

hospitals. In the past six years as many as 806 patients have been received, and the applicants have numbered 1,480, while the recovery-rate is something in the neighbourhood of 50%—a record of work well done, of which any institution may be justly proud, and on which Dr. Helen Boyle and her collaborators and supporters are to be congratulated. Many clinics have sprung up since the date of the foundation of the Lady Chichester Hospital for the early treatment of mental disease, and it is to be hoped that still more will arise; of this, public opinion is the governing factor.

“Thus, the original idea of the founders of the Lady Chichester Hospital that the same prompt and free treatment should be provided, as a matter of course, for nervous and mental illnesses as for physical illnesses has taken firm root. The idea is accepted, but the provision made for these cases is still terribly inadequate, hundreds of lives are still being wasted, asylums kept filled, and an immense amount of unnecessary misery caused by the impossibility of treating all nervous and mental illnesses in their early stages, when there is hope of their complete recovery.”

#### SCOTLAND.

*Aberdeen Royal.*—At the commencement of the year 1926 there were 815 (males 376, females 439) certified patients on the register of the hospital, and 794 (males 357, females 437) on December 31. These figures do not include voluntary boarders, of whom 32 were admitted during the year, or over 36% of the total number of private patients admitted.

The admissions for the year were the lowest since 1865, and 56 of the total admissions (131) were of the private class. The admission-rate for certified cases to the hospital seems to show a moderately steady fall for some years, which Dr. Dods Brown attributes to the operation of the Mental Deficiency Act, and increasing number of voluntary patients. Of the forms of mental disease in those admitted, about 33% were cases of dementia pæcox and some 17% cases of infection-exhaustion psychosis; venereal disease and alcoholic excess were the causes assigned in 4 cases each; pellagra was associated with the mental symptoms in 2 cases.

As regards treatment, Dr. Dods Brown has had encouraging results from heliotherapy and organized occupation on craft lines.

The report is concluded with a short *résumé* of the recommendations of the Royal Commission on Lunacy.

*Edinburgh Royal Hospital (Morningside).*—In the report for the year 1926 it is shown that there were on the register of the hospital at the end of the year 867 patients—an increase of 29 during the year. The number of admissions for the year was 249, discharges 162 and deaths 58. Prof. Robertson, probably intentionally, shows no “recovery-rate,” but as the basis upon which this is usually calculated is so variable, the data so uncertain, and the result so hopeless, the omission is probably rather an advantage.

The managers of the hospital have opened still another nursing home, the sixth, in the vicinity of Edinburgh, this chiefly for convalescent patients. These Homes are appreciated greatly both

by the public and the medical profession, by the former chiefly because they deal with very early cases of mental deviation and avoid the "hateful process of certification," and by the latter because the family doctor can still continue his attendance on the patient in the home should he wish to do so—a course adopted by over fifty doctors during the year.

In addition to this the managers are also providing an out-patient clinic and psychopathic hospital as a separate block with a separate entrance and approach in connection with Morningside, to deal with the treatment of the "mentally sick on voluntary lines in the very same way that the Royal Infirmary cares for those suffering from physical disease." The Clinic will be free and held daily and will form part of the Department of Psychiatry of the University, in addition to the mental out-patient clinic which is attached to the Royal Infirmary.

Prof. Robertson's remarks upon the Report of the Royal Commission are worth quoting *in extenso* :

"Strange as it may appear, the existing Lunacy Laws, particularly those of England, seem to have been devised with the perverse object of obstructing anyone desiring to obtain medical relief. In other forms of ill-health the patient can go voluntarily to a hospital to seek advice and treatment, and, naturally, he goes as early as he possibly can. In the case of mental illness, however, the laws of England enact that patients applying for treatment voluntarily must be refused admission to mental hospitals that have been erected by the ratepayers for the express purpose of treating this form of illness. To treat patients in these hospitals in this way is illegal; it is a misdemeanour for which the physician renders himself liable to a heavy fine.

"Further, no one can be admitted to a public mental hospital until his disease has become thoroughly established or his conduct has become a public nuisance or a scandal. Even then he is not permitted to receive treatment till his application for admission has been dealt with after the manner of the detention of a criminal, namely, by a legal order or authority. Such a method of treating a sick person and of handling a question of public health is cruel, and an abomination to anyone inspired by medical sentiments and ideals.

