

*Early Insanity: Its Medico-Legal Aspects.* (Caledon. Med. Journ., April, 1927.) Greenlees, T. D.

In this article the author caters for the general medical practitioner rather than the specialist in psychiatry, and in its first instalment covers a wide field. He deals with mental disorders in infancy and childhood; puberty and adolescence, here emphasizing the importance of psychological prophylaxis; adult life, the climacteric period and old age. The instalment contains matter which is expressed in an interesting but necessarily superficial manner.

WM. MCWILLIAM.

*Medico-Legal Relations of Encephalitics* [*Les Réactions Médico-Légales chez les Encéphalitiques*]. (L'Encéph., June, 1926.) Rossi, M.

The author describes a number of illustrative cases, and concludes that encephalitis is commonly only a partial factor in the medico-legal relation of encephalitics in that it is acting on a soil already delinquent, though he admits a diminished responsibility in many cases. A full list of recent literature on the subject is added.

W. D. CHAMBERS.

*The Laboratory of Experimental Psychology and the Psychiatric Clinique* [*Le Laboratoire de Psychologie Expérimentale et la Clinique Psychiatrique*]. (L'Encéph., June, 1926.) Lahy, J. M.

This paper is a plea for the closer correlation of the two departments mentioned. The necessity for recording the results of simple psychomotor tests in undoubted cases of the various psychoses, in order to provide standards which would help in difficult diagnoses, is urged.

W. D. CHAMBERS.

*The Model Mental Hospital at Buenos Ayres* [*L'Institut Modèle de Phrénopathie a Buenos-Aires*]. (Hyg. Ment., May, 1927.) Claude, H.

This is a short account of a modern mental hospital of 1,700 beds built on the "Villa" system and covering 150 acres in the neighbourhood of Buenos Ayres. The author states that it is administered most successfully on the Scottish system of open doors and liberal parole. Careful classification of patients is possible and restraint is unknown.

W. D. CHAMBERS.

## 7. Mental Hospital Reports.

### ENGLAND.

*Herts County Mental Hospital.*—The total number of beds owned by Hertfordshire at the two mental hospitals (Hill End and Arlesey) at the end of the year 1926 was 1,181, and the total number of patients was 1,061, giving an excess of beds as far as Hertfordshire patients are concerned of 120 beds (M., 95; F., 25); this excess is at present partly occupied by out-county and private patients.

The mental hospital estate of 350 acres has been reduced by the appropriation of 130 acres for the purposes of a mental deficiency institution at Hixberry, and negotiations are in hand with a view to the purchase of further land in the vicinity of the hospital to provide for future extension.

During the year 1926, 172 cases were admitted, of whom 158 were direct admissions, and of these 105 were first-attack cases. Of the direct admissions, definite heredity was recorded in 41 cases, and alcohol was regarded as a factor of importance in 6 cases. The recovery-rate calculated on the direct admissions was 25·3% for the year. The death-rate for the year was 5·4% on the average daily number resident, and of the deaths it is noticed that one was due to pellagra and one to encephalitis lethargica. Fourteen cases of pellagra have been diagnosed at this institution during the past seven years, and are recorded in the 12th annual report of the Board of Control.

Dr. Kimber was unfortunate to have the additional anxiety of an outbreak of enteric fever, and also an obviously introduced case of diphtheria during the year.

*Salop Mental Hospital.*—During the year 1926 the number of patients at this hospital increased by 50, and during the last two years the number of patients resident has increased by 80—a fact which Dr. Hughes attributes largely to the abnormally low death-rate of later years.

A comparison of the actual number of patients in residence with the registered accommodation shows that the hospital is already overcrowded.

There were admitted during the year 157 patients, of whom 118 were first-attack cases, and the recovery-rate was 25%.

Of the deaths, 20% were recorded as due to phthisis pulmonalis, and 12% to pneumonia.

