

sanatoriums is evident from the fact that tuberculous affections were found to be four times more prevalent among asylum patients than among patients in general hospitals. The extensive use of outdoor and sanatorium treatment for all classes of patients has brought the number of tuberculous cases down to the level obtaining in ordinary hospitals. Many other patients in frail physical health have been placed in these special buildings, and the treatment found beneficial in tuberculous affections has proved beneficial in other cases also. The advantages of occupational therapy are fully recognized by the Board. Farms are attached to twenty-two of the district asylums. The Board, in encouraging the acquisition of farm and garden ground for the therapeutic occupation of patients, has suggested that all institutions provided for mental affections should have a minimum of one acre of ground for each male patient. Many interests in farming and occupations in gardening can also be found for women. Other methods of occupational therapy have proved of benefit in the case of patients whose mental state is such that they cannot be employed on farm or garden work in a regular manner. The Board commends the appointment, in many institutions, of consulting dentists who have at their disposal adequately appointed dental rooms. The value of ultra-violet light treatment has been experienced in a number of institutions, and it is suggested that in the care of mental affections of a temporary and curable nature the treatment of nervous and mental affections by light, electrical means, and hydro-therapy might be carried out in dispensaries and clinics.

Encephalitis Lethargica.

In the Board's last report reference was made to the fact of lethargic encephalitis in producing mental affections, and it was suggested that it would be desirable to group such cases, if possible, in one institution. By an arrangement with the Board of Health, public authorities throughout Scotland have now been enabled to send cases of encephalitis lethargica to Stobhill General Hospital.

Lunacy Statistics.

On January 1st, 1926, there were in Scotland 18,537 insane persons, exclusive of those maintained at home by their natural guardians. The number at January 1st, 1925, was 18,398, so that an increase of 139 had taken place during the past year. The total number of patients admitted to establishments during 1925 under a sheriff's order was 3,180, or 52 less than in the previous year. Of these, 481 were private patients, or 44 less than in the previous year, while the number of pauper patients was 2,699, or 8 less than in the preceding year. Voluntary patients, it is pointed out, enter asylums voluntarily for treatment of mental disorder, with the sanction of the Board granted on a simple application by the patient. They cannot be detained for more than three days after giving notice of their intention or desire to leave, and they are not certified as insane nor registered as lunatics, although a record is made of their names and other particulars regarding them. The whole number of such persons admitted into asylums in 1925 was 482, and the number resident on January 1st, 1926, was 597. During 1925 the number of private patients discharged recovered was 201, while 951 pauper patients were discharged recovered. The number of private patients who died in establishments during 1925 was 243, while the number of pauper patients dying was 1,183. The death rate for patients in establishments was 8.6 per cent. of the average number resident for the year, as compared with 9.6 for the previous year. The whole number of escapes during 1925 was 144. Of these, 57 were brought back within twenty-four hours, 39 within a week, and 21 after a week. There were still 27 absent on the expiry of twenty-eight days from the date of escape. Of these, 2 were removed from the asylum registers as recovered, 15 as relieved, and 8 as not improved; 2 died.

Working of the Mental Deficiency Act.

Since the passing of the Mental Deficiency (Scotland) Act in 1913 the Board has made every effort to carry out its provisions, although difficulties, largely of an economic nature, have been encountered. The Treasury instructions of 1921 limit the numbers of defectives in

institutions who would be entitled to participate in the imperial grant to 1,477. The privileges were, however, extended by a further sum of £5,000 towards the cost of providing for 200 additional mentally defective persons. During the coming year it is expected to utilize this for 100 beds in the institution at Birkwood (belonging to the Lanark District Board of Control), for 50 beds in the Broadfield institution (belonging to the Paisley District Board), and for 50 beds in the institution belonging to the Edinburgh District Board at Gogarburn. An application of the Edinburgh District Board of Control for authority to provide institutional accommodation for 500 defectives has received the sanction of the Treasury. Various other smaller institutions have also obtained Treasury grants. In addition to these, 1,009 rate-aided mentally defective persons are provided for in private dwellings, and there are fourteen institutions with accommodation for 1,790 certified defectives. The urgent needs for mental defectives are stated to be accommodation, educational facilities for the young, and extended means for the care and supervision of persons over 16 years of age. The returns show that there are 12,969 mental defectives throughout Scotland, of whom 1,709 are certified under the Lunacy Acts and placed in asylums. The total number returned by education authorities—who are responsible for defectives between the ages of 5 and 16—as capable of receiving education was 5,145. The number of mental defectives reported by parish councils to be incapable of education was 742. The parish council is the authority which deals with all mental defectives over 16 years of age, and the number of these returned by the parish councils was 3,384.

