

LIEUTENANT-COLONEL MAURICE HENRY SMITH, late Indian Medical Service, died on October 12th, aged 55. He was the only son of the late Henry Spencer Smith, F.R.C.S., and entered the Madras Medical Department as Assistant Surgeon, March 31st, 1876, becoming Surgeon-Lieutenant-Colonel, March 31st, 1896, in which year he retired from the service. He was with the Burmese expedition in 1885-7 (medal with clasp), and with the Chin-Lushai expedition in 1889-90 (clasp).

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession in foreign countries who have recently died are Dr. Emil Burckhardt, Extraordinary Professor of Surgery in the University of Basel, one of the leading surgeons of Switzerland, aged 52; Dr. Akos Puky, Surgeon-in-Chief to the Red Cross Hospital at Buda-Pesth, and Lecturer on Surgery in the University; Dr. Hess, of Mainz, well known as an ophthalmologist, and for many years Secretary of the German Ophthalmological Society, aged 74; Dr. Bayol, Representative of the Bouches-du-Rhône Department in the French Senate; Dr. Gregorio N. Chaves, Professor of Clinical Medicine in the Faculty of Buenos Aires; Dr. A. Cochez, Professor of Clinical Medicine in the Medical School of Algiers; Dr. S. Kostine, Lecturer on Physiology in the Medical Faculty of Odessa; and Dr. Henry Dorwin Didama, for many years Dean of the School of Medicine of Syracuse University, and a founder of the New York State Medical Association, aged 82.

PUBLIC HEALTH

AND

POOR-LAW MEDICAL SERVICES.

CARE AND CONTROL OF IDIOTS AND EPILEPTICS.

THE Royal Commission on the Care and Control of the Feeble-minded has resumed its meetings, although five of its members are absent on a tour of inquiry in America. The first sitting after the summer interlude was held on October 13th, when evidence was received from Dr. Francis Warner, Physician to the London Hospital; Dr. Robert Hutchinson, Assistant Physician to the same institution; Dr. W. Bevan Lewis, Medical Director of the West Riding Asylum; and Alderman J. Wycliffe Wilson, of Sheffield.

Dr. WARNER, in allusion to the treatment of feeble-minded children, said that play, games, general activity, and the prevention of loafing encouraged spontaneity and variety in movement, and tended also to remove the awkward habits or repetitive "automatic actions" which were frequent among children. Imitation of the teacher's movements was most useful in early training. He believed that it was far more educative than clay modelling, drawing, and other child occupations, but it could only be practised by the child for a few minutes at a time. Exercises in hand and finger movements cultivated the faculty for mental action, appreciation of numbers, and also writing, as well as useful manipulation. All children needed training in speech. Inheritance of tendency to decadence, epilepsy, insanity might lead to defectiveness; on the other hand, a degenerate parent might have a normal child. It was not infrequently found that genius, social success, and mental degeneracy were present in members of the same family.

Dr. ROBERT HUTCHINSON discussed the causation of mental deficiency. From the study of upwards of 100 cases seen in hospital out-patient practice, he had come to the conclusion that we know nothing as to the cause of mental defect. He had not found that any of the commonly-alleged causes such as insanity in the parents or relatives, parental alcoholism, tuberculosis, syphilis, or consanguinity, were found more frequently in the family history of mentally defective children than in that of others. In the majority of cases only one child in the family was affected, the others being quite up to and often above the average of mental ability. Nor did the conditions of town life appear to play any part, for he had seen many cases born of healthy country-bred parents, and living under very good surroundings. Mongolism was the only common variety of mental deficiency of which one could speak definitely as to the conditions which favoured its appearance. It tended to occur in children born at the end of large families, or whose mothers were towards the end of the child-bearing period. As regards the great majority of cases of mental deficiency, however, he had come to the conclusion that they occurred, so to speak, purely accidentally, and might be compared to such congenital defects as hare-lip or congenital club-foot. Mental deficiency must be clearly distinguished from insanity; the latter tended to run in families, the former did not. Nor did he believe that there was any real basis for the popular belief that mentally-defective individuals, if they married would of necessity be more likely to have defective offspring than normal persons. He did not believe that there was any evidence in support of this view; he was indeed under the impression that some statistics collected at the Bicêtre Hospital in Paris tended directly to contradict it. He believed that any attempt to prevent the occurrence of mental defect in a certain percentage of children born was impracticable such deficiency must be looked upon as one of the unfavourable variations which were bound to occur from time to time, and which must be dealt with accordingly.

