orthopædic treatment, not only by means of a visiting operating surgeon, but also by a complete system of nursing under a supervising sister, by which means muscle re-education will be carried out fully. Arrangements have also been made with the National Association for Mental Welfare to send an organizer to instruct the nurses in the general training of mental defectives. This fine effort on behalf of the defective children is worthy of the highest commendation, and an example of the earnest and thorough way in which the work of this institution is carried out; in this department Dr. Menzies has the whole-hearted support and devotion of his senior assistant, Dr. Wilkins. Dr. Menzies is satisfied from his observations that the dread era of asylum dysentery is to all intents and purposes over:

https://doi.org/10.1192/bjp.72.296.130 Published online by Cambridge University Press

"It is within a few days of 40 years since I first commenced the practice of mental disorders, and 1924 was the first year in which I did not encounter any case of dysentery. In my early days it was looked upon as a necessary evil among the insane, and the only protectives we knew were antiseptics and fumigation. The type was more severe than now seen, somewhat like that met with in the late war, and the case-mortality was quite high. When Cheddleton opened, transfers of infected cases took place, new strains of the Flexner bacillus were introduced, and, like other new asylums, we had a high disease rate. By continuous segregation, vaccine, protective sera, stringent ward fumigation and diagnosis of carriers by the agglutination test the number was gradually reduced, until all cases were gathered into one block on each side, and these people never went out of their ward except for outdoor work or amusement; they were excluded from dining hall, chapel services, entertainments, laundry and kitchen. Thus the spread was largely prevented, and as cases died off, they were not replaced. After the war compulsory notification was adopted by the Board of Control and improved dietaries were advocated, because it was noted that the staff of rate-aided hospitals and the patients and staff of private asylums, who had better food, were immune. Five years of amino-acids and vitamins have accomplished what no preventive medicine had previously done, and the disease is dying out among the insane. Of course further cases will occur for a few years because carriers will survive and a chill may cause a relapse, with some case-to-case spread. But as an administrative problem the disease will trouble us no more. It is the old story of the gaols over again, where an improved dietary was similarly successful, but we had no Medical Research Council in those days to co-ordinate observations and tabulate evidence, and so long as we were obsessed by the theory of calories we were blinded to facts. In old days I have known patients fed for *4d. per diem*, and a public protest sent up when the maintenance rate was raised above 8*s*. 2*d*. per week. The present increase to an average of 26*s*. is in the main absorbed by two headings —the wages of the nursing staff and the food of the patients; the modern patient costs about 1*s*. a day to feed. This cost will rise in the future, both from the price of food-stuffs, and because the dietary is not yet up to the level to which the patient has been accustomed at home."

The improvement in diet that has occurred in all mental hospitals is undoubtedly all to the good, and it is hoped that the change will be reflected in all ways in the general well-being of patients; it is perhaps better illustrated in the diet-sheet than by a comparison of prices, unless full value be given to the index figure at each step.

The laboratory of this hospital is fully equipped, and is producing high-class work. Apart from a large amount of routine work, Dr. Stewart is carrying out special chemical and bacteriological research work in connection with the variations in intestinal organisms and their products in varying mental conditions as suggested by Dr. Menzies, with most interesting results.

After the recent somewhat extraordinary display in the *Times* as to the so-called "curative" influence of music, it is refreshing to read Dr. Menzies' sane and sound remarks, with which all serious thinkers must agree:

"The place filled by music in a mental hospital is therefore not specially curative, but rather becomes a very necessary entertainment and relaxation in lives otherwise pitifully divorced from the world outside."

Dr. Menzies has many wise things to say in this report as to the nursing question, and after some years of experience of Danish nurses, during which time they were undoubtedly a success, he comes reluctantly to the conclusion that they are now less satisfactory, not worth continuing, and to be replaced by nurses with general training who wish to gain a certificate in mental nursing.

https://doi.org/10.1192/bjp.72.296.130 Published online by Cambridge University Press

St. Audry's Hospital, Melton, Suffolk.—The extremely difficult but undramatic task of taking over an old institution, reorganizing, remodelling, and in some cases almost rebuilding it, together with the work, requiring much patience and tenacity of purpose, of introducing new ideals, and re-educating a Committee, which falls to the lot of some, it is feared, is apt to go without its due meed of recognition; it is therefore with some satisfaction we note that both the Visiting Committee and the Board of Control give to Dr. Whitwell unstinting credit for his work of over a quarter of a century at this institution, and we are sure it is the desire of all members of the Association to echo the sentiments of the Board and wish him "many years of health in which to enjoy his well-earned leisure," and at the same time to wish to his successor, Dr. Brooks Keith, many years of good work.

The statutory capacity of this institution is for a population of 900 (M. 427, F. 473). Owing to overcrowding it has been necessary to board out, under contract, 40 female patients at Canterbury Mental Hospital, but even after adopting that expedient, there still remains at the end of the year 1924 a deficiency of accommodation to the extent of 25 males and 28 females. This has been temporarily met by the decision to build a detached nurses' home, which will set free some 50 beds for the use of patients; it is obvious, however, that in the near future further steps will be necessary to meet the requirements of the area.

The total number of cases admitted during the year (1924) was 200 (M. 97, F. 103), and of this number practically 15% were cases of primary dementia. The leading forms of mental disease other than this were recent mania and melancholia, and it is noticeable that no cases of general paralysis (of which, apart from the County Borough of Ipswich, the chief source in this county are the Newmarket and Lowestoft areas) were admitted during the year. Amongst the causes and associated factors of insanity among the direct admissions cardio-vascular degeneration gives the largest figure, and only one case is attributed to alcohol—how annoying this figure must be to those who persist in believing, in spite of all evidence to the contrary, that it is the use of alcohol in excess that "fills our asylums"!

The recovery-rate for the year was 8·38 (rather higher for the men than the women), from which we recognize that Dr. Brooks Keith holds a high standard in the use of the word "recovery."

Dr. Keith is to be congratulated upon having such a good proportion of his male nursing staff fully qualified with the Royal Medico-Psychological Association Certificate (44·6%), but the difficulties which seem almost inseparable from a female staff are in operation here as elsewhere.

Owing to numerous difficulties that have arisen during the year, the weekly cost has gone up from 21*s.* and a fraction, the previous year's figure, to 22*s.* and a fraction, so that the charge to the Unions has correspondingly increased from 18*s.* 1*d.* in the same quarter last year to 22*s.* 9*d.* in the March quarter (1925), which cannot be held as other than satisfactory when considered with the index figure of the period.

https://doi.org/10.1192/bjp.72.296.130 Published online by Cambridge University Press