Annual report of the General Board of Control for Scotland : 1938

Publication/Creation

Edinburgh : H.M.S.O. 1938

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LUNACY AND MENTAL DEFICIENCY

The Twenty-fifth Annual Report of the Board of Control for the Year 1938

PART I

Presented pursuant to Act of Parliament

Ordered by The House of Commons *to be Printed*
1st August 1939

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171

CONTENTS.

PART I.

Introductory.

I. Mental Disorders.

(Lunacy and Mental Treatment Acts, 1890 to 1930.)

II. Mental Deficiency.

(Mental Deficiency Acts, 1913 to 1938.)

III. General.

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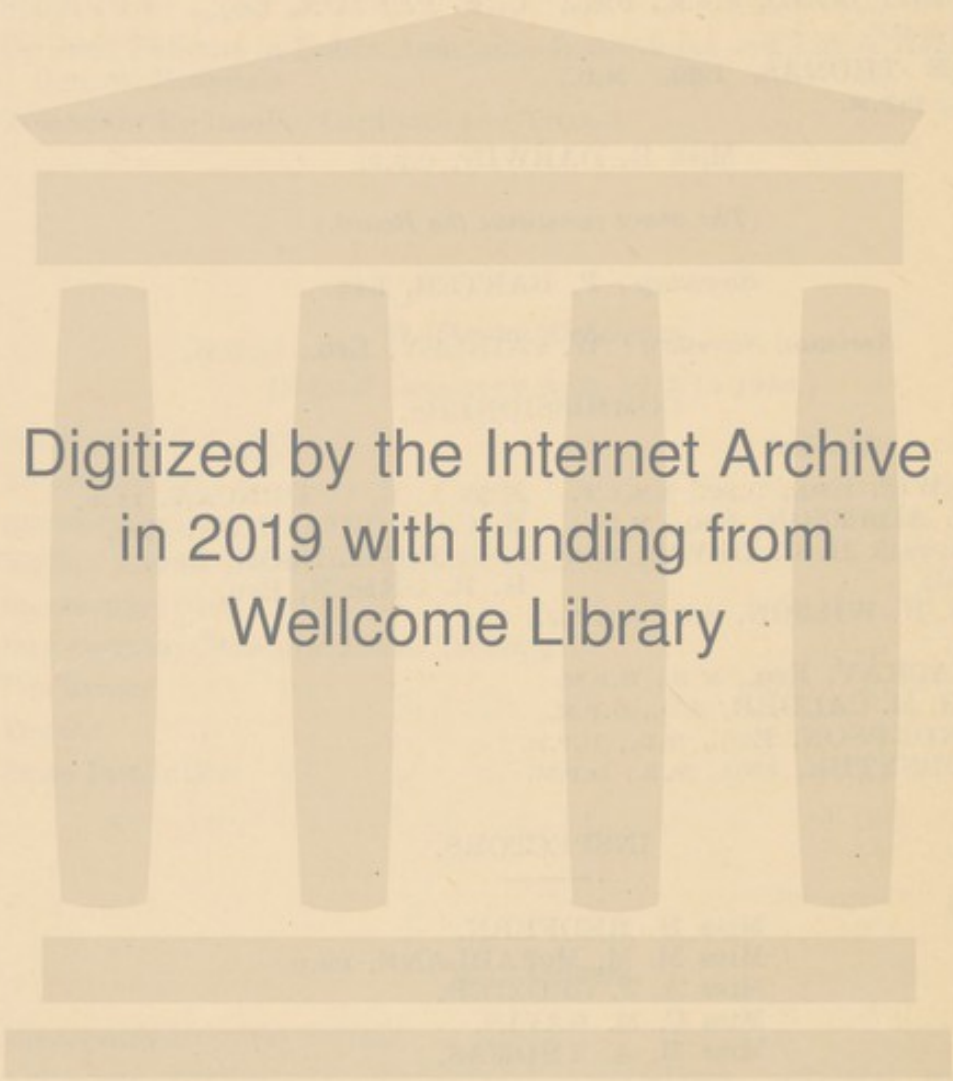

THE

TWENTY-FIFTH ANNUAL REPORT

OF

THE BOARD OF CONTROL

1939

(FOR THE YEAR 1938.)

INTRODUCTORY.

Accommodation in County and Borough Mental Hospitals.

We are glad to be able to report that the position of the public mental hospitals at the end of 1938 was more satisfactory than we anticipated in our Report for 1937. The total number of patients on the civil registers on the 1st January, 1939, was 133,596, an increase during the year of 1,644 compared with an average increase for the quinquennial period (1934–38) of 1,924. The accommodation increased during the year by 1,001 male beds, and 1,258 female beds, or a total of 2,259. The aggregate overcrowding was reduced to 2,993 compared with 3,608 for the previous year. This improvement is all the more satisfactory, in view of the fact that the death rate fell from 7 per cent. to 6·47 per cent. There was an increase in direct admissions of 545, but this was more than counterbalanced by an increase of 1,628 in the absolute discharges and departures. This latter figure is most encouraging, and it is no doubt mainly due to the growth of the voluntary admissions which increased during the year by 1,237. Admissions under certificate fell from 17,074 in 1937 to 16,266 in 1938.

Though these figures are better than might have been expected, an aggregate deficiency in bed space of nearly 3,000 is serious, particularly as the demand for building labour for armament work has tended to delay new construction; and, if the present remarkably low death-rate continues, overcrowding is likely to increase again in the next two or three years. The building of the proposed new hospitals for Essex at Margaretting and for Lancashire at Lathom Park has not yet begun, and in Kent the site provisionally selected has had to be abandoned owing to difficulties of drainage.

These delays are much to be regretted, as in all three counties the existing hospitals are seriously overcrowded. Sites have been acquired for new mental hospitals in Surrey and in the West Riding, but neither is likely to be completed for a considerable time. Two other authorities have begun the discussion of schemes for new hospitals, but the proposals have not yet gone beyond the stage of preliminary examination. There is, therefore, no prospect of any substantial increase in bed accommodation in the near future.

Out-Patient Centres.

The development of out-patient centres continues steadily and at the end of 1938 the total number of centres conducted by, or in conjunction with, the staffs of mental hospitals had increased to 177. Though complete statistics are not available, the total number of patients presenting themselves for treatment exceeded 19,000 and the number of attendances exceeded 74,000. In addition, there are a number of out-patient centres conducted independently of the mental hospital, but, in the absence of any obligation to report the establishment of such centres, no complete figures are obtainable. There are, however, at least 25 centres associated with hospitals in the London area, some few being for children only, and there are known to be at least 32 centres as distinct from child guidance clinics in other parts of the country.

This represents in the aggregate a most encouraging advance in the provision of early treatment, and there are now only three public mental hospitals in England which have no centre associated with them. A census taken at the end of the year showed that the majority of centres have weekly sessions and there are now comparatively few which are open less than twice a month. But while the larger urban centres are fairly well provided for, the needs of the rural areas and the small towns have not been met. The difficulties are obvious and there are only two ways in which the problem can be tackled. Either arrangements must be made to convey the patient to the nearest regular centre, which may mean travelling a considerable distance, or else a sufficient number of patients must be collected at an improvised or temporary centre held on school premises or village hall in some village or country town not sufficiently important or accessible to justify the establishment of a permanent centre. The experiment of a visiting team seems worth a trial and it would probably be easier to organize such a clinic for mental patients than for the treatment of physical conditions. But the development of an adequate out-patient service will mean an addition to the medical staff of the mental hospitals, and we fear that many visiting committees do not yet appreciate the importance of out-patient work nor the demand which it makes on the doctor's time and energy.

Part-time Psychotherapists.

In our Report for 1937 we advocated the appointment of part-time physicians in public mental hospitals, and we note with satisfaction that the suggestion has been adopted by the London County Council. A medical psychotherapist engaged on a sessional basis has been added to the staff of St. Bernard's Hospital to deal with those patients who appear likely to benefit by psychotherapeutic treatment. This is, of course, not the first time that the experiment of employing visiting psychotherapists has been tried. Posts of this kind already exist at Hill End and the Maudsley, but this is the first appointment of the kind in an ordinary London mental hospital, and it is interesting to note that a part-time appointment in this case was advocated by the Mental Hospitals Committee on the ground, among others, that "it is preferable on psychological grounds that the form of treatment should be given by a practitioner not open, as a member of the whole-time medical staff might be, to the suggestion that he is responsible in some way for the patient's continued detention." While this argument could not apply to the voluntary patient, and while we do not agree that it correctly represents the attitude of the average patient to the whole-time medical staff, there may be, and in particular cases there probably are, patients to whom visiting doctors will be more acceptable than the resident staff. This is an argument which cannot be pressed too far, since, if carried to its logical conclusion, it would limit the whole-time staff to the care of the patients' physical condition, a conclusion manifestly absurd and contrary to all experience. Nevertheless, in particular cases it may be true, and we shall watch the progress of the experiment with much interest.

Nurses' Homes.

Steady progress continues to be made with the provision of Nurses' Homes and there are now 82 public mental hospitals in which Homes have been built or are in course of construction. According to the latest figures available there are still more than 40 per cent. of the nurses, male and female, sleeping in the hospital buildings, but this figure will be substantially reduced as the Homes which are now under construction, or projected, come into occupation. Even allowing for this, however, it is still quite normal to find over 20 per cent. of the nursing staff sleeping in the main buildings, and the question arises whether this percentage is not needlessly high. It is clear that there must be a substantial reserve of nurses available to deal with major nursing emergencies. But the regular night staff should be adequate to deal with minor emergencies, and nurses on day duty ought not to have their rest interrupted because the night staff is too small to cope with the ordinary small disturbances which are inevitable in the observation

dormitories for the more restless and excited patients. Broken sleep cannot fail to be prejudicial to the nurses' efficiency, and we hope that visiting committees will do what is practicable to reduce to a minimum demands for emergency work at night.

Voluntary Treatment.

While the continued increase in the proportion of voluntary admissions is generally satisfactory there is still far too wide a margin between the more and the less progressive hospitals in this respect. Where there is overcrowding there is inevitably a tendency to restrict voluntary admissions though in many instances this merely results in the patients having to be admitted under certificate later on, at a stage when there is less prospect of successful treatment. But the discrepancy between different hospitals is so wide that it cannot be explained entirely in this way and we are convinced that in some areas too little trouble is taken to obviate certification in cases where certification is avoidable. We have repeatedly urged that the medical superintendent or his representative should be attached as consultant to the mental wards of municipal hospitals and public assistance institutions, to which regular visits should be paid. Where this is done, it has been found possible to persuade many patients who would otherwise be certified to seek admission to the mental hospitals on a voluntary basis. Our estimate that when the Mental Treatment Act was in full operation admissions under certificate need not exceed a third of the total, has often been criticised as too optimistic. But in fact this forecast has been more than realized in some areas. In Swansea and Cardiff, for example, we find that in 1938 over 72 per cent. of all admissions were voluntary and in Croydon and Portsmouth the respective percentages were 70·6 and 69·7. The admissions under certificate were Swansea 23·6, Cardiff 15·9, Croydon 28·5 and Portsmouth 22·9, the balance being made up by temporary admissions. These percentages, though they are admittedly exceptional, show what can be done by well-organized out-patient centres and by close liaison between the mental hospital and the municipal hospital and public assistance institution.

There is still in some quarters a disposition to argue that if the patient has to enter a mental hospital the fact of entry cannot be concealed and it is relatively unimportant to what legal category he belongs. No doubt the doctors who take this view are influenced by the fact that the legal classification bears no necessary relation to the medical classification. A voluntary patient is not necessarily a mild case, nor is a certified case necessarily more serious or likely to require a longer period of treatment. Once the patient has been admitted the legal classification has no importance from a medical point of view except that the voluntary patient is co-operative and the certified patient may not be. But we are convinced that it is wholly wrong to assume that the legal classi-

fication is unimportant. If the patient recovers it makes an enormous difference to his peace of mind if he can console himself with the thought that he has never been certified. Even if there is no recovery, the avoidance of certification saves the relatives from distress which in many cases will react on the patient. From the point of view both of the patient and of the family it is worth while to make every effort to avoid certification as long as it can properly be avoided. We say "properly avoided" because, anxious as we are to keep certification within the strictest limits compatible with due observance of the law, we strongly deprecate the subterfuges sometimes adopted with the kindest intention to treat on a voluntary basis patients who in fact have ceased to have volition. Good intentions can never justify any evasion of the law. Such devices are indefensible in themselves and in the end are bound to lead to trouble and ill feeling.

Storage of Patients' Clothing.

The storage of patients' clothing at night is a frequent difficulty in mental hospitals. We recognize that in many of the older hospitals there is practically no space for storage, but where the corridors are sufficiently wide there is much to be said for the use of wheeled clothing racks which can be taken right out of the dormitory after the patients are in bed. The practice of allowing patients to undress in their dayrooms, though it is sanctioned by long usage, is not by any means desirable. Clothing is not improved by being done up in bundles, and now that so much more care is taken to provide the better patients with a less institutional dress, the proper storage of clothing at night is becoming an increasingly important matter. Hospitals differ so much in design and arrangement that no standard method will meet all cases. In some of the older buildings there is literally no room to store clothes at night and even in some more modern buildings a short-sighted economy has led to storage space being unduly restricted. We are glad to find that the use of rails and hangers in place of hooks for outdoor coats is becoming more general with the result that their useful life is appreciably lengthened, and we feel sure that more attention to the storage of clothes at night, where better arrangements are possible, would soon repay any small expense that might be involved. After all, patients can hardly be expected to take care of their dress if they are allowed or expected to roll them up in a tight bundle at night.

Matrimonial Causes Act, 1937.

We understand that some authorities have decided to charge a fee for any report furnished by a medical superintendent for the purposes of the Matrimonial Causes Act, and their example will, no doubt, be followed by others. In principle such a charge is not unreasonable. If a medical superintendent is required to

spend time on a matter which does not benefit and is not intended to benefit his patient, a charge may not improperly be made for his services. Whether the fee should be retained by the doctor will depend upon the terms of his contract with the authority by whom he is employed. Our reason for referring to the matter is to express the hope that authorities which adopt this practice will allow their officers a reasonable discretion to waive the charge in any case in which real hardship would be involved if payment is strictly enforced. At least one case has occurred, and there may well be others, in which the intending petitioner's claim to be admitted to take proceedings as a Poor Person could not be established without some indication being given of the medical superintendent's view as to the prospect of the patient's recovery. In such a case insistence on the payment of the full fee might make it impossible for the intending petitioner to proceed at all. It is clearly not the duty of the medical staff to go out of their way to facilitate proceedings for divorce, but it is equally clearly unwise for local authorities to obstruct, or to seem to obstruct, persons who are anxious to avail themselves of the right which the Legislature intended to give them.

Discharges.

It is noteworthy that, for the second year in succession, the discharges and deaths from the mental hospitals belonging to the London County Council exceed the admissions. It is seldom safe to base any inference on the statistics of a single area, however large, and covering so short a period of time. Various factors may have contributed to this result. The population of the administrative county is gradually diminishing as the result of slum clearance and the transfer of large numbers of people to new housing estates outside the area of the county. At the same time, as the transferred population consists for the most part of comparatively young people, among whom the incidence of mental disorder would be much lower than it is in the case of people in middle or later life, this change in the distribution can hardly be the sole cause of the excess of discharges and deaths over admissions. Though there is, and at present there can be, no complete statistical proof, it is permissible to believe that this happy change in the figures reflects the result of efforts to secure earlier treatment. It is, however, probable that the total of discharges is itself increased by the number of voluntary patients who have discharged themselves, and who cannot, in all cases, be regarded as representing recoveries. There is a tendency for voluntary patients to take their departure prematurely, often at the instigation of their relatives, and some will no doubt return later for a further period of treatment. This illustrates the difficulty of analysing the statistics of admission and discharge, but, even allowing for this and other factors, it is reasonable to regard the

London figures as indicating that earlier treatment is beginning to produce the results for which we had hoped.

Mental Deficiency.

Good progress was made during the year in the provision of institutional accommodation for mental defectives, the total number of beds having increased from 43,552 on the 1st January, 1938, to 45,717 on the 1st January, 1939. The most important additions were at Great Barr Park Colony (372 beds), Harmston Hall Colony (328 beds), Bromham House (236 beds), St. Catherine's Colony (180 beds), Claypenny Colony (180 beds), Laughton Lodge (146 beds), Middlesex Colony (140 beds) and Dovenby Hall Colony (110 beds). The rate of advance, however, was better than these figures might suggest as two large colonies, Botley's Park* in Surrey and School Aycliffe in Durham, are nearing completion, as are the large extensions at Leybourne Grange in Kent. It may, therefore, be expected that 1939 will show a substantial increase. Mental deficiency is not a field in which sensational progress is to be expected, but it is encouraging that practically all the larger authorities in England now have a number of beds which at least meet their more pressing needs, though in most cases below, and in some instances far below, their ultimate requirements. We regret that we cannot record similar progress in Wales. Except at Hensol Castle, there has been little advance during the year, nor is there at present much prospect of improvement. We are glad to be able to add that in two areas in which financial difficulties have checked progress in the past, substantial grants by the Special Area Commissioners have greatly eased the position. Having regard to the difficulties by which many authorities are faced, the fact that accommodation for mental defectives has continued to expand at a normal rate is a satisfactory indication that the need of institutional accommodation for defectives who have shewn themselves unfit for community life is becoming more generally recognized.

Review of Cases on Licence.

During the year we have been reviewing the cases in which mental defectives have been on licence for a continuous period of over two years. There has always been some difference of opinion as to the scope of licence, one school of thought favouring the indefinite continuation of licence in suitable cases, and the other treating it as an experimental or at least probationary stage. This latter view is probably more in accordance with the intention of Parliament when the Mental Deficiency Act of 1913 was passed, since guardianship would seem to have been provided to meet the case of defectives who can be allowed to live in the community

* Opened 24th June, 1939.

but who will always need some measure of supervision and control. But whatever was the original intention, the language of the Act certainly does not exclude the wider interpretation which has generally been given to it. The Board's view may be regarded as intermediate between the two extremes. If it is reasonably certain that the patient will never be able to look after himself we think that guardianship is the proper course, though we recognize that owing partly to the difficulty of finding suitable guardians some local authorities are reluctant to resort to guardianship in any case. But the mere fact that licence has continued over a long period does not necessarily indicate that it has been wrongly used. For example, the girl who goes out to domestic service is properly retained on licence until she is fit for discharge because her continued employment is uncertain. If she is ill or loses her job she must return to the Colony, and the continuance of licence is justified on the ground that she is only intermittently self-supporting. There is an element of uncertainty which is not inconsistent with the acceptance of the general view of licence as a period of probation. On the other hand where the patient has proved able to support himself and has behaved well for a substantial period, it would not be reasonable to refuse discharge merely because at some future time a change in the family circumstances might make more help necessary. Discharge from an order does not mean that the patient has recovered; it merely indicates that statutory control is no longer felt to be necessary. In reviewing the cases which have been on licence for two years or more we have had regard to the patient's home conditions, earning capacity and behaviour. We recognize that a more liberal policy in the matter of discharge involves risks. There are bound to be cases in which it may again become necessary to apply for an order, but even if this happens no great harm will have been done. At any rate in our view the indefinite continuance of licence can be justified only when it is clearly in the interest of the patient and accepted as such.