ABERDEEN CITY HOSPITAL EXTENSION.

The public health committee of Aberdeen Town Council has approved a report proposing extensions and additions to the Aberdeen City Hospital. It makes provision for additions to the nurses' home at a cost of £27,000 for one sixty-bed ward and two forty-bed wards at a cost of £22,500, and for a venereal disease ward and centre at a cost of £11,000. The total cost of the scheme is estimated at £69,100, of which, deducting Government grants, £40,150 is to be borne by the town council.

INCREASED INSURANCE BENEFITS IN SCOTLAND.

The report presented to the annual meeting of the Scottish members of the National Amalgamated Approved Society, held in Edinburgh, when Mr. G. Tilley, F.F.I., was in the chair, showed that during the year 1925 the sum of £135,086 had been paid to Scottish members of the society in respect of sickness, disablement, and maternity benefit. This was an increase of £3,852 over that of the previous year. The surplus disclosed by the annual valuation would, as the chairman stated, enable the committee of management to announce an increase of benefits during the next five years. This would include additional treatment benefits—dental, optical, and convalescent home—and the provision of medical and surgical appliances, nursing, and contributions in respect of members receiving in-patient treatment at hospitals. During the year 1925 free legal assistance had been given by the society in cases of accident and industrial disease, and compensation had been secured for 29,157 members, involving various sums up to, in one case, £1,227. The total funds now invested on behalf of insurance members of the society amounted to £771,640.

Ireland.

PRIVATE PATIENTS IN COUNTY CLARE HOSPITALS.

A CONTROVERSY as to whether, and under what conditions, doctors in charge of public hospitals maintained out of the rates may charge fees to paying patients led to a sworn inquiry at Raheen (Scariff) District Hospital, held by Dr. A. D. Clinch, medical inspector of the Local Government Department. In Clare, patients admitted to such hospitals must pay for their maintenance if their valuation exceeds a certain figure. In addition, they must, according

to the contention of the doctors, pay fees for the treatment they receive. The argument of the medical profession is that the admission of such patients to public hospitals deprives the doctors in charge, and also deprives private practitioners, of the chance of private practice. On the other hand, members of the Clare Board of Health hold that the doctors are paid salaries for the treatment of all patients admitted, and that they cannot augment those salaries by charging fees for treatment given in a public institution. There were two specific cases before the inspector. In one of these cases the father of the patient admitted that he was accepted as a surety for £350; that he had a farm of thirty-nine acres, and hired out a threshing machine. In the second case it was admitted the patient recently sold a farm for £860. Dr. T. E. O'Connor, medical officer of the Scariff hospital, denied that treatment had been refused in either case because of non-payment of his fees; the patients had left the hospital without consulting him. Mr. Gaffney (solicitor) said Dr. O'Connor had the support of the whole profession in the county in his stand. The doctors, he added, objected to people well able to pay entering hospital in the guise of poor people, and so exploiting the doctors. The inspector gave it as his personal opinion that a doctor could accept a fee from a patient liable for the repayment of full maintenance charges.

SCHOOL INSPECTION IN COUNTY DERRY.