Dr. W. BEVAN LEWIS considered that special classes should be provided for all feeble-minded children as they were unfit to make headway in the ordinary elementary schools; and they should, at the same time, be constantly so graded and regraded, as to ensure the utmost benefit that could ensue from the system of schooling and training adopted. The intermixture of certain groups of the mentally-afflicted was absolutely inimical to their best interests and prejudicial to an intelligent treat-

ment of individual ailments. The value of segregation and differentiation was steadily kept in view at his asylum.

Alderman WILSON thought some power of detention was imperatively necessary in order to deal with the feeble-minded effectively.

ROYAL NAVY AND ARMY MEDICAL SERVICES.

DENTISTRY IN THE ARMY.

ONE WHO KNOWS writes: It may be of interest to your correspondent, "Thorough," to know that his statement, "For our soldiers and sailors serving abroad nothing whatever is done," is misleading and erroneous," for I know that the senior medical officer at Standerton, South Africa, equipped a dental surgery at his station with everything to make it complete, including chair, dental engine, fillings, etc. Further, he had a dental surgeon appointed as honorary dental surgeon to the troops, arranged to have a visit each month, which was previously notified in garrison orders. All non-commissioned officers and men, with the women and children on the strength, had extractions and fillings done free, and dentures at contract rates, officers and others on payment. This system has worked during the last two years with most satisfactory results. At Pretoria and other stations dental surgeons fit soldiers with dentures, etc., at contract rates; so it would be better before "Thorough" writes again that he makes himself certain of all the facts at issue.

SALARIES OF I.M.S. OFFICERS IN THE GAOL DEPARTMENT.

A RESOLUTION of the Government of India in the Home Department, dated Simla, October 6th, is published regarding the pay of appointments in the Gaol Department held by officers of the Indian Medical Service. It states that the Government of India have now received the final orders of the Secretary of State on this subject, and are pleased to notify that the following scale of consolidated pay has been sanctioned:

Inspectors-General of Prisons.—Madras and Bombay, 1,800-50-2,000 rupees each; Bengal, 2,000 rupees; United Provinces, 1,800-50-2,000 rupees; Punjab, 1,800 rupees; Burma, 1,800 rupees; Central Provinces and Berar, 1,500 rupees.

Superintendents of Central Gaols (first and second class).—Lieutenant-Colonels (specially selected for increased pay), 1,550 and 1,450 rupees; Lieutenant-Colonels, after twenty-five years' service, 1,450 and 1,350 rupees; Lieutenant-Colonels, 1,400 and 1,300 rupees; Majors, after three years' service, 1,050 and 950 rupees; Majors, 950 and 850 rupees; Captains, after ten years' service, 850 and 750 rupees; Captains, after seven years' service, 800 and 700 rupees; Captains, after five years' service, 750 and 650 rupees; Captains, 700 and 600 rupees; Lieutenants, 650 and 550 rupees.

The Secretary of State has further decided: (1) That the scale will take effect from April 1st, 1904; (2) that officers already in the department may choose between the existing and the new scale, also with retrospective effect; and (3) that when the present pay of officers choosing the new scale is in excess of that therein laid down they may continue to draw their present salary until they become entitled to an increase under the new scale.

LONDON COMPANIES R.A.M.C. (VOL.).

ON Sunday morning last, in accordance with their annual custom, the London companies of the Royal Army Medical Corps Volunteers attended divine service at the Church of St. Bartholomew the Great, Smithfield. Having mustered at head quarters in Calthorpe Street, the corps marched to the church, accompanied by the inspiring strains of their band. The service was conducted and the sermon preached by the Rev. Sir Borradaile Savory, Acting Chaplain V.M.S.C., and Honorary Chaplain to the corps. The musical part of the service was beautifully rendered by the choir, the men joining heartily in the singing. The Principal Medical Officer, London District, was present at the service, and afterwards inspected the corps at head quarters, expressing his satisfaction at the smartness of the corps, and distributing medals to those members who had earned them.