A few cases of mild dysentery occurred during the year and one case of paratyphoid was recorded. As regards the treatment of general paralysis by malarial inoculation, Dr. Hughes says :

“The treatment of cases of general paralysis of the insane by malarial inoculation has been continued, and it is probable that the lives of some of these patients have been prolonged by this treatment.”

The cost of maintenance was 15s. 11 $\frac{3}{4}$ d., an increase of 7 $\frac{1}{2}$ d. on that of the previous year.

Dr. Stanley Hughes records with regret that since signing the Committee's report for the year 1926 the Chairman of the Committee has died. He had been a member of the Committee for 38 years, and its active, able and sympathetic chairman for 14 years. During the year, after 46 years' service, the clerk of the hospital, Mr. W. Johnson, retired.

*Kent County Mental Hospitals.*—(1) Barming Heath: The total number of patients on the hospital register at the end of the year

1926 was 1,855, being an increase of 62 during the year, largely owing, in Dr. Wolseley's-Lewis opinion, to the low death-rate.

There were 334 admissions during the year, and of the direct admissions, 61·8% had been ill for more than a month before admission, and in 57·9% hereditary defect was found to be a causative factor.

The recovery-rate for the year was 34%, and 74·8% of the recoveries took place within a year of the commencement of the illness. The death-rate for the year was 5·1%—the lowest ever recorded in the history of this institution.

Dr. Wolseley-Lewis makes the following interesting comments on the Report of the Royal Commission in Lunacy:

“The Commission recommended a wide extension of the ‘voluntary boarder’ system for patients with volition. For those without volition, in addition to reception and urgency orders such as now exist, the Commissioners propose a ‘provisional treatment order’ for patients in whom early recovery is expected. This requires a doctor's certificate stating ‘that it is expedient that the patient be detained for observation, care and treatment,’ and a magistrate's order authorizing detention for one month, and renewable for a period of five months if he sees fit. In making this proposal, which is the crucial point in the report, the Commissioners do not seem quite to have had the courage of their convictions, because they say: ‘In framing our proposals for this procedure we were confronted with a choice between what may be ideally desirable and what is practically expedient. Some witnesses, whose views are entitled to most careful consideration, have urged that in dealing with an incipient or non-volitional case which is likely to recover without recourse to certification, the warrant for detention should be made without the intervention of the magistrate. If we were free to consider exclusively the medical treatment of the patient, we should have little hesitation in accepting this suggestion. But it is a principle of English law that the liberty of the subject may not be infringed without the intervention of some judicial authority, and we doubt whether public opinion is ready to countenance a departure from it. It may be that ultimately the treatment of mental illness will be so assimilated to the treatment of physical illness that the participation of a magistrate will no longer be considered necessary. But we are concerned to recommend reforms which may be practicable in the immediate future, and we have come to the conclusion, though not without reluctance, that the provisional treatment order should be made by a magistrate.’”

Structural additions worthy of note during the year are the “Solarium” built for recent cases on the male side, and the establishment of a “treatment room” between male wards 6 and 7, where efforts are made to induce noisy and turbulent patients to dissipate their superfluous energies in some useful occupation; this is intended mainly for patients to whom much liberty cannot wisely be allowed. The occupation department shows steady numerical increase under Dr. Wolseley-Lewis's guidance.

The very satisfactory percentage figure of 55·7 passes for the General Nursing Council's Examination is a cause for congratulation, and a source of satisfaction to all those who have had the laborious work of teaching and training.

The cost per head per week for the year was 22s. 0½d. as against 21s. 11¾d. for the previous year.

(2) Chartham: This hospital had, at the end of the year 1926, 1,228 patients on the register—an increase of 46 on the year, which

Dr. Collins attributes chiefly to the "decrease in the number of those discharged unrecovered."

There were 226 patients admitted during the year, which is about the average admission-rate for this institution, but we sympathize with Dr. Collins, who deplores the large proportion of cases of congenital defect amongst the admissions to institutions that have no means of adequately dealing with that type of case.

The recovery-rate for the year was 32%, and the death-rate 8%.

