

and with juveniles in need of care or protection. Every child who was in need of care or protection, and every child of 8 who had committed an offence, came under the jurisdiction of the Juvenile Court, and remained so until he reached the age of 17. The juvenile courts had been an unqualified success.

Scotland

Development of Mental Services

In an address, delivered at the City Chambers, Edinburgh, on December 7th, on "The care and treatment of mental disease in Scotland in the light of modern scientific thought," Dr. Hamilton C. Marr, Senior Commissioner on the General Board of Control for Scotland, said that with increased knowledge there had been a gradual evolution in the medical treatment of mental disorders. It had come to be recognized that there was nothing in the nature and symptoms of mental disease which prevented the majority of patients from being treated on exactly the same lines as persons suffering from bodily illness. The advantages of treatment in the early stages of mental disease had been clearly demonstrated in the great incidence of mild mental disorder during the war, and persons suffering from mental disorder were not now neglected until they became certifiable. Certification was generally regarded as a stigma, and should be limited to those cases in which the patients, being a danger to themselves or others, refused to avail themselves of care and treatment, so that they had to be detained under legal warrant. Dr. Marr presented a scheme for making Scotland a unit in regard to the treatment of mental disease. Under this plan Scotland would be divided into four districts—grouped round the four teaching centres—each of which would have a psychiatric hospital with an outdoor department conducted on the same lines as a general hospital, and subsidiary clinics connected with the various smaller hospitals of the district. Such central hospitals, working in close connexion with the medical faculty of the four Scottish universities, would not only be available for private patients, but also for patients from the local authorities of combined districts; the smaller hospitals would not then need to possess such elaborate modern medical equipment for diagnosis, treatment, and research. He believed that if local authorities were permitted to use the equivalent of the old lunacy grant, or part of it, for these purposes, there would be a reduction in the incidence of mental disease, and the accumulation of chronic mental cases would be notably less. Such unified work would certainly be less wasteful of labour and money, and would make for increased efficiency.

The Crippled Child in Scotland

Dealing with the care and cure of crippled children in the south-eastern area of Scotland in his address on December 5th to members of the Scottish Women's Club, Mr. W. A. Cochrane said that, while there had been important developments in orthopaedics in the last few years, there had been much biological degeneration going on in the great cities, so that the healthy mind in the healthy body demanded their special attention at the present time. It was now recognized that children who were taught the correct use of the body learned their lessons better, and that physical development was a basis for later mental development. The work of the orthopaedist was in the first place to train teachers, so that such conditions as flat feet, round shoulders, and flat chest might be avoided. With regard to the effects of

fractures and surgical tuberculosis, there was a considerable organization to deal with them, but the orthopaedist often felt that he wanted to go out into the highways and byways, and, through public health services and medical practitioners, get in touch with cases at an early stage. Deformity could then be treated, not by operation but by massage or exercises, so that the child might never arrive at the stage where he had to suffer the ordeal of an operation. The growing child required after-care, for there was a tendency to relapse, and a comprehensive scheme for such treatment would shortly come into operation at the new Hospital for Crippled Children at Fairmilehead. This scheme covered children from 5 to 16 years of age, in an area comprising Edinburgh and the South-East of Scotland, including Fife, and involving a population of about a million people. It was estimated that there were nearly a thousand children of school age in this population awaiting active care for which existing facilities were inadequate. At the open-air hospital at Fairmilehead children were observed to put on weight and improve in general condition in two weeks, but the great need was for after-care clinics, and it was hoped that local county associations would take up this work. There were ten counties to be dealt with, and local clinics must be run by local effort, the cost of maintenance of such a clinic being about £100 yearly.