HOSPITAL AND DISPENSARY MANAGEMENT.

ROXBURGH, BERWICK AND SELKIRK DISTRICT ASYLUM.

Overcrowding.

At this asylum there has been for many years a serious condition of overcrowding, which has, in the twelve months covered by the report of the Medical Superintendent, Dr. J. Carlyle Johnstone, been followed by the exceptionally high mortality and prevalence of pulmonary consumption generally ensuing from this condition. The many ill effects of overcrowding have been so often emphasized in these columns

that they do not require recapitulation, but we may quote, as showing the means adopted at this asylum to relieve this plethora of patients, the following passage from Commissioner Fraser's report:

Constant and praiseworthy efforts are made by Dr. Johnstone to keep down, as far as possible, the growth of asylum population. Patients have been, and are being, sent out on probation or pass, with the object of testing their fitness for liberation. A large proportion of these patients do well and remain permanently at home, but in a percentage of cases mental changes occur which necessitate readmission to the asylum. A fact worthy of note is that 127, or 38.6 per cent., of the present inmates have been given a trial in the outside world and have had to be sent back. If those who are at present on probation or pass are added, the percentage of those who have been, and are being, tried at their own homes is 40.3. From these figures it can be concluded that there has been no undue detention. In spite, however, of these efforts, the number of pauper inmates is steadily increasing. On January 1st, 1894, 222 were in the asylum, and on January 1st, 1904, the number had risen to 305, an increase of 83 in ten years.

Unfortunately the social condition of the rural population of this district does not favour the extension of the system of the care of pauper lunatics in private dwellings beyond its present proportion of 15.8 per cent. so treated, which may be contrasted with the 18.7 per cent. for all Scotland.

To meet the need for fresh accommodation considerable extensions have been in progress for some time, some of which, indeed—the male hospital buildings—were to have been completed in July of last year, but are still unfinished. Dr. Johnstone hopes that the completion of these extensions will permit the accommodation of private patients, including those in somewhat straitened circumstances, in larger numbers than heretofore.

Statistics.

There were in the asylum on May 15th, 1904, 312 patients, and 10 more were absent on probation; 392 cases in all were under treatment during the year, and there remained in the asylum on May 15th, 1905, 311, and 10 more absent on probation. During the year 70 cases were admitted (6.6 more than the average admissions of the previous ten years), of whom 54 were first admissions. In a large proportion of cases those admitted suffered from more or less serious physical disease, their physical condition being in 20 per cent. good, in 63 per cent. bad, and very bad in 17 per cent. In 24 the attack was a first attack within three months of admission, and in 12 more within twelve months of admission; in 20 a "not-first" attack within twelve months of admission, and the remainder were either congenital cases or of more than twelve months' duration on admission. They were classified as to the forms of mental disorders into: Mania of all kinds, 25; melancholia of all kinds, 32; dementia, 5; general paralysis, 4; acquired epilepsy, 2; and congenital or infantile defect, 2. Concerning the probable causes of insanity amongst the admissions, intemperance in drink was assigned in 18, or 25.7 per cent.; previous attacks were ascertained in 21; hereditary influences in 29, or 41.4 per cent.; old age and the menopause in 21, and "moral" causes in 16. During the year 30 were discharged as recovered, giving a recovery rate on admissions of 42.8 per cent., 6 as relieved (2 transferred to other asylums and 4 handed over to the care of relatives), and there were 35 deaths. This gives a death-rate on the average daily numbers on the register of 10.7 per cent. The deaths were due in 9 cases to cerebro-spinal diseases, in 7 cases to diseases of the circulatory system, in 15 cases to diseases of the respiratory system, including 7 cases of pulmonary consumption, in 1 case to perforation of the intestine, in 2 cases to general diseases, and 1 patient who escaped from the asylum was killed on the railway.

The only noticeable feature of this table is that, in addition to the 7 cases of death from pulmonary consumption, tuberculous disease is given as complicating other diseases in 6 other cases—that is, that 13 deaths, or over 37 per cent. of the total deaths, were wholly or in part due to tuberculous disease. The general health, as was to be expected from the overcrowding, was not good, and for the same reason, Dr. Johnstone says, the welfare and happiness of the patients and their care and treatment have been prejudiced.