Occupation Centres.

Occupation Centres continue to increase in number, though not as rapidly as we had hoped. During the year a well equipped centre was opened at Newcastle-under-Lyme, one of the first centres to be specially designed for the purpose. So many occupation centres have been opened in makeshift buildings, ill-equipped and often inadequately supplied with sanitary and washing facilities, that it is a pleasure to find a centre in which every detail has been carefully studied. While these centres serve a most useful purpose and undoubtedly reduce the demand for colony beds, we feel bound to repeat the warning which we have given in previous reports, that they should be regarded as primarily intended for the tractable and ineducable lower grade defectives living in good surroundings.

Though circumstances may sometimes compel the admission of higher grade feebleminded patients, the resulting mixture of grades adds greatly to the difficulties of organization and teaching. In the end, the social unadaptability of the feebleminded patients generally compels resort to institutional care, and the patients enter the colony at an age when the formation of good habits is more difficult. Any saving which results from postponing institutional care for a time is more apparent than real if it makes the patient more troublesome and, therefore, more expensive when he has to be transferred to a colony.

The supervision of occupation centres is always a difficult task, and it is unfortunate that the question of training for it has not received the attention it deserves. The salaries offered by different authorities vary within wide limits, ranging from a figure which would hardly attract a charwoman to a figure which compares favourably with other forms of mental health work open to women. Until there is more general agreement as to the proper scale for supervisors, and until it offers a living commensurate with other careers calling for the same personal qualities and the same kind of experience, it will be difficult to establish a satisfactory scheme of training or to secure an adequate supply of candidates of the right type. The occupation centre has proved its value and it has emerged from the experimental stage, and we feel that the time has come to establish some recognized training scheme for those who will have to supervise occupation centres.

Physical Training.

A subject which has not received the attention which it deserves is the question of the best form of physical training and drill for mental defectives. The need for physical training is generally admitted, but too often it takes a form little adapted to the special needs of the patients, particularly in the case of the lower grades. Carefully graded exercises adapted to the physical disabilities and the mental peculiarities of the patients call for special study and an attention to detail which cannot be expected of instructors who are too often chosen because they have not wholly forgotten their army drill. The rigid precision of the drill sergeant is not at all suitable for the training of mental defectives. Too often it induces a rigidity in those who are being drilled which is definitely harmful. It would, we believe, be a real help to many mental deficiency institutions if the Central Association for Mental Welfare could add to its visiting staff a physical training instructor who had made a special study of the problem and who could teach the nurses the kind of exercises most suitable for patients of different grades and differing physical condition. Breathing exercises aiming at a gradual chest expansion, exercises intended to secure relaxation and co-ordination of movements as well as exercises intended to

appeal to the sense of rhythm, which is keener in many defectives than is sometimes supposed, all illustrate the kind of physical training we have in view. A visit by an expert who had made a special study of this branch of physical training would help to put the training on sounder lines, and would be welcomed by many nurses who recognize that their present methods are inappropriate though they do not know what to substitute for them. While we have discussed the question primarily from the point of view of mental deficiency colonies, the same kind of problem, though under different conditions, arises in mental hospitals. Physical drill is invaluable in resocialising the "shut in" patient but, to quote an instance which actually occurred when one of us was present, to sling a large bean bag at the patient is not the happiest method of approach.

During the year we lost the services of two Commissioners, Surgeon Rear-Admiral J. F. Hall, who retired on the 30th April, and Dr. A. E. Evans, on his appointment to be a Lord Chancellor's Visitor; we congratulate the latter on his promotion to a post for which his long experience makes him so admirably fitted. Admiral Hall had been a visiting Commissioner since 1931 and Dr. Evans since 1930 and they will be much missed by their colleagues at the Board. The vacancies have been filled by the appointment of Dr. R. G. Anderson and Dr. T. R. Forsythe.

We regret to record the death on the 7th September last of Mr. S. J. Fraser Macleod, K.C., who at the time of his resignation in June, 1936, had long been the doyen of the Board. To the end of a long life, Mr. Macleod retained his interest in the Board's work, and his death will be regretted by all his many friends in the mental hospital service.

I.—MENTAL DISORDERS.

(Lunacy and Mental Treatment Acts, 1890 to 1930.)

Numbers under Care.

At the end of 1938 the total number of persons suffering from mental disorder notified as under care in England and Wales was 158,723, an increase of 1,370 during the year; the average annual increase for the five years ended 31st December, 1938, being 1,691. The percentage distribution of the sexes—males 44·2, females 55·8—is the same as last year and as the average for the preceding decade.

The increased number of notified patients has no necessary connexion with the incidence of mental disorders in the general population, being merely the increase shown by the excess of the admissions over the combined deaths and discharges. We emphasize this fact on account of the erroneous deductions that are sometimes drawn from such increases.

Class, Status and Distribution.

Class (Private, Rate-aided, Criminal).

Private patients at the end of 1938 numbered 14,972 (males 8,035, females 6,937). There was an increase of 166 in the voluntary cases, with decreases of 6 and 305 in the temporary and certified cases respectively, yielding a net decrease of 145 in this class. Included here are 4,471 Service and ex-Service patients—103 fewer than a year ago.

Patients in the Naval and Military Hospitals (Yarmouth 224, Netley 58) are also included among the private patients, as are the 26 persons found of unsound mind by inquisition who were resident in institutions. There were in addition 62 persons (males 32, females 30) so found by inquisition who, not being resident in institutions, are not notified to us and so do not fall within the scope of our statistics. The total number of these inquisition cases continues to show a steady decrease year by year, due to the less frequent use of this procedure.

The sex distribution per cent. of the private patients was—males 53·7, females 46·3; but if the Service and ex-Service patients are excluded, as is advisable if it is desired to draw conclusions from such figures, the percentages become—males, 33·9, females 66·1.

Summary of Persons Suffering from Mental Disorder, 1st January, 1939.

A.—Arranged According to Class.

Where Maintained on 1st January, 1939.	Private.			Rate-aided.			Criminal.			Total.		
	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.
In Institutions provided by Local Authorities :—												
County and Borough Mental Hospitals	5,653	3,346	8,999	53,540	70,980	124,520	54	23	77	59,247	74,349	133,596
Other Premises	20	32	52	74	105	179	—	—	—	94	137	231
In Registered Hospitals	994	1,512	2,506	—	—	—	1	—	1	995	1,512	2,507
In Licensed Houses :—												
Metropolitan	353	691	1,044	—	1	1	—	—	—	353	692	1,045
Provincial	647	1,078	1,725	—	—	—	—	—	—	647	1,078	1,725
In Hospitals and Nursing Homes approved under the Mental Treatment Act :—												
Hospitals	—	—	—	—	—	—	—	—	—	—	—	—
Nursing Homes	13	76	89	—	—	—	—	—	—	13	76	89
In Naval and Military Hospitals ...	282	—	282	—	—	—	—	—	—	282	—	282
In Criminal Lunatic Asylum (Broadmoor)	—	—	—	3	—	3	596	180	776	599	180	779
In Public Assistance Institutions and Public Health General Hospitals ...	—	—	—	6,461	8,173	14,634	—	—	—	6,461	8,173	14,634
In Private Single-Care	73	202	275	—	—	—	—	—	—	73	202	275
In Outdoor Relief	—	—	—	1,397	2,163	3,560	—	—	—	1,397	2,163	3,560
Total	8,035	6,937	14,972	61,475	81,422	142,897	651	203	854	70,161	88,562	158,723

		Males.	Females.	Total.
Increase during 1938 ...	Private ...	79*	66*	145*
	Rate-aided ...	624	890	1,514
	Criminal ...	3*	4	1
	Total ...	542	828	1,370

		Males.	Females.	Total.
Average Annual *Increase* in the five years 1934–1939	Private ...	79*	74	5*
	Rate-aided	819	884	1,703
	Criminal ...	3*	4*	7*
	Total ...	737	954	1,691

* Decrease.

Summary of Persons Suffering from Mental Disorder, 1st January, 1939.

B.—Classified According to Status.

Where Maintained on 1st January, 1939.	Voluntary.			Temporary.			Certified.			Total.		
	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.
In Institutions provided by Local Authorities :—												
County and Borough Mental Hospitals	4,145	4,484	8,629	134	439	573	54,968	69,426	124,394	59,247	74,349	133,596
Other premises	94	137	231	—	—	—	—	—	—	94	137	231
In Registered Hospitals	276	420	696	9	18	27	710	1,074	1,784	995	1,512	2,507
In Licensed Houses :—												
Metropolitan	87	178	265	2	9	11	264	505	769	353	692	1,045
Provincial	123	257	380	3	10	13	521	811	1,332	647	1,078	1,725
In Hospitals and Nursing Homes approved under the Mental Treatment Act :—												
Hospitals	—	—	—	—	—	—	—	—	—	—	—	—
Nursing Homes	13	71	84	—	5	5	—	—	—	13	76	89
In Naval and Military Hospitals ...	2	—	2	—	—	—	280	—	280	282	—	282
In Criminal Lunatic Asylum (Broadmoor)	—	—	—	—	—	—	599	180	779	599	180	779
In Public Assistance Institutions and Public Health General Hospitals	—	—	—	—	—	—	6,461	8,173	14,634	6,461	8,173	14,634
In Private Single-Care	3	7	10	—	1	1	70	194	264	73	202	275
In Outdoor Relief	These persons are not classifiable for convenience under the above headings, but are included among the Certified.						1,397	2,163	3,560	1,397	2,163	3,560
Total	4,743	5,554	10,297	148	482	630	65,270	82,526	147,796	70,161	88,562	158,723
Of Total { Private	823	1,457	2,280	29	95	124	7,183	5,385	12,568	8,035	6,937	14,972
Of Total { Rate-aided	3,920	4,097	8,017	119	387	506	57,436	76,938	134,374	61,475	81,422	142,897
Of Total { Criminal	—	—	—	—	—	—	651	203	854	651	203	854

Rate-aided patients on the same date numbered 142,897 (males 61,475, females 81,422) or 90 per cent. of all the notified patients. They increased by 1,514 during 1938 as compared with an average annual increase of 1,703 during the last five years.

The sex distribution per cent. of the rate-aided patients was—males 43·0, females 57·0; or, if the Service and ex-Service patients are included, males 44·7, females 55·3.

Criminal patients numbered 854 (males 651, females 203), an increase of one during the year.

Transfers from Class to Class.—During 1938, 622 rate-aided patients (males 279, females 343) were transferred to the private class; 254 private patients (83 males and 171 females) were transferred to the rate-aided class; and 71 criminal patients were retained and classed as rate-aided patients on the expiry of their sentences or on their discharge from the criminal class by warrant of Secretary of State.

Status (*Voluntary, Temporary, Certified*).

On the 31st December, 1938, at the end of the eighth year of the operation of the Mental Treatment Act, 1930, the following patients of each status were under care :—

Status.	Males.	Females.	Total.
Voluntary	4,743	5,554	10,297
Temporary	148	482	630
Certified	65,270	82,526	147,796

Regradings to another Status.—During the year, 1,564 changes in status within the institutions took place as follows :—

From—	To Voluntary.	To Temporary.	To Certified.
Voluntary	—	34	334
Temporary	546	—	196
Certified	431	23	—

Distribution.

The distribution of all patients at the end of 1938 can be seen by reference to the two Summaries (A and B) on pages 12 and 13, but it may be pointed out that 84·2 per cent. of them were resident in County and Borough Mental Hospitals.

Movement of Patients.

Admissions, Discharges, Transfers to other Care, and Deaths in 1938.—Owing to the absence of detailed information of the movement of the persons suffering from mental disorder in Public Assistance Institutions and Public Health General Hospitals, and of those in receipt of Outdoor Relief, particulars as to the persons in these forms of care are not included; and it is for this reason that the total number under care (p. 11) differs from the number remaining at the end of the year as given below.

The subjoined statement includes patients of each status (voluntary, temporary and certified):

Resident on 1st January, 1938	138,893
Direct Admissions	31,408
Indirect Admissions (excluding regradings) ...	1,991
	172,292
Discharged and Departed—	
Recovered	10,377
Relieved	7,945
Not Improved	2,134
*By operation of law	229
" Not now Insane "	12
Transferred (under order) to other care	1,909
Died	9,157
Remained at end of year	140,529
	172,292

The *daily average number resident* was 139,382 (males 61,933, females 77,449)—the proportion of those resident in County and Borough Mental Hospitals being 95·0 per cent.

Direct admissions numbered 31,408 (males 13,724, females 17,684) of whom 87·4 per cent. were admitted to County and Borough Mental Hospitals. The number and percentage of these

* Either by reason of irregular admission documents, lapsing of reception orders (s. 38, Lunacy Act, 1890, and s. 7, Lunacy Act, 1891), or discharge after absconding (s. 85, Lunacy Act, 1890).

admissions in each status were—voluntary 12,467 (39·7); temporary 1,665 (5·3); certified 17,276 (55·0).

The ratio of admissions per 10,000 of the population (aged 16 years and upwards) of England and Wales was 9·91 (males 9·16, females 10·57) and shows an increase on the previous year of 0·17 (males 0·22, females 0·10).

First admissions during 1938 numbered 23,153 (males 10,272, females 12,881) or 73·7 per cent. of all the direct admissions.

The ratio of first admissions per 10,000 of the population (aged 16 years and upwards) of England and Wales was 7·30 (males 6·86, females 7·70), the average ratio for the preceding quinquennium being 6·92 (males 6·57, females 7·22).

Discharges and Departures—that is certified and temporary patients discharged, and voluntary patients who departed, from statutory care (as recovered, relieved or not improved)—numbered 20,456 (males 8,691, females 11,765).

Calculated on the direct admissions the percentage of patients discharged or departed as recovered or relieved was 58·3 (males 56·2, females 60·0), while for recoveries alone the percentage was 33·0 (males 30·5, females 35·0). The percentage of the total absolute discharges and departures (including those not improved, those discharged on admission as "not now insane" and the 151 cases discharged after absconding) was 65·6, as compared with an average for the preceding quinquennium of 60·4.

Deaths numbered 9,157 (males 4,246, females 4,911) and were 528 less than in the previous year. The death-rate per cent. of the daily average number resident was 6·57, being 0·50 below the rate for 1937; the rate for males was 6·86 per cent., and for females 6·34. The average rates for the preceding quinquennium were—males 7·18, females 6·75, total 6·94.

Transfers to Other Care, etc.—During the year 1,991 patients were transferred to another institution or to or from single-care, or were (in a few instances) indirect admissions following discharge by operation of law. Such cases, as well as the regradings detailed on page 14, are technically termed *indirect* admissions and call for no further comment.

Numbers remaining under Care.—The number of patients remaining under care (with the exception of those in Public Assistance Institutions and Public Health General Hospitals and those in receipt of Outdoor Relief) on the 31st December, 1938, was 140,529 (males 62,303, females 78,226), an increase of 1,636 patients during the year.

County and Borough Mental Hospitals.

(*One hundred and one in number.*)

1. *Accommodation.*

On the 1st January, 1939, accommodation in recognized bed-space was provided in County and Borough Mental Hospitals for 130,603 (males 58,019, females 72,584), and there were on the books of these hospitals 1,215 males and 1,778 females in excess of this provision.

The deficiency of accommodation disclosed by the foregoing figures is discussed in the Introduction to this Report (see page 1), but it may be mentioned here that during 1938 we approved plans for proposals which are estimated to provide 555 additional beds. Details of the proposals are set out below.

Mental Hospital.	Proposal.	No. of beds to be provided or rendered available for patients.
Durham C. and Darlington C.B.	Female convalescent home	25
Hereford C. and Hereford B.	Nurses' home	17
Kent and Gravesend B. : Chartham	Admission hospital and convalescent homes.	130
Surrey : Netherne	Adaptation of Clerk's Croft	140
Yorks, West Riding Mental Hospitals Board : Menston	Adaptation of assistant medical officer's house for male patients.	37
Croydon C.B.	Admission hospital, two convalescent homes, sick hospital.	166
Hull C.B.	Villa for male patients ...	40

2. *Numbers under Care.*

At the end of the year 1938 the County and Borough Mental Hospitals contained 133,596 patients, as follows :—

Status.	Males.	Females.	Total.
Voluntary	4,145	4,484	8,629
Temporary	134	439	573
Certified	54,968	69,426	124,394
Total	59,247	74,349	133,596

This shows an increase during the year of 1,447 voluntary, 86 temporary and 111 certified patients.

The numbers of patients in each class were—private, 8,999; rate-aided, 124,520 ; criminal, 77.

3. *Movement of Patients.*

Direct Admissions.—During 1938 there were 27,437 direct admissions as shown below :—

Status.	Males.	Females.	Total.	
Voluntary :				
Private	327	531	858	9,651
Rate-aided	4,060	4,733	8,793	(35·2%)
Temporary :				
Private	47	123	170	1,520
Rate-aided	387	963	1,350	(5·5%)
Certified :				
Private	95	218	313	16,266
Rate-aided	6,975	8,896	15,871	(59·3%)
Criminal	69	13	82	
Total	11,960	15,477	27,437	

As compared with the direct admissions in 1937 there were increases of 1,237 in the voluntary admissions and 116 in the temporary, while those of the certified status decreased by 808, resulting in a total net increase of 545 in the direct admissions.

First Attack Cases.—Particulars of these admissions during 1938 are not yet available, but it may be stated that, of the direct admissions in 1938, 27 per cent. (voluntary 31 per cent., temporary 13 per cent., and certified 27 per cent.) had previously been dealt with under the Lunacy and Mental Treatment Acts.

Discharges and Departures.—The following table shows the status and mental condition at time of discharge or departure of the absolute discharges and departures during 1938. Patients discharged on admission as " not now insane " and those discharged after absconding (sec. 85) are not included in the table.