As regards treatment, Dr. Collins continues to use the Starke method for general paralysis, with which he is able to record favourable results.

The opening of the chemical laboratory has been delayed owing to the unfortunate breakdown in health of the medical officer appointed to take charge of it. And X-ray outfit is being installed.

*Suffolk, St. Audry's Hospital.*—This institution ended the year 1926 with 21 patients more in the hospital than at the beginning; the average increase for the last five years has been 27·2. There were admitted during the year 169 (M. 73, F. 96) patients, the lowest figure since 1917, and Dr. Keith shows in an interesting table the different areas of the administrative county from whence these patients came, as compared with the previous year. The recovery-rate for the year was 10·83%, and the death-rate 6·5, and amongst the deaths were 2 cases of carcinoma and one of spleno-medullary leukæmia. Dr. Keith also records a case of enteric fever in a patient 80 years of age, who made a good recovery.

Dr. Brooks Keith, referring to the Royal Commission on Lunacy, makes some interesting remarks :

"Surely to no form of suffering has society, from time immemorial, been more unkind than to mental illness. Yet of all the ills to which human flesh is heir, it is difficult to conceive of any more distressing, and therefore more deserving of sympathy than insanity. In early times insanity was regarded as a crime, and the unfortunate patient, desperately ill, and crying out for treatment, was thrown into gaol, there to die of starvation, or by the merciful intervention of some inter-current disease. Later, when it had dawned upon the public that his condition resulted from circumstances over which he had no control, special institutions were erected for his detention, but the conditions under which he was restrained were less humane than those which are demanded to-day for wild animals in captivity. While the lot of the insane has been considerably ameliorated since these days, the improvements which have taken place have only been within the institutions provided for their treatment.

"The laws relating to the insane have not evolved in proportion to the growth of medical knowledge in regard to disorders of the mind, and the conditions under which mental illness may be treated to-day are governed by laws which definitely prevent the patient from receiving suitable treatment until his illness is so advanced that there is little hope for him of cure."

The average weekly cost per patient for the year was 20s. 9½d., as against 21s. 8d. for the previous year.

*Mental Department of the Metropolitan Asylums Board.*—Year by year an increasing number of duties appears to fall to the lot of the Metropolitan Asylums Board, and the additional responsibility cast upon it of recent years of dealing with the large and complex

series of cases of post-encephalitis lethargica has been met with a keenness and vigour which is a clear indication of the virile adaptability and elasticity of the Board and the skill and scientific ability of its officers. The present voluminous report edited by Dr. Sherlock is an interesting and valuable review of the whole field of the mental work dealt with by the Board, with the addition of some exceedingly good monographs by members of the staff, and of these, that by Dr. Sherlock himself is a model of clear observation, close reasoning, and cautious conclusion.

This department of the Metropolitan Asylums Board provides accommodation as follows :

Caterham Mental Hospital . . . . .	2,068	beds.
Fountains " " . . . . .	670	"
Leavesden " " . . . . .	2,159	"
Tooting Bec " " . . . . .	2,230	"
Darenth Training Colony . . . . .	2,260	"
Edmonton Epileptic Colony . . . . .	355	"
Brentwood Institution . . . . .	350	"

and is therefore responsible for the maintenance of over 10,000 beds.

Cases of post-encephalitis lethargica are dealt with at the Board's Northern Hospital (Winchmore Hill), a portion of this hospital being set apart for these cases, of which there were 56 cases under treatment at the beginning of the year 1926, 85 admitted during the year, and 97 remained under treatment on December 31, 1926. The ocular symptoms of 99 of these cases are reported on fully by Dr. Whittington in this volume, and an able analysis of the nervous and physical symptoms in detail of 141 cases is made by Dr. Borthwick. He shows that out of this number 57 were delinquents, and the details that he gives of the moral, emotional and intellectual changes are of great value and interest to the psychiatrist.