At the annual meeting of the Edinburgh Cripple and Invalid Children's Aid Society, held on December 9th, Lord Sands, who presided, said that the society had existed for some thirty years, with the object of exercising care, cure, and after-care in regard to cripple children. The society had 762 cases on its register, of whom 276 were children. These figures were explained by the fact that although the society existed primarily for children, it did not lose touch with its cases in later life. Dr. Norman Carmichael pointed out that the society was in great need of voluntary workers to visit the children in their homes and to see that treatment was being properly carried out. He made a special appeal for what might be called "medical cripples." Rheumatism in young children did not produce deformities of bone or joints, but in 1927 it had been calculated that the total incapacity for work as the result of rheumatism cost the national health insurance £5,000,000 and lost to the country some £17,000,000 in wages. A great deal of the crippling of rheumatism occurred in the young child, and although the provisions for the acute stage of rheumatism were ample, those for convalescence and after-treatment were inadequate. In Scotland there was no institution to deal with the rheumatic child, who was often sent home to convalesce in most unsuitable surroundings. This society, however, had been doing pioneer work in supplying convalescent treatment and teachers to educate the children when they were unable to go to school. Mr. D. Stewart Middleton pointed out that treatment of cases had frequently to be continued for years, and the society encouraged parents and others to carry on a long patient system of treatment. Cripples were often unusually intelligent, but required education of a special type; the average cripple, deprived of physical exercise, tended to become interested in art, literature, and science. In order that these children might have their opportunity, such a society as this was absolutely necessary, and he commended it to the support of the public.

Royal Infirmary of Edinburgh

At a meeting of the League of Subscribers to the Royal Infirmary of Edinburgh, Mr. Alexander Maitland, one of the managers of the Infirmary, who presided, said that everyone interested in the institution would have to assist in raising a considerably extended income in the near future. There was a waiting list now amounting to some

3,000, and, although this showed that the good work of the Infirmary was appreciated, it was a constant source of anxiety to the managers. In the present year the pressure on this waiting list had been somewhat eased by the opening of Beechmount House, which had been equipped as a hospital with thirty-four beds at a cost of £10,000. The upkeep of this auxiliary would require between £3,000 and £4,000 per annum. The contemplated extension of the Infirmary on the neighbouring ground of the old George Watson's College, for which £260,000 had been recently raised, would provide 240 beds for obstetrical and gynaecological treatment. This would liberate three wards with ninety-six beds, through which an additional 2,000 patients could be passed in the course of a year, but which would require a further annual expense for maintenance. To meet this about £40,000 of additional income would be required in the next two or three years. With regard to paying patients, Mr. Maitland said the managers believed in the open door of admission for all patients, but considered that a fee-paying block would fulfil many needs in providing the best surgical and medical aid for persons who were unable to pay nursing home fees, and would do much to decrease the waiting list. There was no suggestion of making admission to the Royal Infirmary conditional on payment. Mr. Russell Paton, organizing secretary of the League of Subscribers, submitted a report for the year to September 30th last which showed that a sum of £21,117 had been collected from groups of subscribers. Fully one-half of these groups, which numbered 824, had this year shown a decrease in the amount subscribed, but this had been balanced by an increase in the sums received from others. Provincial districts had subscribed sums amounting to £5,665, but it had to be remembered that in most of the provincial towns, including such centres as Dunfermline, Kirkcaldy, Hawick, Galashiels, Falkirk, and Grangemouth, the claims of district hospitals had first to receive consideration. In the mining areas served by the Royal Infirmary the systematic contributions of the mine workers had amounted to £9,000, and were quite apart from the contributions made under the League of Subscribers. A continuous endeavour was being made by some 120,000 wage-earners in the city and surrounding country districts (including the mine workers) to subscribe systematically £32,600 towards the maintenance of the Royal Infirmary, in addition to support for their local hospitals.

Children's Clinic in Dumbartonshire

A new children's clinic erected by the County Council of Dumbartonshire for the eastern division of the county was formally opened at Kirkintilloch by the convener of the Public Health Committee. The building, which is of two stories, has been erected and equipped at a cost of £5,500. It contains rooms for medical officers and nurses, a waiting room for mothers, an ophthalmic clinic, a general treatment clinic, an electrical treatment room with ultra-violet ray lamp, an orthopaedic classroom for remedial exercises, a dental clinic, an operating theatre, and a recovery ward with ten beds, where children may be retained for a night after operation.