At time of discharge or departure.		Males.	Females.	Total.	
Status.	Mental Condition.				
Voluntary...	Recovered ...	1,462	2,047	3,509	8,082 (47·2%)
	Relieved ...	1,513	1,754	3,267	
	Not Improved	615	691	1,306	
Temporary	Recovered ...	80	246	326	514 (3·0%)
	Relieved ...	47	98	145	
	Not Improved	6	37	43	
Certified ...	Recovered ...	2,215	3,202	5,417	8,528 (49·8%)
	Relieved ...	1,113	1,581	2,694	
	Not Improved	181	236	417	
	Total ...	7,232	9,892	17,124	

Calculated on the direct admissions the percentage of patients discharged or departed as recovered or relieved was 56·0 (males 53·8, females 57·7), while for recoveries alone the percentage was 33·7 (males 31·4, females 35·5) ; the percentage of the total absolute discharges and departures (including the 12 discharged on admission as " not now insane " and the 146 discharged after absconding was 63·0.

Deaths.—During the year 8,567 patients (4,021 males and 4,546 females) died.

The proportion per cent. of deaths to the daily average number resident was 6·47 (males 6·82, females 6·18) ; this was 0·53 below that for the previous year and 0·62 below the mean percentage for the preceding ten years.

The number of post-mortem examinations was 5,230, being 61·0 per cent. of the deaths. The proportion of these examinations varied from 100 per cent. at East Riding Mental Hospital and 90 per cent. or over at the Bucks., Cumberland, Barming Heath, Leicester and Rutland, Napsbury, Cheddleton, Derby Borough Runwell and Leicester City Mental Hospitals to such low percentages as 16·5 (Prestwich) and 14·1 (Northumberland).

Service Patients.—The number of Service patients resident at the close of the year in County and Borough Mental Hospitals was 3,925, a decrease of 90 during the year. On the same date there

were also 330 ex-Service patients (8 less than a year ago), the cost of whose maintenance is defrayed by the Board from a special Exchequer grant (*see* 11th Report, page 31).

4. *Use of Voluntary and Temporary Treatment.*

County and Borough Mental Hospitals receive over 87 per cent. of the admissions into the various forms of care, and the two tables which follow indicate the extent to which the various hospitals make use of the procedures for voluntary and temporary treatment and thereby avoid resort to admission under certificate.

Proportion of voluntary admissions to total direct admissions.

Percentages.	Hospitals.
5–9	Prestwich.
10–14	Lancaster, Winwick, Bracebridge, Rauceby, Stafford, Winson Green. (6 hospitals.)
15–24	Cambridge, Chester, Cornwall, Denbigh, Durham, Park Prewett, Rainhill, Whittingham, Leicester and Rutland, Banstead, Bexley, Cane Hill, Claybury, Friern, St. Bernard's, Long-Grove, Monmouth, Northumberland, Salop, Wells, Cotford, Cheddleton, Suffolk, Brookwood, Barnsley Hall, Storthes Hall, Rubery Hill. (27 hospitals.)
25–34	Berks, Brecon, Carmarthen, Parkside, Cumberland, Dorset, Barming Heath, Chartham, Horton, West Park, Nottingham County, Burntwood, Netherne, Powick, Wadsley, Menston, Canterbury, Derby Borough, Exeter, Middlesbrough. (20 hospitals.)
35–44	Derby County, Devon, Brentwood, Severalls, Glamorgan, Gloucester, Hereford, Herts, Napsbury, Norfolk, Oxford, Warwick, Wilts, Bristol, Gateshead, Hull, Leicester City, Newcastle, Newport, Norwich, Plymouth, York City. (22 hospitals.)
45 and upwards	Springfield (45), East Sussex (45), West Sussex (46), East Riding (46), Ipswich (46), Beds. (47), Northampton (48), Shenley (52), Wakefield (55), Bucks (56), North Riding (56), Runwell (58), Knowle (59), Nottingham City (60), Brighton (62), Sunderland (62), West Ham (62), Isle of Wight (66), Portsmouth (70), Croydon (71), Cardiff (72), Swansea (73). (22 hospitals.)

The high percentages at St. Ebba's (77), Scalebor Park (75), and the City of London (48) should be mentioned; these are not included in the table because of the special conditions which obtain at these three hospitals and which would make comparison with the others fallacious.

Proportion of temporary admissions to total direct admissions.

Percentages.	Hospitals.
Nil	Cambridge, Parkside, Hereford, Prestwich, Monmouth, Norfolk, Burntwood, Newcastle. (8 hospitals.)
Less than 0·5	Horton, Long-Grove, Northampton, Storthes Hall. (4 hospitals.)
0·5–4	Berks., Carmarthen, Chester, Cornwall, Cumberland, Denbigh, Devon, Knowle, Park Prewett, Barming Heath, Lancaster, Rainhill, Whittingham, Winwick, Bracebridge, Banstead, Bexley, Cane Hill, Claybury, Friern, St. Bernard's, West Park, Springfield, Napsbury, Shenley, Northumberland, Nottingham County, Oxford, Salop, Wells, Cotford, Stafford, Cheddleton, Suffolk, East Sussex, West Sussex, Wilts, Powick, Barnsley Hall, East Riding, North Riding, Menston, Winson Green, Rubery Hill, Croydon, Gateshead, Hull, Leicester City, Newport, Norwich, Plymouth, Swansea. (52 hospitals.)
5–9	Beds., Brecon, Bucks, Durham, Glamorgan, Gloucester, Herts, Chartham, Leicester and Rutland, Rauceby, Brookwood, Netherne, Isle of Wight, Wakefield, Wadsley, Scalebor Park, Brighton, Bristol, Canterbury, Runwell, Exeter, Middlesbrough, Portsmouth. (23 hospitals.)
10 and upwards	Nottingham City (11), Warwick (12), Cardiff (12), St. Ebba's (15), Ipswich (15), Sunderland (15), Brentwood (18), West Ham (18), City of London (19), Dorset (21), Severalls (21), Derby County (24), York City (24), Derby Borough (35). (14 hospitals.)

5. *Causes of Death during* 1937.

The time that elapses between the receipt of the mortality statistics for any given year and the preparation for publication of our Report for that year is too short to permit of the compilation of a detailed summary and its adequate study. The subjoined table, therefore, refers to the deaths that occurred in County and Borough Mental Hospitals during 1937, the equivalent details relating to the year covered by this Report (1938) being not yet available. Some mention, however, will be made, in the section that follows this, of the mortality for 1938 in regard to certain diseases, particular reference to which necessitates the production of the latest possible information. This procedure is in accord with that adopted during recent years.

Causes of Death in the cases of all Patients in County and Borough Mental Hospitals who died during the year 1937. *The daily average number of patients resident during the year* 1937 *was* 130,178 (*Males*, 57,963 ; *Females*, 72,215).

Cause of Death. (The numerals refer to the revised (1929) International List of Causes of Death as adapted by the Registrar-General for use in England and Wales.)		Number of Deaths.		
		Male.	Fem.	Total.
1 & 2.	Typhoid and paratyphoid fevers ...	4	21	25
8.	Scarlet fever	—	1	1
10.	Diphtheria	2	2	4
11.	Influenza	70	137	207
13.	Dysentery	21	24	45
15.	Erysipelas	6	12	18
17.	Encephalitis lethargica	12	8	20
23.	Tuberculosis of the respiratory system ...	304	235	539
4–32.	Other forms of tuberculosis	25	26	51
45–53.	Cancer and other malignant tumours ...	187	246	433
59.	Diabetes	15	22	37
62.	Pellagra	—	2	2
82.	Cerebral haemorrhage, apoplexy, etc. ...	181	263	444
83.	General paralysis of the insane	392	190	582
84.	Other forms of insanity	99	137	236
85.	Epilepsy	136	109	245
87.	Other diseases of the nervous system ...	43	55	98
91.	Acute endocarditis	5	21	26
92.	Chronic endocarditis, valvular disease ...	174	253	427
93.	Diseases of the myocardium	590	850	1,440
94.	Diseases of the coronary arteries, angina pectoris	55	46	101
95.	Other diseases of the heart	51	89	140
97.	Arterio-sclerosis	353	348	701
106.	Bronchitis	67	86	153
107–109.	Pneumonia (all forms)	583	830	1,413
119 & 120.	Diarrhoea and enteritis	3	19	22
130 & 131.	Nephritis	143	159	302
162.	Old Age	209	358	567
	Violent deaths (including suicide) ...	47	41	88
	All other causes	330	419	749
	Total	4,107	5,009	9,116

6. *Infectious and other Diseases during* 1938.

The following table shows the incidence of certain infectious diseases among the patients and staffs of County and Borough Mental Hospitals during the year.

	Patients.			Staff.		
	M.	F.	T.	M.	F.	T.
Measles	13	2	15	—	3	3
Scarlet Fever	20	35	55	6	11	17
Diphtheria	10	21	31	5	19	24
Chicken Pox	12	11	23	—	1	1
Mumps	—	1	1	—	—	—
Puerperal Fever...	—	3	3	—	—	—

The deaths from these infectious diseases were :—measles, one female patient; diphtheria, one male and one female patient; puerperal fever, two patients.

Tuberculosis.

There were 943 cases of pulmonary tuberculosis under treatment at the end of the year and 162 cases of other forms of tuberculosis. These figures taken together are equivalent to a prevalence in the mental hospitals of 8·3 cases of tuberculosis per thousand patients. On the same date two female members of the hospitals' staffs were under treatment for this disease.

It will be seen from the table which follows that during recent years there has been a steady fall in the ratio of new cases per thousand patients resident and in the ratio of deaths. Reduction in the incidence of fresh cases may result partly from improvement in the general population and partly from close medical inspection and accurate technical examination of patients suspected to be below the normal standard of health. We feel too that the method adopted in recent years in mental hospitals of isolating from others all cases of tuberculosis is a measure which has contributed largely to the steadily improving position.

The very considerable reduction in the ratio of deaths may arise partly from the reduction in incidence and partly from the fact that cases are diagnosed and treated at an earlier stage of the disease.

Incidence.

The numbers and ratio of fresh cases arising during the year are shown in the following table. For purposes of comparison the corresponding particulars for the past decade have been set out.

Year.	Daily Average Number of Patients resident.	Tuberculosis.							
		Incidence. Fresh Cases (all forms).		Deaths.					
				Phthisis.		Other forms.		All forms.	
		No.	Ratio per 1,000 resident.	No.	Ratio per 1,000 resident.	No.	Ratio per 1,000 resident.	No.	Ratio per 1,000 resident.
1929	115,875	985	8·5	725	6·3	78	0·7	803	6·9
1930	118,039	948	8·0	667	5·7	72	0·6	739	6·3
1931	120,051	924	7·7	616	5·1	73	0·6	689	5·7
1932	121,261	1,004	8·3	657	5·4	79	0·7	736	6·1
1933	122,725	950	7·7	635	5·2	79	0·6	714	5·8
1934	124,563	820	6·6	553	4·4	59	0·5	612	4·9
1935	126,453	791	6·3	525	4·2	51	0·4	576	4·6
1936	128,183	878	6·8	516	4·0	67	0·5	583	4·5
1937	130,178	862	6·6	539	4·1	51	0·4	590	4·5
1938	132,477	761	5·7	460	3·5	40	0·3	500	3·8

The Enteric Group.

There were 38 cases (5 males, 33 females) of typhoid and paratyphoid fevers during the year, reported from 22 hospitals. In addition seven women nurses were affected, one of whom died.

Year.	Enteric Fever.										
	Patients.						Staff.				
	Incidence.			Deaths.			Incidence.			Deaths.	
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.
1929	16	104	120	6	26	32	—	14	14	—	2
1930	34	72	106	9	19	28	—	—	—	—	—
1931	21	89	110	6	14	20	—	—	—	—	—
1932	16	83	99	5	20	25	—	10	10	—	1
1933	83	117	200	26	25	51	1	9	10	—	1
1934	10	42	52	1	13	14	1	12	13	1	2
1935	23	70	93	5	17	22	—	3	3	—	1
1936	10	54	64	3	16	19	—	7	7	—	—
1937	6	53	59	4	21	25	—	8	8	—	1
1938	5	33	38	1	6	7	1	6	7	—	1

During the past ten years, in a total of 941 patients affected, 76 per cent. have been women and 24 per cent. men. During 1938, 5 men and 33 women suffered from enteric fever. We have noted in previous years that this high proportion of women affected is peculiar to mental hospitals. In all cases where the disease has arisen the fullest investigation has been made to determine the origin of the infection, in most cases entailing the examination of large groups of patients who show no sign of the disease but who may be carriers or have suffered from an ambulatory form of the illness.

Dysentery.

The figures for the past decade are shown in the table which follows.

Year.	Dysentery.			Severe Diarrhœa.
	Fresh cases.	Incidence rate per 1,000.	Death rate per 1,000.	Fresh cases.
1929	372	3·2	0·3	193
1930	254	2·2	0·2	189
1931	423	3·5	0·4	269
1932	563	4·6	0·4	220
1933	457	3·7	0·4	223
1934	450	3·6	0·4	383
1935	487	3·9	0·4	276
1936	396	3·1	0·3	150
1937	469	3·6	0·3	192
1938	565	4·3	0·2	365

The number of cases of dysentery, reported from 45 hospitals, was 565, an increase of 96 on the number during 1937. The death rate was 0·2 per 1,000.

A reference to the table above will show that during 1938 there has been some increase in the incidence rate of dysentery in our mental hospitals. In most cases the organism determining the illness was isolated and it is clearly established that the rise in the incidence of dysentery during the past two years has been due to a large increase in infection by the Sonne organism. While in 1937 there were only 80 cases of Sonne dysentery, in 1938 the number increased to 231. This is not surprising as it is well known that during recent years Sonne dysentery has become increasingly prevalent in the general community.

It is difficult to be sure what patients are excreting the causative organism of bacillary dysentery and when they are identified there is the important question of treatment which must be considered. The isolation of considerable numbers of excretors and carriers creates the serious problem that they are continually re-infecting each other and so forming a vicious circle of infection. It is recognized that where a patient is found to be a carrier isolation is absolutely essential, but it seems certain that in the first place sufficient time should be allowed to see whether the condition clears up. The need for group isolation may in many cases be overcome by a more prolonged isolation of the individual patient immediately following the actual attack of dysentery. Where a period of two months has been tried opinion is strongly in favour of

the method on the ground that many cases have then ceased to be excretors. In practice we find that the hasty labelling of patients as carriers may lead to administrative embarrassments without giving corresponding advantages in the control of the disease.

Erysipelas.

There have been in all 227 (92 male and 135 female) cases of erysipelas, reported from 64 hospitals. The highest incidence was at Durham (14). There were 15 deaths.

Influenza.

The notifications of this infection numbered 885, including 32 cases of influenzal pneumonia. There were 34 deaths, a case mortality of 3·8 per cent.

Pneumonia, etc.

Non-tuberculous inflammatory diseases of the lungs and bronchi resulted in the deaths of 567 males and 843 females, a total of 1,410 of whom 802 were over the age of 55.

The group constitutes 16·5 per cent. of the deaths from all causes.

Pellagra.

During the year 12 cases of pellagra have been reported, two of whom died. In the more recent cases treatment by nicotinic acid injections is being applied, with encouraging success.

7. *Changes among Superintendents.*

Berks.

Dr. Walter Woolfe Read retired at the end of March, 1938, after 18 years' superintendentship. Including the period during which he was a member of the medical staff at Littlemore, he had had in all 30 years' mental hospital service. During his term of office there were several structural changes at the Hospital : among these were the provision of verandahs, the conversion of the Isolation Hospital and Superintendent's house as villas for trustworthy patients, and the erection of a new house for the Superintendent ; but the largest item was the erection in 1935 of a detached block for 100 women patients.

Following advertisement of the vacancy, the Committee of Visitors appointed Dr. Hugh Astley Cooper (M.D.Lond., M.R.C.P., D.P.M.), who for about two years had been Deputy Superintendent at Knowle (Hants.) and who, as a member of the medical staffs at West Park and Barnsley Hall, had had some ten years' mental hospital service. Previously he had had some general hospital experience and had been a medical officer under the Ministry of Pensions.

London County (Claybury).

Dr. Guy Foster Barham's retirement in June, 1938, marked the conclusion of 35 years in the mental hospital service of the London County Council. For 22 years of this period he had occupied the onerous post of Superintendent at Claybury. Dr. Barham was an accomplished physician and an able administrator, with a nicety of taste in matters of detail. The whole of his work was characterized by high ideals ; with the result that the standards both of medical work and of creature comforts in the wards were always of the best. A strong believer in the value, mental as well as bodily, of physical exercises, he was instrumental in the establishment of a fine gymnasium ; but, of the many structural improvements effected during his tenure of office, the most notable were the erection of Forest House (1928) and Orchard House (1936) for the reception and treatment of certain types of newly admitted patients.

As his successor, the Council appointed Dr. John Stuart Harris (M.D.Edin., M.R.C.P.Lond., D.P.M.) who, with considerable previous general hospital experience, had had nearly 15 years' service in the Council's mental hospitals, for six years of which he was Deputy Superintendent at West Park and for four years Deputy at The Maudsley. He also acted as consultant in nervous and mental disorders at St. Stephen's Hospital and Westminster Institution.

Staffordshire (Stafford).

Dr. Benjamin Henry Shaw retired at the end of June, 1938. For 40 years he had devoted conspicuously able service to the welfare of the hospital of which he had been Superintendent for 19 years. In addition, in more recent years he had acted as Hon. Physician in nervous and mental disorders at The Royal Hospital, Wolverhampton, and at the Staffordshire General Infirmary. Several important improvements to the Hospital were made during his superintendentship, the most notable being the erection in 1930 of the Admission Hospital, followed three years later by its Annexes. The scientific side of his work always attracted Dr. Shaw : he thus was able during the War to act as Bacteriologist at Netley and in the Mediterranean Expeditionary Force ; nor did he ever fail to find time for work in the laboratory of his hospital.

To succeed him the Committee, after advertising the post, appointed Dr. Thomas Patrick Curran (M.B., N.U.I., D.P.M.) who, for nearly three years had been Deputy Superintendent at Prestwich. Previously there in a junior capacity and afterwards at Rainhill he had had in all rather more than 15 years' mental hospital experience, all under the Lancashire Mental Hospitals Board.

West Sussex.

Dr. Cyrus Gerald Ainsworth, owing to failing health, to our regret, found it necessary in May, 1938, to relinquish his post here as Superintendent—a position he had held with ability for nearly 11½ years. With previous service at Rainhill and Springfield Mental Hospitals, he had devoted some 17 years to the treatment of mental disorders. Dr. Ainsworth's devotion to the work of his Hospital was of a single-minded kind. He took a close and personal interest in the medical details of the plans of the several new buildings erected during his tenure of office. These included an Admission Hospital, two villas for women patients, and a Nurses' Home.

To fill the vacancy and after advertising the post, the Committee of Visitors appointed Dr. Joshua Carse (M.D.Durh., D.P.M.) who, was for three years Deputy Superintendent at Berrywood (Northampton) and with previous service at Rainhill and Gloucester, had had nearly 14 years' mental hospital experience. He was also Assistant Hon. Physician in nervous and mental disorders to the Northampton General Hospital, and had acted as consultant to the Northants Home for maladjusted girls.