During the year Leavesden has again unfortunately been visited with an epidemic of enteric fever of a distinctly severe type, the mortality-rate being as high as 23% of those attacked. It is probable that this high death-rate is to be correlated with the low physical state of many of the patients. The difficulty of controlling a disease such as this in an institution where patients' habits are faulty and contacts numerous is extreme. In spite of all the elaborate precautions taken, complete prophylactic immunization by vaccination had to be carried out in every ward.

*The Royal Eastern Counties Institution for the Mentally Defective, Colchester.*—This institution deals with a large proportion of the mental defectives of all grades belonging to the counties of Essex, Suffolk, Norfolk and Cambridge, and in addition to the main building at Colchester, has now branches at Halstead, East Hill House, and Hillsleigh (Colchester), Lexden House (Colchester), Witham and Clacton, with a total accommodation for 1,120 patients.

There were 1,081 patients in the institution at the beginning of the year 1926, 119 admitted during the year, and 1,140 remained under treatment at the end of the year.

Dr. Turner opens his report with an interesting variant aphorism

(quoted from the *Vineland Magazine*) of the theory of happiness as an essential element in the education and treatment of the mental defective (and perhaps others), namely, "a pat on the back above the waist gets better results than several pats below," which has surely ever been the keynote of all the work of this great and valuable institution, which is fortunate in having a staff in whom enthusiasm and sympathy are happily blended with skill and understanding.

Dr. Turner's report is full of points of interest, and many of us must feel with him the misgivings and anxieties he expresses as to the future of the high-grade mental defective.

His analysis of the difficulties and stumbling-blocks of the Mental Deficiency Act, 1926, is worth reading.

Diphtheritic cases have continued to appear in the institution, and it was decided to try the Schick test as a means of checking this continual recurrence, with valuable and interesting results, one of them being the very high percentage of positive reactions amongst the staff. All the positive cases were treated with an immunizing dose of diphtheria toxin-antitoxin.

The tubercular death-rate of the institution was the remarkably low one of 0·81 on the average number resident.

#### SCOTLAND.

*James Murray's Royal Asylum, Perth.*—The Annual Report for the year 1926 has the distinction of being the hundredth of this historic mental hospital, and Dr. Chambers takes this opportunity of giving a very interesting and valuable *résumé* of its history from the foundation under the provision of the will of the far-seeing and sympathetic James Murray.

"About 1857 there was a considerable rearrangement of the duties of resident officials following what must have been the first strike of mental nurses. There is no history of their actual grievances, but judging from the traditions of the time, the prolonged hours of duty accompanied by minute remuneration may well have been among them. For several years about this time there were repeated complaints about the scarcity of suitable nurses, male and female, experienced by all similar hospitals. To a professional reader of the earlier Reports the most fascinating point is undoubtedly the constant recurrence there of themes which appear in similar documents with every air of freshness and originality to-day. As I have hinted above, the reiteration of these warnings, opinions and morals is not so much due to poverty of ideation on the part of asylum physicians as to the heedlessness and aloofness generally of the public. Among the more interesting of these echoes of the past is the assertion that insanity is usually associated with bodily disease, in 1838; a warning against the emotional dangers of religious revivals, in 1840; frequently repeated petitions for the earlier admission of patients, and entreaties for a warmer sympathy with asylums and their patients, from 1829 onwards; the advantages of comparative liberty and freedom from irksome observation and restrictions, in 1832; the dangers of alcoholic excess, *passim*; hereditary predisposition as a cause of mental disease, in 1841; the definitely curative effects of occupation therapy, in 1841 *et seq.* (this was insisted upon at length in the Reports of Dr. Lindsay, 1858–1862); the abolition of mechanical restraint, in 1854; the admission of voluntary boarders, in 1856 (the first authentic admission to The Murray of a voluntary patient took place in 1840, although a malingerer got himself admitted under a false certificate in 1830); a judicial investigation of the claims of phrenology, in 1860; the open-door system, and a note that only two wards in the hospital were kept locked, in 1885; the evil