"One result of these evil methods is that hospitals for the treatment of mental disease have not unnaturally fallen into disrepute. Although specially designed for the treatment of mental disease, although equipped at great cost with all the resources that science demands, they are the very last places in the world to which the public will send patients for treatment. Yet, there is no form of hospital in which more devoted or more self-denying work is done; work, however, that receives scant public recognition, and is patiently undertaken, often under unmerited abuse.

"The Lunacy Laws were framed with an intention that was not the outcome of a knowledge of disease, or of sympathy with the sick, but of something very foreign to the spirit of healing. A short practical test discloses the weakness of these Acts, but such is the difficulty of getting medical views accepted, so great is Parliamentary inertia, that, though often promised redress, we have waited for it in vain. The appointment of a Royal Commission was therefore hailed as a Godsend, and we all look forward to the initiation at last of a happier era."

Although all are prepared to admit that the work of the Royal Commission was exceedingly well done, many who had chafed for years under the old order had hoped for bolder recommendations in connection with the law associated with the admission of patients, and at least a recognition that the discharge of a patient on recovery was a purely medical function.

*Glengall (Ayr).*—During the year 1926, 153 patients were admitted, males and females being in nearly equal numbers, 60% being over 40 years of age and 54% between the ages of 25 and 50. Excluding congenital cases, only 18% of the first admissions had shown mental symptoms for a period of less than three months, whereas 62% of the men and 55% of the women had shown mental symptoms for over a year prior to admission.

“ From such figures, it is evident that the general public still cling to the belief that the mental hospital is *not the place to send a patient* until his condition has been deemed incurable. While it may be true that some cases are successfully treated at home or in the ordinary hospitals, it is undoubtedly foolish that such a large proportion of mental invalids do not get the chance of special hospital care until their malady has run a course of, at least, twelve months. In this connection it is pitiable to observe that, instead of facing facts, the public merely discard one obsession to adopt another—the terms ‘neurasthenia’ and ‘nervous breakdown’ having now given place to ‘loss of memory,’ and so the toll of fatal endings to neglected cases of mental disease keeps piling up in the daily press, and our curative hospitals are improperly employed for the accumulation of incurable cases. Before that far-off Utopian ideal—*The Prevention of Insanity*—materializes, it would surely be more profitable to take advantage of the means already available, as soon as the disease manifests itself.”

Among the admissions, heredity was ascertained in 45% of the cases; 40% showed some associated form of “bodily disease”; “recent alcoholic indulgence” was present in 9%.

“ But that alcohol is an infrequent cause of insanity is borne out by the remarkable fact that, whereas alcoholic excess had diminished during the past decade in the ratio of 6 to 1, there is no falling off in the number of patients admitted to this hospital.”

The recovery-rate for the year was 38.5% of the admissions.

The death-rate was 14%, and it is to be noticed that 12 men and 2 women died within a month of admission, 6 patients died within a week, and one case of general paralysis within seven hours—“an index that the sending of a patient to hospital was more a matter of convenience than a question of cure.”

Amongst the deaths, general paralysis showed a phenomenal increase as compared with previous years, which may have been attributable to the reckless excesses coincident with the flood of uncontrol which occurred especially in the earlier years of the war period, but Dr. McRae submits another explanation :

“ In explanation of this, I suggest that reliance on the newer methods of anti-syphilitic treatment and the practice of contraception, fallaciously and mischievously termed ‘birth control,’ are an encouragement to sexual incontinence, with dire effect. In former days, for the woman the fear of pregnancy, for the man the dread of disease, were wholesome aids to continence. Who that remembers the widespread horror that was evoked by the wholesale slaughter of modern warfare can still calmly contemplate the insidious destruction of human life by the misuse of scientific knowledge among so-called civilized races. It seems to have been forgotten that prevention of disease in the proper sense of the term means avoidance, not of results, but of causes. The whole matter, first and last, is one of self-control, which must be exercised by every individual for the benefit of his fellows.”

Dr. McRae is able to speak with a high degree of satisfaction of the nursing staff of the hospital, both as regards their work and their appearance at the examinations of the Association.