West Riding of Yorkshire : Storthes Hall.

Dr. Cecil Wilmot Ewing, who had been superintendent for 11½ years, retired at the end of September, 1938. With previous service here and at Chartham Mental Hospital, he had devoted 30 years to the treatment of mental disorders. In the War he held a temporary Commission as Captain in the R.A.M.C. ; and while at Storthes Hall he was Hon. Physician in nervous and mental disorders at the out-patient departments of The Royal Infirmary, Huddersfield, and the Halifax General Infirmary. Dr. Ewing's energies were devoted entirely to the welfare of his Hospital and its patients ; and it was during his superintendentship that such medical facilities as an operating theatre and verandahs to six of the wards were added.

To succeed him the West Riding Mental Hospitals Board, after advertising the vacancy, promoted Dr. David Kennedy Bruce (M.B.Glasg., D.P.M.) who had had rather more than 14 years' mental hospital experience, all of it, with the exception of a short period at Glamorgan, at Storthes Hall.

Wadsley.

Dr. Arthur Pool, who had been Superintendent here for nearly five years, relinquished his post at the end of November, 1938, upon his appointment to be Superintendent at The Retreat, York. An able and gifted medical man, Dr. Pool has, in addition to carrying out his mental hospital duties, also acted as Hon. Physician for nervous and mental disorders in the out-patient departments at The Sheffield Royal Hospital and The Sheffield Infirmary and

was Lecturer in mental disorders in the University of Sheffield. It was during his comparatively short term of office that the Early Treatment Centre, with its admission hospital and convalescent homes, was opened at Wadsley.

As Dr. Pool's successor the West Riding Mental Hospitals Board, after advertising the vacancy, appointed Dr. Robert Stewart Kennedy (M.B.Glasg., D.P.M.) who has been for three years Deputy Superintendent at Bracebridge. With earlier service at Chester he had had eight-and-a-half years' mental hospital experience. He also had had some previous valuable general hospital experience.

Birmingham (Winson Green).

Dr. Charles Wesley Forsyth, who for just short of 12½ years had occupied the post of Superintendent here, retired at the end of September, 1938. With previous service at Rubery Hill and Kesteven and short terms at Banstead he had given some 26 of 36 years of professional life to the study and treatment of mental disorders. An able administrator and an accomplished physician, he was Hon. Physician in this branch of medicine in the out-patient department of Queen's Hospital, Birmingham, and was Lecturer and Examiner in the University. In the war he held a temporary Commission in the R.A.M.C. and was Mental Specialist at Netley Hospital.

After advertising the vacancy the Visiting Committee promoted Dr. James Joseph McCabe O'Reilly (M.B.Belf., D.P.M.) who had been Deputy Superintendent here for six-and-a-half years and, with previous appointments at Park Prewett, Dorset and Wells, had had 17 years' mental hospital experience.

Norwich City.

Dr. Charlton Robert Frederick Hall, much to our regret, died early in June, 1938, scarcely three years after his appointment as Superintendent. He had been a member of this Hospital's medical staff for 20 years and, including a period at Salop, he had devoted 22½ years of his 33 years of professional life to mental hospital service.

Following advertisement of the post, the Committee appointed Dr. Frederick Henry Healey (M.D., B.Sc.,Birm., D.P.M.) who for two-and-a-half years had been Deputy Superintendent at Cotford and had had 13 years' mental hospital experience.

Sunderland.

Dr. Mervyn Alexander Archdale retired at the end of July, 1938. For 32 years he had been Superintendent in succession of three public mental hospitals, 16 years here, four at Fulbourn (Cambridge), and 12 at Beverley (East Riding) ; and, with previous service at Rainhill, he had devoted 38 years to mental hospital practice.

In addition he was active in the carrying out of out-patient treatment of nervous and mental disorders at The Royal Infirmary, Sunderland. He was also concerned in the preparation of the plans of the new buildings which are approaching completion and which comprise such important units as an Early Treatment Centre for new admissions and convalescing patients and a Sick Hospital.

Following advertisement of this vacancy, the Committee promoted Dr. Frederick Back (M.B.Lond., M.R.C.S., L.R.C.P., D.P.M.), who for the past twelve years had been Deputy Superintendent here and who, including some three years at Wadsley and shorter periods at Claybury, Hellingly and Severalls, had had in all some 18 years' mental hospital experience.

Registered Hospitals.

(*Thirteen in number.*)

Patients resident on 1st January, 1939.

Status.	Males.	Females.	Total.
Voluntary	276	420	696
Temporary	9	18	27
Certified	710	1,074	1,784
Total	995	1,512	2,507

The number of patients resident in these hospitals showed an increase of four during the year.

Direct Admissions during 1938 numbered 1,051 (males 440, females 611). Voluntary patients formed 71·2 per cent. of the total, while 4·9 per cent. were temporary and 23·9 per cent. certified.

Departures and Discharges.—Calculated on the direct admissions the percentage of patients who departed or were discharged as recovered or relieved was 66·1 (males 59·1, females 71·2), and for recoveries alone 37·5 (males 30·9, females 42·2), while the percentage of the total absolute departures and discharges was 79·8.

Deaths in these hospitals numbered 198 and the death rate per cent. of the daily average number of patients resident was 7·9 (males 8·4, females 7·5).

Changes among Superintendents.

Holloway Sanatorium.—Dr. Henry Devine, O.B.E., F.R.C.P., who, with distinction and ability, held office as Superintendent

here for 12 years, found it necessary, through failing health and to our great regret, to retire in May, 1938. Previously he had been Superintendent of the Portsmouth City Mental Hospital for 12 years, during part of which that hospital was occupied by the American Military Authorities during the War and Dr. Devine held a temporary Commission in the R.A.M.C. With previous service at Cane Hill and Long-Grove and three years as Deputy Superintendent at Wakefield, he had devoted in all some 35 years to mental hospital practice. It was during his tenure of office that important structural alterations were made to certain of the wards at Holloway Sanatorium to meet modern requirements of newly admitted patients. A physician of great scholarly attainments, Dr. Devine is a Doctor in Medicine of both Bristol and London Universities, was awarded a gold medal in the examination for the latter's degree, and is a Gaskell gold-medallist in psychological medicine; he has enriched medical literature both by his books and by the thoughtful character of his other writings. In 1923 he was President of the Neurological and Psychiatry Section of the British Medical Association, and in 1932–3 of the Psychiatry Section of the Royal Society of Medicine.

As Dr. Devine's successor the Committee of Governors promoted the Deputy Superintendent, Dr. Thomas Edward Harper, M.R.C.S. Eng., L.R.C.P.Lond., who, besides previous general hospital experience and a short time at Peckham House, for the long period of 43 years had rendered valuable service as a member of this Hospital's medical staff.

The Warneford (Oxford).—Dr. Alexander William Neill, whose health for some time had been giving cause for anxiety, to our great regret died on the 2nd of May, 1938; he had been Superintendent for 24 years. Coming here from the Royal Edinburgh Hospital (Morningside) where he had been a member of the medical staff for nearly seven years, he had given in all 31 years of his professional life to the hospital treatment of mental disorder. At Oxford he also had assisted in examinations required under the Mental Deficiency Act. He took an active interest in the acquisition in 1935 of Highfield Park for the use of selected types of patients and in 1937 in the arrangements for the new Nurses' Home. He will be remembered by patients and staff alike for his consideration of their welfare and for his invariable kindness and courtesy.

Following advertisement of the post the Committee of Governors appointed Dr. Robert Gow McInnes (M.R.C.P.Edin., D.P.M.) whose previous mental hospital experience, like that of his predecessor, was also at Morningside, on the staff of which he had been for seven years, three of which were as Deputy Superintendent. He also, besides some previous service at Fife and Kinross Mental Hospital, had held the posts of Physician in charge of the Jordanburn Nerve Hospital in Edinburgh and Lecturer in the University.

Wonford House (*Exeter*).—Dr. Herbert Wilfrid Eddison who, after three-and-a-half years' previous experience at Banstead Mental Hospital, had been Superintendent here for nearly 11 years, resigned at the end of October, 1938. Dr. Eddison's interest in the scientific side of his work was continuous as evinced by work for the Medical Research Council and by his contributions to medical literature. It was his hope, had he remained at Wonford House, to see this Hospital—which was opened as far back as 70 years ago—brought up-to-date to meet requirements envisaged by the Mental Treatment Act.

Following advertisement of the vacancy the Committee of Governors promoted Dr. Bartholomew Joseph Mullin, M.C. (L.R.C.P. and S.Irel., D.P.H., D.P.M.), who for 10 years had been Deputy Superintendent, with 18 months' previous experience at Northumberland House (London).

The Retreat (*York*).—Dr. Neil Macleod, whose health had for some time been indifferent, retired at the end of November, 1938. For nearly 10 years he had discharged the duties of Superintendent here with ability ; he also acted as Hon. Physician in charge of the out-patient section for nervous and mental disorders at the York County Hospital. With five years' previous service at The Retreat as Deputy Superintendent, a year at Sunderland, and a period at the Royal Edinburgh Hospital (Morningside), he had given 20 years to the mental hospital treatment of mental disorders. Several important structural additions at The Retreat were made during his superintendentship : among them were the swimming pool for staff and for selected patients, the extensions to the Nurses' Home, and alterations to Garrow Hill House to enable it to serve as a nursing home mainly for voluntary patients ; and in all of them Dr. Macleod took an active interest.

Following advertisement of the vacancy the Committee of Governors appointed Dr. Arthur Pool (M.B.Liverp., M.R.C.P.Lond., D.P.M.) the then Superintendent of the West Riding Mental Hospital at Wadsley whose resignation from that post we noticed on page 29 of this Report.

Naval and Military Hospitals.

Royal Naval Hospital, Great Yarmouth.—This hospital was visited by two Commissioners on 26th May, 1938. The number of patients on the books was 214, all of whom were in residence. Eight patients had been admitted on transfer from other mental hospitals since the previous visit and there had been one direct admission.

Employment, both indoor and out-of-door, is well organized and practically every patient who is physically fit is occupied

in some way. Many of them work in the grounds and to some small plots of land have been allotted as private gardens

As many as 28 per cent. of the patients have parole beyond the grounds and ample facilities exist for outdoor games.

During the interval that had elapsed since the last visit the general health of the patients had been very good, with a total absence of epidemic or infective disease.

Royal Military Hospital, Netley.—The Commissioner who visited " D " Block of the Royal Victoria Hospital, Netley, on 12th October, 1938, found 36 patients under observation or treatment. Admissions during the preceding 12 months totalled 307 and discharges 304.

He was satisfied that the approach to problems of diagnosis and treatment was on modern lines and that the physical and psychological causes of the mental disorder were, in each case, thoroughly explored.

The wards and dayrooms were clean and in good order but the Commissioner thought that the introduction of light colours in redecoration of the Officers' admission unit would be of advantage.

State Criminal Asylum, Broadmoor.

Two Commissioners visited this institution on 18th July, 1938.

Their report showed that they were satisfied with the general administration of the establishment and they noted the advance recently made towards increasing the comfort and welfare of the patients.

Whilst recognizing that much had been done in the last year or two in organizing occupations for the patients, the Commissioners thought that the employment of trained instructors to teach a greater variety of crafts would be of advantage.

The Commissioners noted with pleasure that a start had lately been made in training attendants of both sexes for the examinations of the Royal Medico-Psychological Association.

The number of patients in residence was 780, of whom 598 were men and 182 were women.

Licensed Houses.

(*Forty-nine in number.*)

At the end of the year 1938 there were 19 Metropolitan Houses licensed by us and 30 Provincial Houses licensed by Justices for the reception of patients under the Lunacy and Mental Treatment Acts.

As compared with a year ago the Provincial Houses number one less, the licence of Greta Bank having lapsed.

Patients resident on 1st January, 1939.

Status.	Males.	Females.	Total.
Metropolitan Houses :			
Voluntary	87	178	265
Temporary	2	9	11
Certified	264	505	769
Provincial Houses :			
Voluntary	123	257	380
Temporary	3	10	13
Certified	521	811	1,332
Total	1,000	1,770	2,770

The total number of patients resident in these houses showed a decrease of 41 during the year.

Direct Admissions numbered 1,298 (males 472, females 826). Of the total number, 68·7 per cent. were voluntary patients, 5·9 per cent. were temporary and 25·4 per cent. were certified.

Departures and Discharges.—Calculated on the direct admissions the percentage of patients who departed or were discharged as recovered or relieved was 63·2 (males 60·6, females 64·6), and for recoveries alone 28·1 (males 26·9, females 28·8), while the percentage of the total absolute departures and discharges was 75·7.

The *deaths* numbered 307 and the death-rate per cent. of the daily average number of patients resident was 11·0 (males 10·7, females 11·2).

Greta Bank.—The licence of this house lapsed on 3rd November, 1938. This house had been used for the care and treatment of persons suffering from mental disorder for 76 years, the first licence having been granted on 14th October, 1862.

Single-Care.

The following table shows the number of patients who were resident in private single-care under the provisions of the Lunacy and Mental Treatment Acts, but exclusive of cases found of unsound mind by inquisition.

Patients resident on 1st January, 1939.

Status.	Males.	Females.	Total.
Voluntary	3	7	10
Temporary	—	1	1
Certified	70	194	264
Total	73	202	275

There was a reduction of 19 in the number under care as compared with a year ago, and we are able to report, as a result of our visits to these patients—to some of whom a second visit has been paid—that the arrangements for their care and treatment were generally satisfactory.

Certified Patients in Public Assistance Institutions and Public Health General Hospitals.*

The number of patients certified under the Lunacy Acts and detained in Public Assistance Institutions and Public Health General Hospitals at the end of 1938 was 14,634 (males 6,461, females 8,173). It should be noted that these figures relate only to persons certified under the Lunacy Acts, and that they by no means represent the total number of mental cases in these institutions.

Notwithstanding the need for further accommodation in County and Borough Mental Hospitals there has been no increase in the number of Visiting Committees availing themselves of the facilities afforded by Section 26 of the Lunacy Act, 1890, for providing accommodation in Public Assistance Institutions for selected patients.

Treatment by Insulin, Cardiazol and Triazol.

In 1938 a questionnaire on treatment by Insulin, Cardiazol and Triazol was circulated to Mental Hospitals, Registered Hospitals, Licensed Houses, to the Maudsley Hospital, and also to Nursing Homes approved under the Mental Treatment Act in which one or other of these treatments had been carried out. Information on treated cases was asked for in tabular form and questions were put on difficulties, on staffing, and on other points of interest.

The replies received are not only full, but contain among them many details of clinical observation and medical opinion which are of great value to any who are concerned with the use and progress of the treatments. We are grateful to those who have spent so much time and trouble in compiling the returns and we hope in due course to issue a summary of the findings. In the meantime we give some general figures.

The treatments have been employed at 92 institutions as follows: insulin only, three (in one house with histamine also); cardiazol only, 61; insulin and cardiazol combined, 16; insulin and cardiazol (not combined†), 12.

The returns relate to 3,531 completed cases: 1,808 males and 1,723 females. Of these 476 (13·5 per cent.) received insulin, 2,875 (81·4 per cent.) received cardiazol, and 180 (5·1 per cent.) were given the combined treatment.

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* The number of mental defectives in these institutions will be found on p. 40.

† *i.e.* not given together, but at different times.

The results in those cases in which three or more months had elapsed since the treatment ended are summarized below.

1. *Cases which have left Hospital.*

——	Insulin.		Cardiazol.		Both.		Totals. Number of cases.			Per cent. of completed cases.		
	M.	F.	M.	F.	M.	F.	M.	F.	T.	M.	F.	T.
Complete remission (apparently well)	69	69	222	320	5	22	296	411	707	16·3	23·8	20·0
Incomplete remission (fit for work but with one symptom left)	22	14	63	71	7	9	92	94	186	5·1	5·5	5·3
Partial remission (fit for work but with several symptoms left)... ...	16	18	81	71	2	10	99	99	198	5·5	5·7	5·6
	107	101	366	462	14	41	487	604	1,091	26·9	35·0	30·9
Others*	31	37	29	23	1	—	61	60	121	3·4	3·5	3·4
Total	138	138	395	485	15	41	548	664	1,212	30·3	38·5	34·3

* Cases which do not fall within the precise headings of the return and those in regard to whom no details have been furnished.

2. *Cases which have not left Hospital.*

——	Insulin.		Cardiazol.		Both.		Totals. Number of cases.			Per cent. of completed cases.		
	M.	F.	M.	F.	M.	F.	M.	F.	T.	M.	F.	T.
Ameliorated	32	18	323	272	15	15	370	305	675	20·5	17·7	19·1
Unchanged	79	35	653	567	31	57	763	659	1,422	42·2	38·3	40·3
Worse	6	3	52	58	—	3	58	64	122	3·2	3·7	3·4
	117	56	1,028	897	46	75	1,191	1,028	2,219	65·9	59·7	62·8
Others*	12	9	46	14	—	—	58	23	81	3·2	1·3	2·3
Total	129	65	1,074	911	46	75	1,249	1,051	2,300	69·1	61·0	65·1

* Cases in regard to whom no details have been furnished.

Nineteen deaths have occurred, a proportion to completed cases of 0·5 per cent. Details are as follows :—

3. *Deaths.*

——	Number.			Per cent. of completed cases of each form of treatment.		
	M.	F.	T.	M.	F.	T.
Insulin	2	4	6	0·74	1·93	1·26
Cardiazol	8	2	10	0·54	0·14	0·35
Both	1	2	3	1·61	1·69	1·67
Total	11	8	19	0·61	0·46	0·54

We do not profess to be able to give an accurate estimate of the value of the treatments from these figures, for diagnosis of types and degrees of mental disorder, estimates of the completeness or incompleteness of remission and of the prospects of cases whether treated by the methods under discussion or otherwise, are so difficult that it is obvious the matter does not lend itself to precise statistical assessment. What is apparent is that there was remission (complete, incomplete or partial) in some 30·9 per cent. of treated cases who left hospital subsequent to their treatment, and amelioration in just over 19 per cent. of those who were treated but did not improve enough to leave hospital, and that until better methods are available there is justification for continuing to use those which we have.

Triazol (Azoman) had not been long in use when the questionnaire was issued, and Superintendents were asked only to give " results " without limiting cases to those in whom treatment had been considered complete over any particular period. The figures concern 92 cases only. Clinical opinion gives the results as broadly analogous to those of cardiazol, the difference between the drugs showing itself rather in the course of events during treatment than in their ultimate mental effects—so far as can be said from the information at our disposal.

II.—MENTAL DEFICIENCY.

(Mental Deficiency Acts, 1913 to 1938).