INDIA AND THE COLONIES;

TASMANIA.

In July, 1904, a Royal Commission was appointed to inquire into the administration and other matters concerned with the General Hospitals, Hobart and Launceston, and the Hospital for the Insane, New Norfolk, Tasmania. Perusal of

the report of the Commission makes it abundantly clear that the Commissioners have investigated the whole matter with the greatest minuteness and care, and also that the recommendations they have made, many of them sweeping reforms, were urgently required and, when put into effect, cannot but greatly increase the good work which has been done in the past by these hospitals. The Commissioners were: Dr. J. S. C. Elkington, Chief Health Officer of Tasmania; Mr. F. R. Seager, Administrator of Charitable Grants; and Mr. J. W. Hughes, Audit Inspector; and they have made their report under two main headings, one dealing with the general hospitals and the other with the Hospital for the Insane.

General Hospitals, Hobart and Launceston.

These hospitals are State institutions heavily subsidized by Parliamentary vote, Hobart receiving £6,436 and Launceston £5,733 in 1903 out of public money; and whilst the Commissioners say that the most laudable economy and care have been exercised by the philanthropic and public-spirited men who have at considerable personal sacrifice undertaken the management of these institutions, they consider that the alteration in local conditions necessitate changes in their administration and greater attention to economy, in harmony with modern principles of hospital management. These hospitals were designed for the care and treatment of poor and destitute sufferers, but, they say, it is evident from the evidence given and the books examined that the Launceston Hospital, and to a less extent that at Hobart, have been treating patients well able to pay, thus competing with outside practitioners. From their report it appears that there has been an entire absence of any endeavour to enlist the sympathy and co-operation of the public served by the hospitals, and further that, so far as economy of working is concerned, much was to be desired. This is evident from a financial table in which the expenses of these hospitals and that of Ballarat are compared, all being fairly comparable in point of size and general surroundings. From this table we need only extract the one fact that the annual cost per occupied bed for 1903 was for Hobart £85 os. 10d., for Launceston £74 14s. 10d., and for Ballarat £49 2s. With regard to the internal executive, there was this difference between the two hospitals, that whilst at Hobart there appeared to be four responsible heads, namely, the Chairman of the Board of Management, the Secretary, the Senior Resident Surgeon, and the Matron, at Launceston the Surgeon-Superintendent was the sole responsible head. With regard to this latter post, the Commissioners pay high tribute to the medical and administrative capacity of its present incumbent, Dr. Ramsay, but they say that the very fact of his professional skill and reputation, in conjunction with the terms of his appointment and the looseness of inquiry into the circumstances of patients, have rendered the Launceston Hospital a serious competitor with the medical, nursing, and pharmaceutical professions outside. The questions of buildings and equipment, fire prevention, provision for phthisical patients, etc., are considered, and many recommendations made, from which we extract the following:

1. The reconstruction of the Boards of Management.
2. The reduction from its present figure of £4,500 annually of the State grant for maintenance to a fixed subsidy of £2,500 annually, and an additional annual subsidy, not to exceed £1,500, depending on patients' fees, donations, etc.
3. The formation of hospital districts, one district to cover the natural supply area of each general hospital, and the empowerment and requirement of the local bodies within such districts to contribute a sum not exceeding 1 per cent. of their annual value for rating purposes.
4. The adoption of a uniform ticket of admission, the institution being required to thoroughly examine the declared particulars of each patient, to fix the amount (if any) each patient can pay, and in cases of imposition to prosecute offenders. They recommend, further, the appointment at Hobart of a medical superintendent as at Launceston, with, however, considerable modification in the latter post, delimiting more accurately the duties of this official. They do not, however, recommend any modification of the terms of appointment of the present holder.

They also recommend the establishment of a sanatorium colony for consumptives of the poor and destitute classes, the inclusion of such cases in the wards as at present being unsafe, and the constitution of such sanatorium to be the result of co-operation of State, local, and private effort.

The late Dr. John Hall of Sheffield, who died on September 10th, at the age of 77, left estate of the value of £71,971.