Presentation to Scottish Doctor

A presentation, in the form of a Chesterfield suite and a silver tray, suitably inscribed, was made to Dr. John Sinclair, Bo'ness, Linlithgowshire, by a committee representing patients and friends, to mark the completion of fifty years' practice in the district. Dr. Sinclair, who is a native of Lochgilphead, graduated M.B. at Glasgow in 1879, and although he is now 79 years of age, he is still in active practice.

England and Wales

Liverpool Medical Institution

A special general meeting of the Liverpool Medical Institution was held on December 1st for the purpose of admitting Lord Moynihan of Leeds to honorary membership. The president (Professor R. E. Kelly) was in the chair, and some seventy-five members and associates were present. Mr. R. Craig Dun delivered an introductory oration, in which he spoke of Lord Moynihan's services to the art of surgery, his skill as an operator, the world-wide fame of his contributions to surgical literature, his zeal in connexion with medical societies, and the number of such societies which he had brought into being. The president, in formally inducting the new honorary member, presented him with a certificate of membership, inscribed on vellum. Lord Moynihan expressed his pleasure at being elected an honorary member, and referred to those he knew so well in Liverpool. On the evening of the same day the annual dinner of the Institution was held at the Adelphi Hotel, 171 members and guests being present. Lord Moynihan was the guest of honour, and proposed the toast of "The Liverpool Medical Institution," to which the president replied. Other guests present included the Lord Mayor of Liverpool, the Bishop of Liverpool, Lord Cozens-Hardy, the stipendiary magistrate (Mr. Stuart Deacon) the city coroner (Dr. G. Cecil Mort), and the presidents of the medical societies of the surrounding districts—Southport, Birkenhead, Wallasey, Chester, and Wigan.

Vital Statistics for 1931

Part I (Medical Tables) of the Registrar-General's Statistical Review, 1931, is now on sale at H.M. Stationery Office, price 6s. net. Its principal features are as follows. The number of births registered in the year was 632,081, giving a rate of 15.8 per 1,000 persons living. This rate is 0.5 below that for 1929 and 1930, hitherto the lowest on record, and constitutes a new low record. The death rate was 12.3 per 1,000 persons living, 0.9 above the rate for 1930. That rate was, however, the lowest ever recorded, largely owing to the exceptionally mild weather in the first quarter of the year. The higher rate for 1931 is the reflection of the more severe weather of the first quarter of that year, and the consequent higher death rate, the rates for the other three quarters showing very little variation. Infant mortality was similarly affected, and the deaths of children under 1 year of age numbered 66 per 1,000 live births, against 60 in 1930. That year and 1928 are, however, the only years that have shown a lower infant mortality than 1931. Cancer showed a death rate of 1,484 per million persons living against 1,454 in 1930. If, however, allowance is made for differences in the age constitution of the population the comparative mortality from cancer shows a much smaller increase. Tuberculosis again furnished a new low record of 896 per million living. Puerperal sepsis caused the deaths of 1.59 women per 1,000 live births and stillbirths, 0.25 less than the rate for 1930. "Other accidents of pregnancy and childbirth" showed a rate of 2.36 per 1,000 live births and stillbirths compared with 2.38 in 1930. The death rate from suicide was 129 per million persons living, a new high record, although the increase was confined to males (189 compared with 185 in 1930), the rate for females having fallen from 74 to 73. A slow increase in this rate has been continuous for a number of years. Road accidents due to mechanical vehicles were responsible for 5,892 deaths. The figures for the last four years were 4,452, 5,196, 5,752, and 6,342 respectively. The decrease in those deaths is the first that has occurred since 1921, the figures having increased steadily from 1921 to 1930.