1. Numbers under Care.

Mentally defective patients in institutions and under statutory care in the community at the end of the year 1938 numbered 89,904 (males 46,046, females 43,858) ; the percentage distribution of the sexes being—males 51·2, females 48·8. The proportion of patients under 16 years of age, of the total of 46,054 patients who were in institutions, was 16 per cent. (males 19 per cent.. females 12 per cent.). A table showing the distribution of the patients under care is given on the following page.

During 1938 there were increases of 30 in the State Institution, 1,637 in Certified Institutions, 144 in Public Assistance Institutions and Public Health General Hospitals approved under Section 37 of the Mental Deficiency Act, 1913, eight in Approved Homes, 411 among those under Guardianship or notified and 1,192 among those under Statutory Supervision, while there was a decrease of 28 in Certified Houses. These changes resulted in a net increase of 3,394 under care.

The distribution of defectives under care on 1st January, 1929 and 1939 was as follows :—

	1st January, 1929.	1st January, 1939.
In Institutions, Houses and Homes provided under the Mental Deficiency Act, 1913	24,207	46,054
Under Guardianship or Notified ...	1,602	4,841
Under Statutory Supervision ...	19,606	39,009

Over 74 per cent. of the patients receiving institutional care on 1st January, 1939, were in Certified Institutions (section 36) : the distribution of patients in these institutions according to the conditions under which they were received was as follows :—

———	Males.	Females.	Total.
Received under the provisions of the Mental Deficiency Acts	16,219	16,433	32,652
Received outside the provisions of the Mental Deficiency Acts :—			
Sent by Local Education Authorities ...	817	470	1,287
Sent under the Children and Young Persons Act, 1933	6	10	16
Sent by Poor Law Authorities	92	179	271
Sent by Relatives or others	9	55	64
Total	17,143	17,147	34,290

SUMMARY of MENTALLY DEFECTIVE PATIENTS on the books of INSTITUTIONS and under GUARDIANSHIP or Notified on 1st January, 1939.

Where maintained.	Received under the Mental Deficiency Acts, 1913 to 1938.									Received outside the Mental Deficiency Acts.			Total of all Mental Defectives in Institutions and under Guardianship or Notified.		
	Under Orders (secs. 6–9).				Not under Orders (sec. 3)		Total.								
	Non-criminal.		Criminal.												
	M.	F.	M.	F.	M.	F.	M.	F.	T.	M.	F.	T.	M.	F.	T.
In the State Institution ...	362	478	485	138	7	5	854	621	1,475	—	—	—	854	621	1,475
In Certified Institutions ...	12,883	15,301	2,570	641	766	491	16,219	16,433	32,652	924	714	1,638	17,143	17,147	34,290
In Approved (sec. 37) Institutions	4,119	4,660	484	160	7	15	4,610	4,835	9,445	—	—	—	4,610	4,835	9,445
In Certified Houses... ...	3	6	—	—	86	78	89	84	173	—	—	—	89	84	173
In Approved Homes ...	—	—	—	—	—	—	—	—	—	401	270	671	401	270	671
Under Guardianship or Notified	1,951	2,482	61	19	13	5	2,025	2,506	4,531	140*	170*	310*	2,165	2,676	4,841
Total	19,318	22,927	3,600	958	879	594	23,797	24,479	48,276 (a)	1,465	1,154	2,619	25,262	25,633	50,895†

(a) Of these cases approximately 3,107 were on Licence from Certified Institutions and 130 from Guardianship.

* Notified cases (sec. 51).

† In addition to the patients in Institutions and under Guardianship or Notified there were on the same date 39,009 patients (20,784 males, 18,225 females) under Statutory Supervision (sec. 30 (*b*)).

The proportion of patients in Certified Institutions who are received under the provisions of the Mental Deficiency Acts is steadily increasing ; 95·2 per cent. of the number on 1st January, 1939, had been received under the Acts, as compared with 86·5 per cent. 10 years ago. The gradual decline in the number of cases sent to Certified Institutions by Public Assistance Committees since the passing of the Local Government Act, 1929, is largely responsible for this change.

2. Ascertainment.

The annual returns received show that on 1st January, 1939, the number of defectives reported to Local Authorities, whether subject to be dealt with or not, was 125,859, an increase of 3,882 over last year's figures and a proportion to the population of 3·07 per 1,000 as against 2·99 a year ago.

In addition, 3,536 feeble-minded children between the ages of 14 and 16, for whom the Mental Deficiency Committee has no immediate liability, have been informally notified for after care on leaving school. If the number of mentally defective children in this category is added to the number given above, the total reported to Local Authorities is 129,395,* or 3·15 per 1,000.

On 1st January, 1939, the number of mental defectives ascertained to be subject to be dealt with was 95,418 (2·33 per 1,000 of the population as against 2·26 last year).

It is of interest to note that in 19 areas the number of defectives known to Local Authorities for whom they are or may at any time become responsible now exceeds the estimate made by the Wood Committee (*i.e.*, 4·52 per 1,000 of the population). These figures are shown in the table given on page 43 compiled from the returns received this year from Local Authorities.

The number of children between the ages of 7 and 16 years notified by Local Education Authorities during the year was 3,425, a decrease of 485 on the number notified during 1937.

Year.	*Number of Notifications.*
1934	3,488
1935	3,533
1936	3,991
1937	3,910
1938	3,425

Of the cases notified during 1938 by Local Education Authorities, 452 have been placed in Institutions, 47 under Guardianship,

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* This is the total number of defectives known to Local Authorities as distinguished from those who are subject to be dealt with, and is not comparable with the figures given on p. 39.

2,423 under Statutory Supervision and 20 in "places of safety," while 54 died or were removed from the area of the Local Authority. No action has been taken in 429 cases (13 per cent.).

On the 1st January, 1939, the total number of mental defectives "subject to be dealt with" and in receipt of poor relief was 8,506 (indoor 4,740; outdoor 3,766), as compared with 8,804 last year (indoor 5,024; outdoor 3,780); five years ago these cases numbered 11,100.

These figures are slowly decreasing year by year. In 1935–36 there was a sudden drop from 11,714 to 9,274 in the total number of defectives subject to be dealt with in receipt of poor relief, owing to the passing of the Local Government Act. Since then a continued decrease, although at a slower rate, has taken place mainly amongst defectives in Public Assistance Institutions who, presumably, are being gradually transferred to Colonies. The number of defectives in receipt of out-relief has, however, for the last four years remained almost stationary. This is to be regretted because, though financial help may meet some of the needs of the defective living in the community and of his relatives, they need also expert visitation and advice on such questions as health, training and special care which can best be given by experienced medical and lay officers employed by the Mental Deficiency Committee.

Local Authorities, without making any declaration under the Local Government Act, 1929, can deal with defectives at present in receipt of out-relief by placing them under guardianship under the Mental Deficiency Acts and continuing the grant in aid. This is one way of giving effect to the intention of the Local Government Act that defectives should be given the full advantage of the expert mental deficiency services.

The following table shows the proportion, per 1,000 of the population of the area, of defectives reported to Local Authorities; of defectives ascertained to be subject to be dealt with; of defectives receiving institutional care; and of defectives placed under some form of statutory care in the community (*i.e.*, licence, guardianship, statutory supervision). It will be noticed that the ratios in the third and fourth columns, showing the action taken, in only a few cases amount to the ratios in the column showing the number ascertained; the reasons for this are that numbers varying in different areas have been ascertained but are still in receipt of poor relief and that, in some areas, large numbers have been ascertained and no action has been taken.

These ratios will be of use to Local Authorities as an indication of what their institutional needs are likely to be and also of the extent to which community care is being used.

	Reported.	*Ascertained to be subject to be dealt with.*	*In Institutions.*	*In Community Care.*
	Per 1,000 of the population.			
Cardigan C.	8·03	1·46	0·19	0·04
Walsall C.B.	7·31	4·94	2·31	2·09
Rutland C.	6·36	6·36	1·82	4·32
Devon C.	6·07	2·88	1·46	0·67
Suffolk, E. & W.	6·06	3·22	1·39	1·04
Salop C.	5·95	2·45	0·89	1·13
Dorset C.	5·74	2·85	1·24	1·36
Portsmouth C.B.	5·57	2·31	0·71	1·33
Nottingham C.B.	5·34	5·34	1·22	3·73
Plymouth C.B.	5·11	3·95	1·30	2·57
Somerset C.	5·10	3·16	1·60	1·23
Grimsby C.B.	4·93	2·89	1·13	1·10
Wiltshire C.	4·84	3·65	1·43	1·83
Essex C.	4·76	1·97	0·60	1·01
Darlington C.B.	4·75	2·14	0·79	0·91
Oxford C.	4·70	2·24	0·57	0·93
Oxford C.B.	4·65	3·42	1·56	1·84
Leeds C.B.	4·63	3·95	1·35	2·48
Sunderland C.B.	4·54	3·55	0·80	1·73
Berkshire C.	4·50	2·05	1·19	0·57
Barnsley C.B.	4·40	2·68	0·69	1·53
Birmingham C.B.	4·36	4·35	1·82	2·29
West Bromwich C.B.	4·34	2·54	1·86	0·62
Burton-on-Trent C.B.	4·16	1·93	0·53	0·79
Rotherham C.B.	4·15	2·06	0·86	0·44
Swansea C.B.	4·15	2·46	0·74	1·50
Bristol C.B.	4·14	4·11	1·15	2·39
Ipswich C.B.	4·13	3·76	1·60	2·07
Cambridge C.	4·05	2·21	0·89	0·94
Birkenhead C.B.	4·00	1·92	0·50	1·25
Hertford C.	3·95	3·18	1·10	0·73
Leicester C.	3·89	2·53	0·72	0·51
Reading C.B.	3·88	2·74	0·81	1·79
Worcester C.B.	3·86	2·17	0·94	1·00
York C.B.	3·78	2·41	1·27	1·13
Exeter C.B.	3·76	2·31	1·43	0·59
Southampton C.B.	3·72	2·32	0·96	1·32
Northampton C.B.	3·67	1·48	0·42	1·03
Southampton C.	3·61	2·35	1·03	1·19
Tynemouth C.B.	3·59	3·14	1·14	1·35
Smethwick C.B.	3·56	3·41	0·77	2·46
Anglesey C.	3·51	3·51	0·43	1·61
Radnor C.	3·49	3·34	0·76	2·28
Derby C.B.	3·47	1·90	0·50	1·16
Cumberland, Westmorland and Carlisle C.B.	3·44	2·66	1·04	1·56
Newport C.B.	3·42	1·49	0·38	0·81
Sheffield C.B.	3·40	2·78	1·01	1·71
Bradford C.B.	3·38	3·03	1·09	1·94
Isle of Wight C.	3·37	2·92	0·71	1·52
Stafford C.	3·36	1·44	0·54	0·60
London C.	3·34	2·83	1·61	1·19
West Ham C.B.	3·33	3·19	1·02	2·03
Parts of Lindsey C.	3·31	2·33	1·09	1·18

	Reported.	*Ascertained to be subject to be dealt with.*	*In Institutions.*	*In Community Care.*
	Per 1,000 of the population.			
Parts of Kesteven C.	3·27	2·54	0·93	0·85
Monmouth C.	3·25	2·82	0·61	2·15
Great Yarmouth C.B.	3·23	1·99	0·96	0·41
Canterbury C.B.	3·21	1·84	1·14	0·71
Norfolk C.	3·19	2·88	1·46	0·93
Kingston-upon-Hull C.B. ...	3·16	2·83	0·84	1·67
Nottingham C.	3·13	1·66	0·55	0·79
Middlesbrough C.B.	3·10	3·10	0·90	1·81
Derby C.	3·08	1·78	0·68	0·99
Wolverhampton C.B.	3·07	2·31	0·99	1·24
Cardiff C.B.	3·03	2·42	0·86	1·49
Isle of Ely C.	3·00	1·38	0·55	0·74
Merioneth C.	3·00	2·06	0·69	—
Parts of Holland C.	2·95	2·67	1·08	1·42
East Ham C.B.	2·94	2·53	0·79	1·50
Lancashire Mental Hospitals Board	2·94	2·04	0·76	1·01
Lincoln C.B.	2·93	2·38	0·98	0·79
Soke of Peterborough C. ...	2·91	2·91	1·10	1·75
Dudley C.B.	2·91	2·40	0·69	1·19
Denbigh C.	2·89	2·89	0·79	0·95
Hereford C.	2·88	2·88	0·61	2·00
Warwick C.	2·86	2·03	1·17	0·84
Pembroke C.	2·86	1·59	0·56	0·06
Norwich C.B.	2·81	2·77	1·45	1·22
Bath C.B.	2·80	2·23	0·84	1·33
Gateshead C.B.	2·76	2·45	0·95	1·23
Doncaster C.B.	2·76	2·03	0·81	1·04
Merthyr Tydfil C.B.	2·72	0·73	0·33	0·03
Leicester C.B.	2·70	2·26	1·29	0·97
Eastbourne C.B.	2·70	2·70	0·99	1·67
Dewsbury C.B.	2·70	1·98	0·85	1·13
Newcastle-on-Tyne C.B. ...	2·64	2·61	1·43	1·14
Montgomery C.	2·58	2·58	0·99	1·59
Durham C.	2·54	2·54	0·45	1·65
Gloucester C. and Gloucester C.B.	2·51	1·77	0·64	0·72
Yorks, North Riding	2·51	1·46	0·60	0·54
Northumberland C.	2·50	2·43	0·72	1·48
Cornwall C.	2·48	2·44	0·77	1·25
Hastings C.B.	2·47	2·24	0·84	1·29
Croydon C.B.	2·46	2·38	0·64	1·61
Buckingham C.	2·43	1·91	1·08	0·74
Glamorgan C.	2·37	2·37	0·60	1·07
East Sussex C.	2·36	2·17	0·58	1·51
Worcester C.	2·31	1·30	0·60	0·61
Southend-on-Sea C.B.	2·30	1·67	0·56	0·95
Caernarvon C.	2·27	1·51	0·36	0·27
Brecknock C.	2·26	2·26	0·37	1·07
Chester C.B.	2·24	2·20	1·10	1·05
Wakefield C.B.	2·23	1·49	0·62	0·64
Kent C.B.	2·21	1·58	0·69	0·61
Yorks, East Riding	2·19	1·63	0·87	0·65
Northampton C.	2·08	1·29	0·45	0·56

	Reported.	*Ascertained to be subject to be dealt with.*	*In Institutions.*	*In Community Care.*
	Per 1,000 of the population.			
Coventry C.B.	2·07	2·06	0·80	1·22
Middlesex	2·06	1·56	0·84	0·68
Yorks, West Riding	1·98	1·91	0·66	0·99
Chester C.	1·97	1·92	0·42	1·21
Brighton C.B.	1·91	1·90	0·55	1·29
Carmarthen C.	1·91	1·91	0·27	0·03
Wallasey C.B.	1·90	1·15	0·78	0·37
Halifax C.B.	1·87	1·87	0·93	0·89
Flint C.	1·87	1·87	0·59	1·29
Surrey C.	1·85	1·20	0·60	0·44
Huntingdon C.	1·72	1·72	0·48	0·82
West Sussex C.	1·62	1·61	0·45	1·16
Huddersfield C.B.	1·62	1·49	0·76	0·67
Bedford C.	1·49	1·37	0·58	0·54
South Shields C.B.	1·47	1·47	0·86	0·59
Stoke-on-Trent C.B.	1·45	1·29	0·49	0·80
Bournemouth C.B.	1·20	1·12	0·49	0·63
West Hartlepool C.B.	1·18	1·18	0·61	0·31

3. Accommodation.

The position in regard to accommodation is dealt with under the following headings :—

I. Beds provided.

(i) Beds provided by Local Authorities (Sec. 36).
(ii) Beds provided by other bodies (Sec. 36).
(iii) Beds provided in Public Assistance Institutions, etc. (Sec. 37).

II. Prospective provision.

(iv) Building schemes in progress or planned.
(v) Schemes approved in principle.
(vi) Accommodation outstanding.

III. Hostels.

IV. Holiday Homes.

I.—*Beds provided.*

The present number of beds provided under Sections 35, 36, 37, 49 and 50 of the Mental Deficiency Act, 1913, is as follows :—

	Number of beds.
State Institution (Section 35)	1,457
Certified Institutions provided by Local Authorities (Section 36)	22,874
Certified Institutions provided by other bodies (Section 36)	10,240
Public Assistance Institutions and Public Health General Hospitals (Section 37)	10,120
Certified Houses (Section 49)	182
Approved Homes (Section 50)	844
	45,717

This represents a total net increase during the year 1938 of 2,165 beds. There was an increase of 6 in the State Institution, 2,152 in Certified Institutions provided by Local Authorities (Section 36), 440 in Certified Institutions provided by other bodies (Section 36) and 19 in Approved Homes (Section 50), while there was a decrease of 410 beds in Public Assistance Institutions and Public Health General Hospitals (Section 37) and of 42 in Certified Houses (Section 49).

In planning for institutional provision the first question for decision by the Local Authority is what the ultimate needs in the area are likely to be. The figures given on page 43 show the actual number of defectives per thousand of the population now maintained in Certified Institutions by each Local Authority and form some guide as to the general position. The ten areas showing the highest figures, *i.e.*, from 1·46 to 2·31 per 1,000, are given below. In all these areas the ascertainment is above the average and, in the majority, community care is also well organized. It will be noticed that six are urban and four rural areas :—

	In certified institutions (per 1,000).
Walsall C.B.	2·31
West Bromwich C.B.	1·86
Rutland C.	1·82
Birmingham C.B.	1·82
London C.	1·61
Somerset C.	1·60
Ipswich C.B.	1·60
Oxford C.B.	1·56
Devon C.	1·46
Norfolk C.	1·46

(i) *Beds provided by Local Authorities* (*Section* 36).

Eighty-one Local Authorities had, on 1st January, 1939, provided accommodation under Section 30 (*c*) of the Act of 1913, either alone or in combination with other Local Authorities. The 2,152 beds added during the year are mainly accounted for by the opening of St. Andrew's Colony (300 beds) and by developments at Great Barr Park Colony (372 beds); Harmston Hall Colony and ancillary premises (328 beds); Bromham House (236 beds); St. Catherine's Colony (180 beds); Claypenny Colony (180 beds); Laughton Lodge (146 beds); Middlesex Colony (140 beds) and Dovenby Hall Colony (110 beds).