Dr. Mary A. Long, medical officer in connexion with the County Derry Regional Education Committee's health and well-being scheme, has issued her report on the first year's work, in which she states that, notwithstanding the distrust with which this new service was regarded, many of the school managers, and most of the teachers, were most helpful and interested, and assisted in every way in winning the sympathy of the parents and children. Owing to the number of schools (223) and the large number of children present at the inspections the primary visit and routine inspection were almost all that could be accomplished. Dr. Long refers to the large number of parents who attended the inspection, and who, by verbal and written inquiries, showed how interested they were in the health of the children. One striking feature of the report is the high percentage of children found to be suffering from (1) throat and nose ailments, (2) defective teeth, (3) eye affections, (4) anaemia. Of 13,088 children medically examined, 51 per cent. were physically deficient. The condition of the children's teeth is stated to be appalling; the number who washed their teeth or have any attention paid to them is small. In one or two of the schools where the necessity of personal hygiene is taught the results are very creditable. Few children were found to be badly nurtured; many, however, were poorly nourished, and, although not suffering from any definite ailment, their power of resistance to disease was diminished. It was discovered that this was due not to want of food, but to improper feeding. Many of the families have tea four or five times a day, and in very few houses is porridge used. In such cases an amended dietary was recommended. In the Magherafelt area there were 151 verminous cases, 647 cases of defective teeth, 552 cases of tonsils or adenoids, 315 cases of eye disease, 287 cases of anaemia, 59 cases of skin disease, and 162 cases of ear trouble; other cases included tuberculosis, nervous diseases, deformity, heart disease, gastritis, nephritis, bronchitis, 4 mentally defective, and 21 unclassified cases. In the Coleraine area there were 95 verminous cases, 468 of defective teeth, 360 cases of tonsils and adenoids, 142 of anaemia, 301 of eye trouble, 53 of skin disease, 72 of aural disease, 54 of bronchitis, and a number of other unclassified diseases. In the Derry-Limavady area there were 228 verminous cases, 752 cases of defective teeth, 620 cases of tonsils and adenoids, 240 cases of anaemia, 263 cases of eye trouble, 88 cases of skin disease, 91 cases of aural disease, 54 cases of bronchitis, 100 cases of phthisis, 49 cases of non-pulmonary tuberculosis, 2 mentally defective cases, and a number of other unclassified diseases. Attention is also drawn to defects of sanitation, of seating, of heating, and to overcrowding in many schools.

Correspondence.

THE PERIOD OF INFECTIVITY OF WHOOPING-COUGH.

SIR,—With reference to Dr. Devereux's inquiry (September 18th, p. 542) the following details may be of interest.

At the State Serum Institute in Copenhagen the examination for Bordet's bacillus has been made as a routine since 1916, and the method has been used regularly both by hospitals and by practitioners.

The cases of whooping-cough which during the years 1916-20 have been diagnosed either clinically or by the finding of Bordet's bacillus, and for which sufficient information has been available, behaved as follows as to the finding of Bordet's bacillus on a single examination:

	A.	B.
Catarrhal phase	134	75 per cent.
Spasmodic phase, 1st week ...	277	57
" " 2nd " ...	201	61
" " 3rd " ...	121	45
" " 4th " ...	74	41
" " 5-6th " ...	107	9

A=Number of samples from whooping-cough patients.

B=Percentage of positive findings

The frequency of positive findings thus diminishes considerably after the end of the fourth week of the spasmodic phase. The experience of the last six years has given similar results. Later than six weeks only a small number of examinations has been made. In very few cases Bordet's bacillus has been found seven to nine weeks after the beginning of the spasmodic phase.

In Denmark children are kept away from the school only until four weeks have passed since the beginning of the spasmodic phase, as there seems to be but little danger of contagion after that point of time.—I am, etc.,

MARTIN KIRSTENSEN,
Chief of Department at the State Serum
Institute, Copenhagen.

September 25th.

SIR,—I am glad the question of the duration of infectivity of whooping-cough has met with a response (BRITISH MEDICAL JOURNAL, September 18th, p. 542, and October 2nd, p. 615). It is surely high time that the mere presence of a "whoop" should be eliminated as a factor in the question of duration of infectivity, since more cases than are usually acknowledged never whoop at all, while some may whoop for a very prolonged period for various reasons. I have a patient at present convalescent some months from whooping-cough who never whoops unless she is in a temper. Surely no one would suggest that on account of this the child should be excluded from school?

Several years ago Dr. Ritchie, the school medical officer in Manchester, in consultation with Dr. Niven, late medical officer of health, decided that children might be readmitted to school after four weeks' exclusion, even though the whoop had not disappeared. I think a regulation agreed upon by the two experts just mentioned could be taken as authoritative, especially since, when in close contact with the schools working under this regulation, no instance of ill effect was ever brought to my notice, in spite of the early antagonism of the teachers to the dreadful innovation, which antagonism soon disappeared.

It must not be considered that four weeks after the commencement of the whoop is the duration of infectivity of pertussis. It is probably much less. In many instances it does not extend beyond seven days from the commencement of the characteristic whoop, the main period of infectivity preceding this. Four weeks, whilst excessive as regards duration of infectivity, gave the child a satisfactory period of convalescence after what might have been a very debilitating illness.

To combat the lengthy duration of whooping which occurs in some cases, even when the original attack has been comparatively mild, we have commenced to use x-ray treatment. Dr. Bromley, the radiologist at the Booth Hall Infirmary, reports as follows:

"A dose equal to two Hampson units is given over the chest at intervals of a week for a fortnight or three weeks. The