For many years it has been the custom here to keep a sleep chart for each admission. This is no doubt the practice in other institutions, and is valuable for two reasons. In the first place it draws the attention of everyone concerned, doctors and nurses, to the sleep of the patient, and insures that sleeplessness, if it exists, receives adequate treatment. Secondly, as it is the rule to state on the chart the hypnotic used, a readily accessible record is obtained of the value of different hypnotics. The foundation, then, of the present chart is the portion dealing with sleep.

Certain patients complain of insomnia, meaning thereby that they sleep badly at night, whereas the total hours of sleep may not be at all abnormal. It will be seen that the chart states, "Sleep in twenty-four hours," which is the important point to ascertain. Still, it is well to be aware of how much sleep occurs in the daytime, and a place is reserved for this. It will be noticed that when sleep is deficient the

and a place is reserved for this. It will be noticed that when sleep is deficient the daily dots will appear high up, and when sleep is abundant the dots will be lower down. It thus resembles a temperature chart, e.g., when sleep is bad the chart looks like one of pyrexia, and when sleep is good the chart has the appearance of a normal temperature chart. This arrangement is usual in sleep charts.

The next portion of the chart affords the opportunity for recording whether there is motor restlessness or the opposite, and whether depression or exaltation is present. It is admitted that the designation appropriate to the conditions of a given patient is open to the error of the personal equation of the recorder. For example, different people might not agree as to whether a patient was "restless" example, different people might not agree as to whether a patient was "restless" or "excited" or "extremely excited." In practice, however, it is found that an intelligent nurse can manage to complete the record satisfactorily.

Provision is made for recording the state of the bowels and the weight of the patient. The presence of constipation has a marked influence both on the amount

of sleep obtained and the general mental condition of the patient.

As regards the weight of the patient, this will not of course be taken daily, but

weekly weighing is usual in acute cases.

Taking the chart as a whole, the criticism may well be expected that it is too small in size to be of value. In reply it may be stated that the idea was to make it fit the ordinary temperature chart holder, and in practice it is found that a neat writer can keep it in a satisfactory manner

It can be obtained from Messrs. John Bale, Sons & Danielsson, Ltd., of 83-91,

Great Titchfield Street, London, W. 1, at a moderate charge.

## EDUCATIONAL NOTES.

A Course of Lectures and Practical Instruction for the Diploma in Psychological Medicine, granted by the various Universities, will be given at Bethlem

Royal Hospital, commencing early in October next.

Syllabus and particulars can be obtained from the Physician-Superintendent,
Bethlem Royal Hospital, S.E. 1.

The following lecturers have been appointed:

Neurology: S. A. Kinnier Wilson, M.A., M.D., F.R.C.P., C. C. Worster

Drought, M.D., M.R.C.P., F. C. E. Danvers Atkinson, M.B.

Psychology: W. H. R. Rivers, F.R.S., M.A., M.D., F.R.C.P., William Brown,

M.A., M.D.

Mental Deficiency: A. F. Tredgold, M.D., F.R.S.Edin.

Psychological Medicine: Sir Maurice Craig, C.B.E., M.D., F.R.C.P., Eric D. Macnamara, M.D., F.R.C.P., W. H. B. Stoddart, M.D., F.R.C.P., Prof. R. Hunter Steen, M.D., F.R.C.P., J. G. Porter Phillips, M.D., M.R.C.P., T. Beaton, O.B.E., M.D., M.R.C.P., H. E. Wingfield, M.D., Clement Lovell, M.D.

## APPOINTMENTS.

Robinson, William, M.B., Ch.B.Leeds, Medical Superintendent, County Mental Hospital, Brentwood, Essex.

Yellowlees, Henry, O.B.E., M.D., F.R.F.P.& S.Glasg., Medical Superintendent from March, 1922) of the Retreat, York.