The total number of beds in Institutions provided by Local Authorities is now 22,874 :—

	Beds.
Bedfordshire and Northamptonshire Joint Board (Bedford C., Northampton C. and Northampton C.B.)	
Bromham House	260
Birmingham C.B.	
Coleshill Hall with ancillary premises (Marston Green Division)	913
Monyhull Colony	1,243
Bradford C.B.	
Westwood Colony, with ancillary premises (Ashfield)	350
Brighton C.B.	
Laughton Lodge	180
Bristol C.B.	
Hortham Colony	608
Buckingham C.	
Manor House, Aylesbury	99
Bucks, Oxon and Reading Joint Board (Bucks C., Oxford C., Oxford C.B. and Reading C.B.)	
Borocourt	288
Cheshire Joint Board (Chester C. and Chester, Birkenhead and Wallasey C.Bs)	
Cranage Hall	318
Cornwall C.	
St. Columb Major ...	111
Cumberland, Westmorland and Carlisle Joint Committee	
Dovenby Hall Colony ...	295
Denbigh C.	
Coed Du Hall	72
Derby C.	
Makeney House	80
Derby C.B.	
Thornhill	39
Devon C.	
Box House, Axminster ...	131
Stoke Lyne	53
Western Lodge, Crediton	92
Flintshire C.	
Broughton	56
Glamorgan C.	
Drymma Hall	67
Hensol Castle	460

	Beds.
Hampshire Mental Health Institutions Joint Committee (Southampton C., Bournemouth C.B. and Southampton C.B.)	
Coldeast Colony	500
Tatchbury Mount ...	137
Herts C.	
Cell Barnes Colony ...	600
Ipswich C.B.	
Handford Home	22
Kent C.	
Leybourne Grange ...	442
West View, Tenterden ...	180
Kingston-upon-Hull C.B.	
Tilworth Grange	145
Lancashire Mental Hospitals Board	
Brockhall	772
Calderstones	2,378
Leeds C.B.	
Meanwood Park Colony, with ancillary premises (Armley Grange, Kepstorn and Crooked Acres)	521
Leicester C.B.	
Leicester Frith	376
Leicestershire and Rutland Joint Board	
Stretton Hall	160
Lincolnshire Joint Board (Holland, Kesteven and Lindsey Cs. and Grimsby and Lincoln C.Bs.)	
Harmston Hall Colony, with ancillary premises (Bourne Institution, Caistor Institution, Holbeach Institution and Cross o'Cliff Court)	745
London C.	
Brunswick House ...	68
Farmfield	161
Manor	1,292
South Side Home ...	80
Middlesex C.	
Middlesex Colony ...	994
Bramley House	66
Craufurd Home	116

	Beds.
Newcastle-on-Tyne C.B.	
Shotley Bridge Colony ...	473
Norfolk C.	
Little Plumstead Hall, with ancillary premises (Heckingham)	501
North-Eastern County Boroughs Joint Board (Darlington, Middlesbrough, South Shields, Sunderland, Tynemouth and West Hartlepool C.Bs.)	
Prudhoe Hall Colony ...	625
Northumberland C.	
St. Andrew's Colony ...	300
Rothbury	55
Norwich C.B.	
Eaton Grange	37
Nottingham C.B.	
Aston Hall	332
Sheffield C.B.	
Cliffe House	29
Hollow Meadows	58
Wales Court	50
Somerset C.	
Sandhill Park, with ancillary premises (Cambridge House, West End House, and Yatton Hall)	486
Stoke-on-Trent C.B.	
Stallington Hall	77
Surrey C.	
Botleys Park, with ancillary premises (Murray House)	409
Clerk's Croft	168
Swansea C.B.	
Llwyn Eryr Training Home	27
Walsall and West Bromwich Joint Board	
Great Barr Park Colony...	1,355
Warwick C.	
Weston Colony	138
West Ham C.B.	
South Ockendon Colony...	134
West Wales Joint Board (Cardigan, Carmarthen, Pembroke, Brecon and Radnor Cs.)	
Pantglas Hall	117
Wiltshire C.	
Pewsey Colony	251
Purton	48
Wilton	65
Yorkshire :—	
East Riding and York Joint Board	
Brandesburton Hall ...	260
Mid-Yorkshire Joint Board (Leeds, York, Halifax and Kingston-upon-Hull C.Bs.)	
Mid-Yorks Institution...	214
North Riding C.	
Claypenny Colony ...	270
South-West Yorkshire Joint Board (Barnsley, Dewsbury, Doncaster, Halifax, Huddersfield, Rotherham and Wakefield C.Bs.)	
St. Catherine's Colony...	480
West Riding C.	
Oulton Hall	264
Rawcliffe Hall	121
The Mansion, Kirkburton	60
	22,874

(ii) *Beds provided by other bodies* (*Section* 36).

(*a*) The total accommodation available on 1st January, 1939, in Certified Institutions (Section 36) provided by bodies other than Local Authorities was as follows :—

Stoke Park Colony	1,818
Royal Eastern Counties Institution	1,740
Royal Western Counties Institution	1,018
Royal Albert Institution	920
Royal Earlswood Institution	575
The Mary Dendy Home	425
Whittington Hall	392
Brentry Colony	385
Other Certified Institutions with under 200 beds ...	2,967
	10,240

(*b*) The Local Authorities named below have made contractual arrangements for the reservation of beds in the following Certified Institutions provided by other bodies and other Local Authorities :—

Derby C.	Stoke Park Colony. Whittington Hall.
Gloucestershire (County & City) Joint Committee	Stoke Park Colony. Brentry Colony.
Essex C.	Royal Eastern Counties Institution.
Southend C.B.	
East and West Suffolk Joint Committee	
Ipswich C.B.	
Cambridgeshire C.	
Cornwall C.	Royal Western Counties Institution.
Devon C.	
Exeter C.B.	
Plymouth C.B.	
Dorset C.	
Somerset C.	
Bath C.B.	Hortham Colony (Bristol C.B.).
Dorset C.	
Great Yarmouth C.B.	Little Plumstead Hall (Norfolk C.).
Norwich C.B.	
Gateshead C.B.	Shotley Bridge Colony (Newcastle-on-Tyne C.B.).
Cardiff C.B.	Hensol Castle (Glamorgan C.).
Merthyr Tydfil C.B.	
Swansea C.B.	
East Ham C.B.	South Ockendon Colony (West Ham C.B.).
Croydon C.B.	Botleys Park (Surrey C.).
Staffs C.	Great Barr Park Colony. (Walsall and West Bromwich Joint Board.)
Coventry C.B.	
Derby C.	
West Sussex C.	Laughton Lodge (Brighton C.B.).

(iii) *Beds provided in Public Assistance Institutions and Public Health General Hospitals* (*Section* 37).

Nearly one-half of the 10,120 beds so provided are occupied by defectives in the four London County Council Institutions transferred from the Metropolitan Asylums Board (Darenth Park 1,858, Caterham Hospital 1,386, Leavesden Hospital 988, Fountain Hospital 748). In addition there are 5,140 beds in other approved Public Assistance Institutions and Public Health General Hospitals.

The net decrease of 410 beds shown this year in institutions approved under Section 37 is mainly accounted for by the appropriation of Wordsley Institution (Staffordshire County Council) for general hospital purposes and the consequent decrease by 364 in the number of beds so approved, the surrender by the Kent County Council of the approval in respect of Coxheath Institution (96 beds) and the lease of Bourne Institution (102 beds) to the Lincolnshire Joint Board for use as ancillary premises to Harmston Hall Colony. Among the smaller public assistance institutions twelve have either

ceased to be approved for the reception of mental defectives under Section 37 or the numbers of beds have been decreased. The accommodation made available for defectives in the four institutions (London C.) transferred from the Metropolitan Asylums Board increased by 137 beds. No new approval has been given by the Board during the past year to public assistance premises unless the defectives are completely separated from the other inmates and unless the group admitted is confined to a type of patient for whose requirements it is within the capacity of the institution to provide. The mixed groups of defectives in public assistance institutions which were approved as an emergency measure after the war will by degrees disappear to the great advantage of the ordinary inmates as well as of the mental defectives.

II.—*Prospective provision.*

(iv) *Building schemes in progress or planned.*

Plans of the following schemes have received statutory approval.

	Beds.
Middlesex Colony (Middlesex C.)	200
School Aycliffe Colony (Durham C.)	360
Winestead Hall (Kingston-upon-Hull C.B.)	130
Botleys Park (Surrey C.)	1,200
South Ockendon Colony (West Ham C.B.)	340
Boreatton Park (Salop C.)	150
Brockhall (Lancashire Mental Hospitals Board)	1,326
Balderton Hall (Notts. C.)	540
Shotley Bridge Colony (Newcastle-on-Tyne C.B.)	80
Portsdown Colony (Portsmouth C.B.)	500
Warwickshire Weston Colony (Warwickshire C.)	100
Borocourt (Bucks, Oxon and Reading Joint Board)	102
Little Plumstead Hall (Norfolk C.)	120
Meanwood Park Colony (Leeds C.B.)	320
Stallington Hall (Stoke-on-Trent C.B.)	440
Manor (London C.)	40
Leybourne Grange (Kent C.)	1,064
Pewsey Colony (Wilts C.)	150
*Easthampstead Institution (Berks C.)	194
Sandhill Park (Somerset C.)	30
†Darenth Park (London C.)	256
Campsmount Colony (Yorks, West Riding C.)	660
Leicester Frith (Leicester C.B.)	60
Calderstones (Lancashire Mental Hospitals Board)	100
Pantglas Hall (West Wales Joint Board)	50
Tatchbury Mount Colony (Hampshire Joint Mental Health Institutions Committee)	160
Little Plumstead Hall (Norfolk C.)	32
†Caterham Hospital (London C.)	13
Coleshill Hall (Birmingham C.B.)	80

* Public Assistance Institution approved under Section 37 of the Mental Deficiency Act, 1913, to be appropriated for mental deficiency purposes on completion of the adaptations.

† Institution approved under Section 37 of the Mental Deficiency Act, 1913.

(v) *The following schemes have been approved in principle :—*

	Beds.
Hensol Castle (Glamorgan C.)	612
Isle of Ely Colony (Isle of Ely C.)	100
Eaton Grange (Norwich C.B.)	20
School Aycliffe (Durham C.)	664
Sandhill Park (Somerset C.)	91
Royal Western Counties Institution (Devon C., Somerset C. and Cornwall C.)	180
Burscough Colony (Lancashire Mental Hospitals Board) ...	2,030
Redmires Colony (Sheffield C.B.)	1,036
Weston Colony (Warwick C.)	60
Cranage Hall (Cheshire Joint Board)	252
Royal Eastern Counties Institution (Essex C., Cambridge C. and East and West Suffolk Joint Committee)	208
Tilworth Grange (Hull C.B.)	80
Middlesex Colony (Middlesex C.)	207
Aston Hall (Nottingham C.B.)	120
Cavendish House (Lancashire Mental Hospitals Board) ...	45

(vi) The following Local Authorities have not yet made provision for institutional accommodation under Section 38 (1) (*a*) of the Act of 1913, either alone or in combination with other Local Authorities, although the majority of them have schemes under consideration :—

Anglesey C.
Caernarvon C.
Eastbourne C.B.
East Sussex C.
Hastings C.B.
Hereford C.
Huntingdon C.
Isle of Wight C.
Merioneth C.
Monmouth C.
Newport C.B.
Soke of Peterborough C.

III.—*Hostels.*

The only new Hostel opened in the course of the year is near Lincoln and forms part of the Harmston Hall Colony under the Lincolnshire Joint Board. The following Hostels, under the management of non-statutory bodies, receive patients, in the first instance, on licence from other Certified Institutions :—

Eagle House, Mitcham (Surrey Voluntary Association for Mental Welfare). (Women.)

Royal Fort Home, Bristol (The Committee of Management). (Women.)

Royal Hostel, Elstead (Surrey Voluntary Association for Mental Welfare). (Men).

The Old Rectory, Bath (Bath Voluntary Association for Mental Welfare) (Women).

Patients are sent out to daily work from the following, amongst other, institutions. Those marked * have separate hostel branches :—

Royal Eastern Counties' Institution. (Women.)
*The Manor (London C.). (Men and Women.)
*Royal Western Counties' Institution. (Men and Women.)
South Side Home (London C.). (Women.)
*Farmfield (London C.). (Men.)
Brunswick House (London C.). (Men.)
*Meanwood Park Colony (Leeds C.B.). (Women.)
*The Hermitage. (Women.)
*Caterham (London C.). (Men.)
Dungates. (Men.)
*Monyhull Colony (Birmingham C.B.). (Women.)
Sandhill Park (Somerset C.). (Women.)
Eaton Grange (Norwich C.B.). (Women.)
Coleshill Hall (Birmingham C.B.). (Men and Women.)
Pewsey Colony (Wilts. C.). (Women sent out on licence to hostel.)
Mount Olivet. (Men.)
*Harmston Hall Colony. (Women).

IV.—*Holiday Homes.*

A new Holiday Home has been opened this year by the Leeds Voluntary Mental Welfare Committee at Arnside for the use of mental defectives in the Leeds area.

The following Certified Institutions have holiday branches of their own :—Royal Eastern Counties' Institution, Royal Western Counties' Institution, Royal Earlswood Institution, Stoke Park Colony, Besford Court, Mutual Sanatoria.

The Holiday Homes organized by the Central Association for Mental Welfare have again been widely used by Local Authorities for patients from certified institutions and from mental hospitals and by private Homes in all parts of the country. A new Home has now (1939) been acquired at Weston-super-Mare in addition to those at Seaford, Bognor Regis, Rhyl and Redcar, which have been visited on behalf of the Board during the current year.

4. Medical Superintendents of Certified Institutions.

The following is a list of Certified Institutions where whole-time resident Medical Superintendents have been appointed :—

(i) *Certified Institutions provided by Local Authorities or combinations of Local Authorities.*

Managers.	Name of Certified Institution.	Beds.	Name of Medical Superintendent.
England :			
Bedfordshire and Northamptonshire Jt. Board.	Bromham House	260	R. G. B. Marsh, M.R.C.S., L.R.C.P., D.P.M.
Bristol C.B.C. ...	Hortham Colony	608	J. F. Lyons, L.R.C.P. & S., D.P.M.
Herts C.C. ...	Cell Barnes Colony	600	N. H. M. Burke, M.R.C.S., L.R.C.P., D.P.M., D.M.R.E.
Kent C.C. ...	Leybourne Grange	442	R. Fitzroy Jarrett, F.R.F.P.S., L.M.S.S.A.
London C.C. ...	The Manor ...	1,292	E. S. Littleljohn, M.R.C.S., L.R.C.P.
Middlesex C.C. ...	Middlesex Colony	994	H. E. Beasley, M.B., D.P.M.
Norfolk C.C. ...	Little Plumstead Hall.	501	J. V. Morris, M.B.
Somerset C.C. ...	Sandhill Park ...	486	T. A. Danby, M.B., D.P.H.
Surrey C.C. ...	Botley's Park ...	409	K. C. L. Paddle, M.C., M.R.C.S., L.R.C.P. D.P.M.
Birmingham C.B.C.	Coleshill Hall ...	913	H. Freize Stephens, M.R.C.S., L.R.C.P.
Do.	Monyhull Colony	1,243	A. M. McCutcheon, M.B., F.R.F.P.S.
Cheshire Jt. Bd. ...	Cranage Hall ...	318	E. A. Haslam-Fox, M.B., D.P.M.
Hampshire Joint Mental Health Institutions Committee.	Coldeast Colony	500	Alban Wilson, M.R.C.S., L.R.C.P., D.P.M.
Lancashire Mental Hospitals Board.	Brockhall ...	772	D. J. Rose, M.R.C.S., L.R.C.P.
Do.	Calderstones ...	2,378	G. S. Robertson, M.B.
Lincolnshire Jt. Bd.	Harmston Hall Colony.	745	S. J. Laverty, M.B., D.P.M.
Walsall and West Bromwich (Barr Colony) Jt. Bd.	Great Barr Park Colony.	1,355	D. M. Macmillan, M.B., D.P.M.
South-West Yorkshire Joint Board	St. Catherine's Colony.	480	J. S. Allen, M.B., D.P.M.
Wales :			
Glamorgan C.C. ...	Hensol Castle ...	460	E. Lewis, F.R.F.P.S., L.R.C.P. & S.
Do.	Drymma Hall (*non-resident*).	67	Do.

(ii) *Certified Institutions provided by other bodies.*

Managers.	Name of Certified Institution.	Beds.	Name of Medical Superintendent.
The Incorporation of National Institutions for Persons requiring Care and Control.	Whittington Hall	392	F. W. Furniss, M.R.C.S. L.R.C.P.
Committee of Management.	Royal Eastern Counties Institution.	1,740	F. D. Turner, M.B.
Do.	Brentry Colony	385	J. J. Mason, M.B.
Do.	Royal Albert Institution.	920	C. J. Henderson, M.B.
Do.	Royal Earlswood Institution.	575	H. R. Ferguson, M.B., D.P.M.

(A non-resident medical superintendent has been appointed at Prudhoe Hall Colony, viz., Dr. G. McCoull; and at Stoke Park Colony, Bristol, Dr. R. J. A. Berry is non-resident Director of Medical Services.)

5. Community Care.

The following table classifies the 46,647 defectives under statutory care in the community (*i.e.*, on licence, under guardianship and under supervision) on 1st January, 1939, and shows the variations in these numbers during the past three years :—

	On 1st January.			Increase 1938–39.
	1937.	1938.	1939.	
On Licence from Institutions ...	3,023	3,155	3,107	(−48)
Under Guardianship (Section 30 (*d*))	3,729	4,157	4,531	374
Under Supervision (Section 30 (*b*)) ...	36,307	37,817	39,009	1,192

The corresponding figures for defectives under voluntary supervision (*i.e.*, those not subject to be dealt with but for whose friendly visitation some arrangement has been made by the Local Authority) are as follows :—

	On 1st January.			Increase 1938–39.
	1937.	1938.	1939.	
Under Voluntary Supervision ...	25,048	25,370	26,006	636

The number of defectives under statutory care in the community continues steadily to increase but, as a reference to the general table on p. 43 will show, there are still many areas in which little use is being made of the sections of the Act relating to community care. Whilst 12 Local Authorities, all with an ascertainment of over 3·24 per 1,000, show in their returns that they have over 2 per 1,000 under statutory care in the community, there are 51 which have less than 1·0 per 1,000 and, of these, 11 less than 0·50 per 1,000, under this form of care.

The figures given in the above table show that the increase this year in the number of defectives under community care is mainly accounted for by more cases having been placed under statutory supervision. There has also been an increase of the cases under guardianship whereas, for the first time for many years, cases on licence show a decrease.

This decrease is doubtless due in some measure to the decision of the Board, conveyed in Circular No. 850 of June, 1938, to review the position of all defectives still on licence at the end of the second year after leaving the institution. The Board requested that a medical report and progress reports should be submitted to them with the Local Authority's observations on the patient's suitability for discharge. Each case so submitted has been examined by the Board in the light of the patient's mental condition, his social adaptability, his past history and the Local Authority's recommendations. In cases where there was, in the Board's opinion, sufficient evidence that the defective could live outside an institution without further supervision the Order has been discharged. Where continued care and supervision were shown to be still needed consideration has been given to the relative advantages of transfer to guardianship or prolonged licence.

The consideration of these cases is not yet complete. Accurate figures are not available, but it is known that since the Circular was issued approximately 350 patients have been discharged. There have been some cases in which the Board have differed from the Local Authority and either have ordered discharge on the ground that the Order was no longer required or have refused to discharge on the ground that such action would be premature or unwise. There have also been long standing and stabilized cases in which guardianship has appeared to the Board to be a more appropriate form of care than licence. But in the great majority of cases the Board have not differed as regards discharge from the view expressed by the Local Authority in submitting the reports.

From a number of the reports received it is clear that licence has in some cases been prolonged beyond the period when it can be said to fulfil a useful purpose or one that cannot be equally well fulfilled by some measure of friendly observation. These are the

cases that have now been discharged from Order and which in this year's statistics swell the number of discharges and diminish the number of cases on licence.

Another reason for the decrease in the numbers on licence may, it is hoped, be only of a temporary nature. The anti-social behaviour of certain defectives on licence, to which prominence has been given in recent legal proceedings, naturally led Local Authorities to take stock of the whole position and to ask themselves whether the necessary safeguards and protection were being provided in the community. In some areas the ensuing scrutiny led to the recall to Institutions of a number of defectives and to a revision of policy and methods which, it is believed, will ultimately help rather than hinder the development of licence on safe and progressive lines.

The total numbers under statutory care in the community, of which those on licence form only a small proportion, amount this year to 46,647 or 36 per cent. of the whole number of known defectives. The organization of community care was discussed in detail in last year's annual report and particulars were given of the methods employed in certain areas. It is satisfactory to note that year by year more Local Authorities are realizing that this side of the work is both economical and an essential adjunct to institutional care and that, if the large numbers of defectives referred to above are to be adequately cared for outside institutions, a sufficient and qualified staff is necessary to carry out their supervision and training in the community.

A scheme initiated by the Mental Deficiency Acts Sub-Committee of the London County Council may be of interest to other Local Authorities who have under consideration the care of defectives in the community. In 1936 the Council decided to appoint an additional female Mental Deficiency Officer to undertake the guardianship of certain children leaving Residential Schools and Homes. These boys and girls who were for the most part homeless have been placed out with employers under the general supervision of the Guardianship Officer (Mental Deficiency Regulations, Art. 70 (2)). The Council now reports that the total number under Guardianship is 16, 13 boys and 3 girls. Two girls are in resident domestic service and the remainder are boarded with private persons in suitable homes. One of the boys is now self-supporting, five others are approaching this position and all are in regular employment. It is considered that this scheme provides a satisfactory means of care for some young defectives who are capable of earning but who still need much help and supervision in the regulation of their employment and place of residence. It is probable, too, that many employers would take a defective under these conditions who would be unwilling to accept the full responsibility of guardianship.

6. Day Centres, Clubs and Home Training.

One hundred and ninety-one centres were functioning on the 1st January, 1939, 122 organized by Voluntary Associations for Mental Welfare and 69 by Local Authorities. They comprise :—

	Voluntary Associations.	*Local Authorities.*
Occupation Centres	95	59
Industrial Centres and Classes	15	9
Clubs and Evening Classes	12	1
	122	69

New Centres and Clubs have been opened this year at Birmingham, Blackpool, Bolton, Brighton, Bristol, Dagenham and Sheffield. Only one Centre has been closed (at Gainsborough) but in several areas centres and classes have been amalgamated in order to improve classification, premises and general organization. The actual number of Centres open is the same this year as last, but more are whole time and there is an increase in the numbers in attendance.

Ninety occupation Centres and nine industrial Centres are now open for whole time, *i.e.*, for ten or eleven sessions weekly.

The number on the registers of all Centres on 1st January, 1939, was 4,244 as compared with 4,143 a year ago.

	1938.	1939.
Under Statutory Supervision	2,901	2,933
Under Voluntary Supervision...	504	538
Under Guardianship	609	645
On Licence	129	128

Only three Centres are at present housed in premises built for the purpose but it is interesting to note that five Authorities now have buildings in course of construction or plans under consideration.

There has been a steady development of home training schemes carried out in some areas by the appointment of special officers and in others in connection with occupation centres or as a part of the routine supervision. The types of patient under instruction vary from low grade children, whose parents may not know how to train and occupy them and who welcome help, to high grade defectives able to produce saleable work.

A list of areas is given below where home training schemes have been brought to the notice of the Board in the course of the year.

Bath, Brighton, Buckinghamshire, Cambridgeshire, Darlington, Derbyshire, Devon, East Sussex, Hastings, Huntingdonshire, Leicestershire, Lincoln, Middlesex, Northamptonshire, Nottingham, Reading, Staffordshire, Suffolk, Sunderland, Tynemouth, Wiltshire, Yorkshire (West Riding).

The extent of the work varies in different areas. In Middlesex and Suffolk, for instance, several qualified home trainers are employed to teach handcrafts, whilst in other places the scheme is still experimental and only a few cases are under instruction; but wherever home training is carried out it is obvious that supervision is rendered more effective and the co-operation of parents and guardians is secured.

We have noticed at our visits to centres this year a growing recognition by Local Authorities of the need for the training of supervisors for the work with low-grade children, especially in regard to physical training. Several Authorities have been able to secure the co-operation of the physical training organizer of the district and in one large area arrangements have been made for an expert who, besides being fully trained, has made a special study of the needs of defective children of all types, to visit each Centre in the County for a weekly lesson. Under this scheme the supervisors, who are not themselves experts, carry on the work daily during the interval and definite progress on safe lines together with sufficient practice is secured.

Use continues to be made of the short course organized by the Central Association for Mental Welfare and also of the services of the Association's Occupational Organizer, both of which are valuable methods of introducing new ideas and of helping supervisors who have already some experience of teaching.

Facilities for taking a more general training have now been provided by the C.A.M.W. in the form of a three terms' course carrying with it a diploma and recognition. An experimental course was held from January to July, 1938, and the Association has now decided to establish a course and diploma on the same lines for workers engaged in the teaching and training of low-grade defectives. The course will cover a minimum period of three terms, the first two to be spent in occupation centres and the third to be devoted to more advanced specialized work in London.

7. Discharges.

The total number of patients discharged from Orders under the Mental Deficiency Acts during the year 1938 was 755, an increase of 249 on the previous year.

The figures for the years 1933–1936 will be found in the Twenty-third Annual Report of the Board (page 60). The figures for the year 1937 will be found in the Twenty-fourth Annual Report of the Board (page 66). As on the last occasion, the Table has been drawn so as to show the cases discharged from institutional care as distinct from those discharged from statutory guardianship.

Mental Defectives discharged from (a) Institutions and (b) Guardianship in the year 1938.

——	Reason of discharge.				
	By Board of Control.	Owing to nature of Special Report and Special Report and Certificate or because not received (Section 11).	Orders lapsed whilst absent without leave.	On attaining age of 21. [Section 11 (2) (3).]	Total.
(*a*) Institutions	366	196	95	41	698
(*b*) Guardianship	21	31	3	2	57
Total ...	387	227	98	43	755

It will be seen that there is a progressive increase in the number of mental defectives who are discharged from care. The reasons for the unusual increase recorded during the last year has been discussed on page 55 of this Report.

The Board referred last year to the request which they had made to certain Local Authorities suggesting a follow-up of the careers of mentally defective persons who had been discharged from Orders under the Mental Deficiency Acts during the years 1934, 1935 and 1936, if possible for a period of ten years from the date of discharge.

Reports have been received from four of the Authorities concerned on 214 cases and the Board wish to take this opportunity of thanking them for their active co-operation in this inquiry. It would be premature at this stage and from such limited material to suggest any conclusions as to the policy involved in discharge.

8. Deaths.

The deaths which occurred during 1938 among the mentally defective patients in Institutions (excluding institutions approved under Section 37) and under Guardianship numbered 493. Of these deaths 409 occurred in Certified Institutions, 20 in the State Institution, 4 in Certified Houses, 9 in Approved Homes and 51 among patients under Guardianship.

The proportion of deaths to the daily average number of patients resident was 1·2 per cent., which was the same as the mean for the preceding quinquennium.

The chief causes of death were :—pneumonia (all forms) 109 (22·1 per cent. of the total number of deaths), tuberculosis (all forms) 79 (16·0 per cent.), epilepsy 69 (14·0 per cent.), and heart disease 65 (13·2 per cent.).

9. State Institution.* (*Rampton and Moss Side.*)

(1) *Rampton.*

We have received the following report from Dr. Schneider, the Medical Superintendent of Rampton :—

"*Numbers resident—*

	Men.	*Women.*	*Boys.*	*Girls.*	*Total.*
1st January, 1938 ...	639	483	32	29	1,183
31st December, 1938	671	495	32	28	1,226

"*Admissions.*—The number of admissions in 1938 was 83 males and 58 females; these figures include 8 males and 1 female admitted on licence.

"The following table shows the sources of these admissions :—

	Males.	*Females.*
Certified Institutions (including 8 M. and 1 F. admitted on licence)	46	32
Institutions under Section 37	5	10
Moss Side	6	7
Prisons	17	1
Home Office Approved School	1	3
Mental Hospitals	4	2
Places of Safety	1	2
Own Homes	3	1
Total admissions	83	58

"The proportion of feeble-minded to imbecile and idiot patients admitted remains fairly constant; the figures for 1938 are 113 to 20. But a general lowering of the intelligence-level of our feeble-minded admissions is noticeable.

"*Transfers.*—Seven males and 8 females were transferred to Moss Side; 15 males and 19 females improved sufficiently for transfer to certified institutions or to institutions approved under Section 37.

"*Discharges.*—Orders under the Mental Deficiency Acts were allowed to lapse in the case of 5 males and 3 females who had been transferred to mental hospitals (Section 16) and in the case of 1 male and 1 female who had absconded; 3 females were discharged while on licence.

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* An institution for defectives of dangerous or violent propensities established and maintained by the Board of Control under the provisions of section 35.

" *Deaths.*—Ten males and 8 females died. The causes of death were—tuberculosis of the respiratory system 6, pneumonia (all forms) 4, epilepsy 1, heart disease 2, other diseases 5. The death rate was 15·05 per thousand.

" *Licence from Rampton.*—One male and 4 female patients were granted licence for varying periods during the year. One male and 6 females were removed from licence for various reasons. There were 2 male and 5 female patients away on licence at the end of the year.

" *Section* 16.—Thirteen male and 9 female patients were removed to Mental Hospitals under Section 16. Twenty male and 13 female patients remain on our books under Section 16 at the end of the year.

" *Absconders.*—Fifteen males and 3 females absconded during the year, 15 males and 3 females were returned and 1 male and 1 female were discharged. Five males and 1 female were still away at the end of the year.

" *General Health.*—There have been no serious cases of infectious disease, and no epidemics during 1938. Although the general health of the patients and staff has been excellent, the death-rate has increased from 10·27 per thousand in 1937 to 15·046 per thousand; this is presumably the natural consequence of the increased average age of our population.

" The paradox of mental defectives (who are more susceptible to disease than normal persons) showing a higher standard of health than is seen in the ordinary population is doubtless due to the regular life, properly balanced diet and early medical attention (including the care of the teeth) provided in institutions.

" *Occupations.*—Each of the industries has made progress in one direction or another. In the weavers' shop a range of " basket-weave " patterns was produced for the first time; this was made possible by the installation last year of the new dobbie loom. The characteristic of " basket-weave " cloth is that it drapes especially well and makes up into dresses that hang better than usual. The use of this loom is highly-skilled work and the production of half a dozen fresh and attractive patterns is most creditable. Further interesting work was provided for the patients when under the direction of the instructors they helped in the making of a machine for wrapping the finished cloth and also in adding a device to the warping mill whereby a greater length of yarn is used and a more even warp is produced.

The metal-workers have enjoyed making several decorative pieces of strip-work and scale work. They have also advanced in their wrought-iron work and are gaining valuable experience, which will be applied in the making of two pairs of large wrought-iron gates to form entrances to the Male and Female Villas.

"The carpenters have not much time to spare from the routine of repairing furniture, etc., but they are making some very good turned trenchers and bowls. The wood-carving is also improving in quality.

"The upholsterers usually produce one chef d'œuvre among their lesser works each year, and in 1938 this was a model "Chair-a-plane" complete with organ that looks as if it had been lifted bodily from Hampstead Heath last August. This shop is noted for its versatility and this year they started water-colour sketching. The one thing that one does not notice much in the upholsterer's shop—but which goes on steadily all the year—is upholstery!

"The 'Hawthorns' shop (in which post-encephalitics are concentrated) continues to do fretwork, papier-maché and all kinds of models of a high standard. It has always been a matter for surprise that these lads are able to do sound work in spite of the gross tremor of the hands which characterizes post-encephalitic Parkinsonism; since the atropine treatment has been extensively applied to this group of patients the tremor has in most cases markedly decreased but, contrary to expectation, their work deteriorated because of the paralysis of accommodation and diminished acuity of vision. As these patients will have to take atropine in large doses continuously they were fitted with spectacles and an immediate rise resulted in the speed and accuracy of their work.

"The shoemakers found that the machine for sewing soles to uppers could be used for many other purposes, such as making surgical and other special boots.

"Excitement was caused in the tailors' shop by the Committee's decision to try sports jackets and grey flannel trousers for male patients. The tailors turned out some really smart men's wear, and such was the interest aroused in the new style that several old hands who could not previously be persuaded to leave the main block demanded to be transferred to the Villas solely in order to cut a dash in the much-admired new clothes. These new jackets and trousers, as also the smartly-cut brown dungarees for wear at work, have given great satisfaction to those who made them as well as to those who wear them.

"The 'Willows' shop, where low-grade schizoid patients are employed, specialises in using up all sorts of waste material. Their latest product is a delicately-plaited wire container for artificial flowers—the wire being salved from derelict electric flex.

"In November a representative selection of goods from all the workshops, male and female, was shown at the Public Health Exhibition in the Agricultural Hall, Islington.

"The work throughout the female workshops is improving. The proportion of counted stitch embroidery (as against transfer patterns) is increasing and the cross-stitch work in particular is much finer. The spinning and knitting of wool from the Angora

rabbits is being done more extensively. In raffia, leather and wool-rug work the girls are being encouraged more and more to make their own designs and to choose their own colours.

" Recreation played a prominent part, as usual, in the occupation of the patients during 1938, both indoors and out of doors.

" The individual billiards tournament on the male side was so popular that it was decided to ask for more tables and to provide snooker balls as well. Darts were introduced in several of the male wards at the beginning of the winter and the game caught on at once.

" The football cup was won by E. 3 Ward, after an exciting and interesting series of matches in which all the wards took part. This is known as the Inter-ward League.

" Patients of both sexes gave a lively variety show and later on gave successful performances of two short one-act plays, ' Waterloo ' and ' The Dear Departed.'

" The Girl Guides had a full programme of events, including an outing to Grove Hall. They obtained 18 Proficiency Badges. Three of the Guides learnt to swim, but failed to pass the test; they hope to do better next time. The Company won the Darley Cup in competition with local Guides.

" *Staff.*—Two male nurses passed the final examination and 5 male nurses and 16 nurses passed the preliminary examination for the Royal Medico-Psychological Association Certificate.

" Five male nurses and 16 nurses passed the St. John Ambulance Association examination for the Certificate in First Aid.

" A team of four male nurses again succeeded in winning the Civil Service Cup for Fire Drill.

" The staff presented ' The Mikado ' in April.

" I am grateful for the loyalty and diligence of the whole staff, all of whom played a part in making the year a happy one for the patients in spite of the anxieties of the crisis."

(2) *Moss Side.*

We have received the following report from Dr. Gostwyck, the Medical Superintendent of Moss Side :—

" *Numbers resident.*—

	Males.	*Females.*	*Total.*
1st January, 1938	153	92	245
31st December, 1938	148	91	239

" *Admissions.*—Seven men and 8 women were admitted during the year. All were transferred from Rampton.

" *Transfers.*—Three men were transferred to Certified Institutions. Six men and 7 women were transferred back to Rampton as they proved unsuitable to remain at Moss Side.

" *Deaths.*—Two men died, the cause of death being *status epilepticus* in each case.

"*Absconders.*—Seven men and three women absconded and the same number returned to the institution during the year. Three men were absent at the commencement of the year and one man was still absent at the end of the year.

"*Licence.*—One man and three women were on licence at the commencement of the year and two men and two women were on licence at the end of the year.

"*Discharges.*—The Orders under the Mental Deficiency Act lapsed in the case of two men who had absconded. One woman was discharged from Order while on licence and two women were discharged from Order direct from the institution.

"Discharge from Order direct from the institution does not often occur. Usually when a patient improves in conduct and behaviour and is considered to have lost his dangerous and violent propensities he is either transferred to a suitable certified institution or he is allowed out on licence, where he will be still under the supervision and sympathetic control which he requires for a further period.

"In the case of the two women discharged direct from Moss Side both were high grade defectives with a long history of anti-social behaviour. After many years residence both at Rampton and at Moss Side, and in one case an unsuccessful trial on licence, both slowly gained some insight into their own difficulties accompanied by a keen desire to co-operate in order to regain their freedom. When this stage is reached and the patient can accept the fact that his behaviour has been at the root of the trouble improvement is noticeable and further guidance is received with increasing gratitude and effort. But progress is still slow and marked by many lapses and sympathetic understanding is needed to encourage the patient to continue the difficult struggle. The two women mentioned above as exceptional cases both had sufficient intelligence to understand their position and the need for making a prolonged effort. With a return of mental stability and improvement in behaviour their intelligence under tests also improved. It was not considered to be in their best interests to interrupt this progress by a transfer to another certified institution and the time finally came when it was considered right to discharge them direct as no longer requiring care under the Mental Deficiency Acts.

"Early in the New Year a canteen for the patients was opened where they can buy a variety of goods which are in constant demand. The canteen is situated in one of the rooms of the Recreation Hall, convenient in its position and central to both sides of the institution. The usefulness of the canteen is evident by the appreciation of all the patients who can see the goods they wish to purchase weighed and wrapped up. Previously the patients shopped by sending in lists of their requirements to be purchased at one of the large stores in Liverpool. This method worked well enough but the rather

unsympathetic atmosphere of any postal service was completely removed by the personal choice from goods exposed for inspection on the counter. The canteen pays its way. The profits, small at present, are used for the benefit of the patients.

" All the patients are usefully employed. The men have worked well in the farm and garden where the crops were well up to standard.

" The women have improved in their embroidery and fancy needlework."

" Berets and woollen cardigans have been provided for all the female patients.

" Three girls in the hostel have gone out to daily work in Maghull regularly throughout the year.

" The usual weekly dances were held throughout the year, as well as the cinema and mixed whist drives. Several concert parties were much enjoyed by the patients. The Annual Sports were held in July.

" The patients' band is steadily growing more proficient and now takes its part in the Salvation Army meetings held in the institution.

" The Scouts and Guides continue to progress. The Scouts were inspected by the District Commissioner who expressed satisfaction with their attainments. During the summer they attended a Garden Fete in the grounds of Scarisbrick Hall in aid of the Scouts' National Appeal Fund. They played a useful part by acting as guides to visitors and by taking charge of a football side show. They also went three times to the seaside for the day.

" The Guides were inspected by Lady Scarisbrick, who most generously gave them a special invitation to spend an afternoon in the grounds of Scarisbrick Hall where she provided tea for the party. This was an eventful day for the Guides, who enjoyed it to the utmost. The Guides also spent a day on the sands at Southport. The patrol was awarded a First Class Certificate for Embroidery and Needlework in a Guides' competition for all England.

" Eight new staff cottages have been built making a total of 24.

" Improvements and redecoration have been carried out, including alterations to the nurses' quarters and the addition of lamp standards to improve the lighting of the grounds at night.

" One nurse and two male nurses obtained the certificate of the Royal Medico-Psychological Association, one of the male nurses gaining distinction. Two nurses and three male nurses passed the Preliminary examination.

" I wish to express my appreciation of the willing co-operation of all the staff in the work of the institution."

III.—GENERAL.

1. Emergency Hospital Scheme.

Although not strictly falling within the period under review, the Board have for some time past been engaged, at the request of the Minister of Health, in the formulation of a Scheme for the adaptation of Mental Hospitals and Mental Deficiency Institutions for use as Hospitals for civilian casualties in a National Emergency. The Scheme, which is now nearing completion and which forms an integral part of the Emergency Hospital Organization of the Ministry of Health, provides for the total evacuation of the London County Mental Hospital, Horton, the Hampshire Mental Hospital, Park Prewett, the Hertfordshire Mental Hospital, Hill End, the Birmingham Mental Hospital, Hollymoor Division, and the Westwood Mental Deficiency Colony, Bradford, and for the partial evacuation of the Shotley Bridge Mental Deficiency Colony, Co. Durham; and arrangements have been made for the transfer to other Mental Hospitals and Mental Deficiency Institutions of the patients to be displaced. The remaining Mental Hospitals (with a few exceptions) and 20 selected Mental Deficiency Institutions are to allocate approximately 25 per cent. of the normal accommodation for civilian casualties, and it is also proposed to provide additional beds in hutments to be erected at certain Mental Hospitals and Mental Deficiency Institutions. In addition, a section of the Middlesex County Mental Hospital, Shenley, and a section of the East Sussex Mental Hospital, Hellingly, are to be allocated for the use of the War Office, and the Barrow Hospital, Bristol, will be placed at the disposal of the Admiralty. Provision is also being made for the allocation of beds for neurological cases. The Board's Scheme, thanks to the ready co-operation of the Governing Bodies, Medical Superintendents and others concerned, will thus provide some 41,000 casualty beds in readiness for use should an Emergency arise.

2. Voluntary Bodies and Professional Associations Concerned with Mental Welfare.

Below is given a list of the principal voluntary bodies and of three of the less well-known professional associations engaged in mental health work with a short account of their activities in relation to mental disorder and mental defect.

(*a*) The Central Association for Mental Welfare.
The National Council for Mental Hygiene.
The Child Guidance Council.
The Mental After Care Association.
The Guardianship Society, Brighton.
The North-Eastern Council for Mental Welfare.

(*b*) The Association of Mental Health Workers.
The Association of Psychiatric Social Workers.
The Association of Occupational Therapists.

The Central Association for Mental Welfare.

The founding of the Central Association for Mental Welfare in 1913 was contemporaneous with the passing of the Mental Deficiency Act. Its first objects were to help and supplement the work of Local Authorities as regards the care and training of mentally defective persons living in the community. Since that time the scope and activities of the Association have extended beyond the field of Mental Deficiency work.

Financially the Association is on a different footing from the other voluntary bodies referred to above as, in addition to voluntary subscriptions, its income is derived from grants from Local Authorities apportioned in proportion to the population in each area.

The Association has during the year developed guardianship and boarding out schemes for Local Authorities and Mental Hospitals, after care work in connection with patients from Broadmoor Criminal Lunatic Asylum and Wormwood Scrubs Prison, an experimental scheme of after care for epileptics and the organization of the Middlesex day training centres. Courses of training have again been organized for medical practitioners, for teachers (in conjunction with the Board of Education), for supervisors of occupation centres and institution staff, and for students taking the mental health course. The longer course initiated last year for persons engaged in training low grade defectives has already been referred to on page 58. Holiday homes for patients from mental hospitals and certified institutions have been extended during the year.

There are at present 43 voluntary associations for mental welfare in various parts of the country affiliated to the Central Association.

The National Council for Mental Hygiene.

The National Council for Mental Hygiene was founded with the object of informing and educating the public on mental health questions and of co-ordinating mental health activities at home and abroad. During the year 1938 the Council made arrangements for its fifth biennial Mental Health Conference; this was held in January, 1939, and was widely attended.

The Child Guidance Council.

The Council was formed in 1927 with the assistance of the Commonwealth Fund of America.

The activities of the Council which most closely concern this Board are the training of psychiatrists and psychologists and the training and loan services of psychiatric social workers. After training, many social workers have taken posts in mental hospitals and in psychiatric out-patient departments. Further matters of special interest in the current report of the Council are the account of the register of foster-homes and schools for nervous, difficult and retarded children, kept jointly with the Central Association for

Mental Welfare, and the courses organised during the year for the benefit of teachers and workers in children's homes.

The Mental After Care Association.

The Mental After Care Association reports that during the year the number of persons assisted in various ways was 4,269. Founded in 1879 with the object of helping patients discharged from Mental Hospitals the scope of the Association's work and the geographical area covered have now been much enlarged. The figure given above includes 833 patients sent to Homes administered by the Association for early care or for convalescence, 1,174 sent away on holidays and 189 boarded out from Mental Hospitals. General after care includes relief and maintenance and help to find employment. It is of interest to note that an employment officer holding the mental health certificate has been appointed for this latter branch of the work, upon which the future welfare and health of the patient so largely depends.

The Guardianship Society, Brighton.

The objects of the Guardianship Society founded in 1913, are to provide care and supervision for mentally defective and physically defective persons by boarding them out, visiting them and assisting them to obtain training and employment. The Society has its offices at Brighton and the Committee consists of elected members and representative members from various public bodies. There is a Medical Director, an Organizing Secretary and a number of paid and voluntary visitors.

The total number of cases on the books of the Society on 31st December, 1938, was 936.

The Society conducts two small training farms, both of which are certified institutions, in which boys are trained and prepared for licence. A part time occupation centre for children and daily classes for older boys and girls have been reorganized by the Society during the year under review.

The work undertaken for mental patients includes the organization of a clinic for nervous disorders (224 attendances during the year) and the assistance of patients who leave the Brighton Mental Hospital.

The North-Eastern Council for Mental Welfare.

The North-Eastern Council for Mental Welfare was established in 1935 to undertake work in connection with mental hospitals and out-patients and for the community care of defectives in the area of eight local authorities in Durham and Northumberland; the Committee consists of members appointed by each of the participating authorities.

3. Libraries.

During the last few years there has been an increasing tendency to encourage patients to read and to make the library a living centre where individual tastes can be discovered and stimulated. This aim can be achieved in a number of ways. First and foremost a changing supply of books is circulated from the library to the wards and kept in bookcases which are usually open and which may well be low and unglazed so as to be easily accessible to the patients.

The central library serves as a distributing and collecting centre for the ward books and also as a place to which patients may go on certain days to choose their own books. The central library is open in different hospitals for times ranging from one to five and a half days per week; the patients who go to choose books may be all the parole patients, or certain selected patients, or groups of patients, including sometimes those who are quite difficult and disturbed, in the charge of nurses. Those who cannot leave their wards make their choice from the ward bookshelves or rely on the nurses to procure special books they want from the central library, a task which is much lightened by the provision of library catalogues hung in the wards. The central library in some hospitals also serves as a reading room where suitable patients can read and write at small tables in quietness and privacy. The small rooms in some modern villas and admission hospitals may serve the same purpose.

The trolley which is now used in a number of hospitals to take round a varied and interesting selection of books, at intervals of a week or so, from ward to ward, is an excellent means of bringing a choice of books to the notice of the patients.

As a rule the Chaplain is librarian, or, failing him, some other member of the hospital staff. Here and there a patient is to be found who takes great interest in caring for books and in recording their use in the hospital.

It will be seen that the library service requires ample space for keeping and cataloguing large numbers of books and for a library reading-room. It is also most desirable to provide lockers or some other place where patients can keep their books and protect them from disappearing whilst they are away from the wards. The lack of space, particularly in some of the older and overcrowded hospitals, is a difficulty which may hold back the development of the library and which it needs much ingenuity and persistence to overcome.

Now that a library is recognized as a necessary part of the equipment of a mental hospital, it may be of interest to refer to one which has been organized on thoughtful and progressive lines. In the hospital referred to, with approximately 1,200 beds, the library has several outstanding features. In the first place the librarians (five or six men and women) are volunteers from outside the hospital, specially selected for the work. The organization of the central library, which contains approximately 2,500 volumes,

includes a good system of indexing and of recording the books borrowed, and ensures that unhurried and expert advice is available for borrowers. In addition there is a regular distribution by librarians of books in the wards by means of the trolleys which have been mentioned, loaded with a wide selection of literature. The less well patients are no longer bound to rely on a haphazard collection of books, none of which may suit their tastes. Twice a week there is an " individual book service " with the result that many who lost all incentive to read under the old system may read with enjoyment and benefit the books that appeal to them. The following is an extract from an article by the chief honorary librarian on the system in this hospital :—

> " On an average some 110 books are issued each week as well as magazines, etc. In a hospital of this character rather more ' wastage ' might be expected than in a General Hospital, but only about 250 to 300 books are destroyed or lost in a year. Repairs are executed in the Male Occupational Centre, and this affords a useful and interesting form of occupational therapy for certain classes of patients . . . . The staff appear to welcome the visits of the librarians in the wards and render assistance very readily whenever possible. The patients very obviously appreciate the Library and contact with the librarians, the talk frequently not being confined to books. The Medical Officers value our work from a curative point of view . . . . "

Another hospital maintains two libraries ; from one of these books go to and from the wards for patients whose literary interests are not very active. From the other, which is more varied and technical in type, selected patients can take and use the books they like.

In mental hospitals generally, while obsolete works which can only disappoint and bore the average reader are still to be found, the books most commonly provided and appreciated are light fiction, but individual patients here and there will ask for works on engineering, gardening, geometry, history and so on, and, whether alleviation of the mental disorder can be expected or not, it is obviously desirable to meet these requests whenever possible. A Superintendent of long experience estimated that five per cent. of his patients would ask for named books. Rarely, Braille books may be required for the blind, and for quiet and interested patients whose stay in hospital may be long the making of Braille books provides a beneficent and long-lasting occupation.

Technical books for doctors, nurses and occupational workers are a great asset. A few hospitals have provided admirable medical libraries ; in most, the medical library consists of a collection of books contributed by the medical officers themselves. Nurses in some hospitals have access to excellent and varied works on hygiene, nursing, psychology and allied subjects, but for the most part one or two standard text-books are all that is provided. It is often said that the nursing staffs change frequently and that the interest in technical books is superficial, that the service dwindles

and fails from loss of books. The latter difficulty can perhaps be met, as it is in general libraries, by imposing some simple deposit system. Occupational workers may have reference books of their own but in a few hospitals, setting an example which might be followed, there is a range of books on handicrafts and simple industries of many kinds, providing not only practical help but a great stimulus to occupational enterprise amongst nurses and patients.

In institutions for the mentally defective the most popular books are simple stories, written for boys and girls, and fiction. There is also a demand for the simpler kind of technical books on electricity, embroidery, etc., and books such as are available in schools, in which roads and railways, industries and employment, public services and local government are described, are of use as aids to instruction for teachers and others who have charge of the higher grade patients.

Bookbinding not only provides occupation but saves many injured books from complete destruction. We would add, however, that there are nowadays on the market many books which are cheap and cheerful and are not meant for a long life, which may be more attractive to the hesitating reader than those which are sober to the eye and heavy to the hand.

Magazines and papers are commonly provided, but some hospitals are much more enterprising than others in the provision of newspaper stands, in varying the number and kind of papers according to the type and interests of the patients in the wards, in providing enough picture papers to supplement the newspapers and in taking advantage of opportunities for acquiring slightly out of date attractive journals and magazines in considerable numbers at low prices.

In one hospital debates are held under the chairmanship of an interested patient, in another talks are given, and in some mental deficiency institutions and homes wireless broadcast lessons are used in teaching. The field for activities of this kind has not, we think, been fully cultivated. The link which such work can have with the books and the library is a natural one.

With all these possibilities in the library service it is clear that its successful organization requires technical knowledge and time as well as an understanding of mental patients. The Board understand that the Red Cross Hospital Library is willing to help mental hospitals, through the International Guild of Hospital Librarians, by finding and training librarians both in London and, as far as possible, in other districts. Two well organized Mental Hospitals have been selected as training centres for this purpose. The Committee of the Red Cross Hospital Library has already gained wide experience of the library services in mental hospitals and this further offer of help in finding and training librarians is one that medical superintendents may be well advised to consider.

4. Finance.

The costing returns for the year ended 31st March, 1938, in respect of County and Borough Mental Hospitals and Certified Institutions for Mental Defectives established and maintained by Local Authorities have been published as a separate document* and circulated to the Authorities concerned.

These returns set out the average weekly cost per patient in detail under the different heads of expenditure for each Hospital or Institution. It will be observed that when loan charges are included the average weekly cost in certified institutions is higher than in mental hospitals; this is due to the fact that many of the mental deficiency colonies are of recent construction involving temporarily heavy loan payments. The total net cost (excluding capital expenditure defrayed out of revenue) for each of the two groups of institutions as a whole is as follows :—

——	Year ended 31st March.	Including loan charges.		Excluding loan charges.	
		Amount.	Average per patient per week.	Amount.	Average per patient per week.
		£	*s.* *d.*	£	*s.* *d.*
Mental Hospitals	1937	9,253,528	27 7·8	8,557,876	25 6·9
	1938	9,916,639	29 1·5	9,165,731	26 11·0
Certified Institutions	1937	1,348,846	28 6·0	1,083,520	22 10·7
	1938	1,548,163	30 7·1	1,233,144	24 4·4

5. Prosecutions.

The following prosecutions undertaken on our Order resulted in convictions :—

R. v. George David Cooke, Richard Carrington and James Nodder.—The defendants who, at the date of the offences, were male nurses at Winson Green Mental Hospital, were convicted by the Stipendiary Magistrate sitting at Birmingham on 27th April, 1938, of offences under Section 322 of the Lunacy Act, 1890. Each was fined £5 and ordered to pay one guinea costs.

R. v. Dr. William Vere Taylor Styles.—The defendant appeared before the Justices sitting at Bournemouth on 24th November,

* Board of Control Costing Returns for the year ended 31st March, 1938. H.M. Stationery Office. 9*d.* net.

1938, in answer to certain charges preferred against him under Section 315(1) of the Lunacy Act, 1890. He was convicted on all three charges, fined £15 and ordered to pay £5 costs in the case of each summons.

The following prosecutions for offences under the Mental Deficiency Act, 1913, which resulted in convictions were reported to the Board.

R. v. Maud Beatrice Broadhurst.—The defendant was charged at the Portsmouth Police Court on 22nd February, 1938, with having assisted her daughter, a certified mentally defective patient at the Free Church Council Hostel Certified Institution, Portsmouth, to escape therefrom, contrary to the provisions of Section 53 of the Mental Deficiency Act, 1913. She pleaded guilty and was fined £5.

R. v. Harry Withers.—The defendant pleaded guilty at the Birmingham Assizes on 5th December, 1938, to a charge preferred against him under Section 56 of the Mental Deficiency Act, 1913, of having carnal knowledge of a mentally defective woman and was bound over in the sum of £5 for two years.

R. v. John Thomas Harris.—The defendant pleaded guilty at the Stafford Assizes on 16th November, 1938, to a charge of indecent assault upon a mentally defective woman and was sentenced to one month's imprisonment.

R. v. Stephen William Brooks.—The defendant, who at the date of the offence was a male nurse at Tatchbury Mount Colony, a Certified Institution under the Mental Deficiency Act, 1913, was convicted at Lyndhurst Petty Sessions on 14th December, 1938, of an offence under Section 55 of the said Act. He was found guilty and bound over to be of good behaviour for 12 months.

6. Inquiry by Commissioners.

The death of a private temporary patient in Northumberland House following a struggle with male nurses was the subject of an inquiry held there on 17th February, 1939, by two Senior Commissioners.

The patient (D.H.D.W.), aged 73 years, who was admitted to Northumberland House on 21st November, 1938, died therein on the 29th November from acute peritonitis following rupture of bladder, due to acute suppurative cystitis, accelerated by fracture of the sternum and ribs, and a verdict to this effect was returned at the inquest.

The Commissioners, after visiting the observation dormitory in which the accident occurred and examining 12 witnesses all

of whom, with the exception of the widow of the patient, were sworn, came to the following conclusions :—

(1) They were unable, upon the evidence they received, to determine the precise manner in which the fractures of the sternum and ribs occurred.

(2) They found no evidence of use of excessive or improper force by the male nurses at Northumberland House at any time while the deceased was under their care.

(3) They consider that, in view of the length and severity of the struggle in which the two nurses and the deceased were concerned on the night 21–22 November, the night-nurse in charge should have communicated with a doctor forthwith and asked for instructions.

(4) As to this highly important matter of acquainting one of the resident doctors of incidents occurring during hours of night duty, they agree that it would be difficult, perhaps impracticable, to give specific instructions calculated to meet the needs of every incident, and that a certain amount of discretion must be left to the night-nurse in charge. They are, however, of opinion (*a*) that the facts of this case indicate that clearer instructions are needed ; and (*b*) that, until there is a more fully trained staff available for night-duty, the discretion in this matter permitted to the night-nurse in charge should be small.

(5) They do not consider that the charge night-nurse, having regard to his short experience in mental nursing, was fitted to occupy that position.

By Order of the Board,

(Signed) L. G. BROCK,
Chairman.

(Signed) P. BARTER,
Secretary.

Hobart House,
Grosvenor Place,
London, S.W.1.

June, 1939.

INDEX.

Printed under the authority of His Majesty's Stationery Office
By Eyre and Spottiswoode Limited, London

x (406)20430(18480) Wt 619—1710 1250 11/39 (Item 4)