

## REGISTRATION OF NURSING HOMES.

The report of the Select Committee on the inspection and supervision of nursing homes has been approved generally by the London County Council, but it takes exception to the recommendation that appeals against refusal or cancellation of registration may be made to a referee appointed by the Ministry of Health. It believes that the procedure laid down in regard to lying-in homes in London is preferable—namely, that such appeals should be made to a magistrate's court. Another recommendation, that the supervising authorities may delegate their powers to a committee upon which both doctors and nurses shall have some representation, is also regarded as open to objection, and it is considered that the County Council should have complete freedom of action either to delegate this power to one of its existing committees or to a specially constituted committee which may include a specified proportion of persons of experience appointed by the Council.

## EWELL COLONY.

Ewell Colony, after its evacuation by the Ministry of Pensions, is to be used by the London County Council during the next two years for the accommodation of 100 men and 329 women patients certified under the Lunacy Acts. Dr. Leonard Henry Wootton, M.C., deputy medical superintendent of Colney Hatch, who has been acting at Ewell while it has served as a hospital for pension cases, has been appointed medical superintendent as from February 1st next at a salary (based on pre-war rates, and subject at the moment to an addition of £195) of £800 a year, together with an unfurnished house.

## Scotland.

## SCOTTISH ASYLUM REPORTS.

The 106th annual report of the Dundee Royal Lunatic Asylum shows that during the year ending June 21st, 1926, 83 patients had been treated. Among these there had been 7 deaths, all due to natural causes; 2 were of epileptics who had suffered from that disease for many years; 6 of the 15 persons admitted were voluntary patients, which shows that increasing advantage is being taken of early admission before the derangement has become so marked that compulsory certification is necessary. The directors' report shows that the sum received for the board of patients in Gowrie House was £5,148, and that during the year seven patients had been admitted at reduced rates of board, varying from £50 upwards.

The report of the Royal Asylum of Montrose for the year ending May 15th, 1926, shows that the number of patients on the register at the end of the year was 726, and that the total number of cases treated during the year was 854. The average age on admission was 45.1 years, while one patient was under 15, seven under 20, and thirteen over 70 years of age. In 39 of the admissions there had been a previous attack of mental disorder. As a general rule the health of those admitted was much below par, and 36 were very weak. The general experience had been that as physical health improved under treatment there was usually a corresponding mental change. The effect of the present depression in trade had been shown by an increase of cases due apparently to unemployment; they numbered 13, as compared with 6 in the preceding year. The increase in attacks apparently due to alcohol—18 as compared with 7 in the preceding year—might, it was thought, partly result from the same cause. Attention is drawn to the fact that too little recognition is given by the public to the tendency in cases of mental depression to develop suicidal tendencies. Out of 39 cases of melancholia, 24 were acutely suicidal on admission, and 12 had made attempts on their lives before being certified. At the beginning of the year there were 28 voluntary boarders, and 16, or 32 per cent., of the total private admissions came under treatment in this way.

The sixty-second annual report of the Inverness District Asylum, covering the year to May 15th, 1926, shows that there were then on the register 717 persons, and that 867

patients had been under treatment during the course of the year. The admissions during the year numbered 162, and were 39 more than in the preceding year. They included 72 cases of melancholia, 47 cases of mania, 33 cases of dementia, of which 12 were secondary to other mental disorder, and 19 associated with senile decay; there were also 7 cases of congenital mental deficiency. Hereditary or family predisposition was found to exist in 69 of the 162 cases, and in 58 of the cases there had been at least one previous attack of mental disorder. Senility was the assigned cause in 39 cases. The marked increase of admissions during the present year is explained as being related to the admission of private patients to public mental hospitals and the reception in these hospitals of voluntary patients assisted by the rates.

## ROYAL INFIRMARY OF EDINBURGH.

At a meeting of the board of managers of Edinburgh Royal Infirmary, held on November 22nd, it was reported that the managers had received the property of Beechmount, Murrayfield, valued at £15,000, bequeathed by the late Lady Mary Anne Anderson; it is to be converted into a convalescent home; the same donor had also left a sum of £5,073 to the institution. It was reported also that the number of cases awaiting admission to the infirmary at November 1st, 1926, was 1,856. Attention was drawn to the fact that the waiting list had for a long time stood at over 2,000, and it was explained that the fall in numbers was the result of the opening of new wards in the ear, nose, and throat department. The number of cases now awaiting admission to that department was 97, as compared with 237 in the previous month.

## CHILD WELFARE IN GLASGOW.

A pamphlet explaining a scheme for maternity and child welfare in Glasgow has been prepared by Dr. A. S. M. Macgregor, M.O.H. for the city, on the instruction of the health committee. The basis of the child welfare scheme is to be the consultation centre, working in combination with a system of regular home visitation of trained and voluntary visitors. The child welfare staff in Glasgow includes eight medical officers (women) and thirty-nine nurses. The expenditure involved in connexion with the maternity and child welfare work carried out during the year to May 31st, 1926, was £122,215, of which approximately £50,000 was received from Government grants. The charge of £72,000 against the rates was equal to 1.663d. in the £. For the current year the net charge is estimated at £63,450, equal to a rate of 1.417d. in the £.

## BENEFACTIONS TO GLASGOW MEDICAL CHARITIES.

The late Mr. Robert Allison of Paisley, who died recently, has left a large number of legacies to various medical charities and other benevolent institutions in the West of Scotland. The total sum is £25,500; the residue of his estate, which is expected to be considerable, is to be divided between Paisley Infirmary, Glasgow Royal Infirmary, Glasgow Western Infirmary, and Glasgow Victoria Infirmary. Among the other medical charities that will benefit to the extent of £1,000 each are the Paisley Eye Infirmary, Glasgow Eye Infirmary, the Glasgow Samaritan Hospital for Women, Glasgow Cancer Hospital, and Glasgow Royal Hospital for Sick Children; the Glasgow Hospital and Dispensary for Diseases of the Ear, and Glasgow Hospital for Skin Diseases, will each receive £500.

## EDINBURGH CONVALESCENT HOME.

The Astley-Ainslie Institution for convalescent patients from the Royal Infirmary of Edinburgh is now proceeding with the second portion of its scheme. The first portion was sanctioned about a year ago and two pavilions for male and female patients, each accommodating about forty persons, are now nearing completion. The second portion of the scheme provides for the erection of three new blocks, including a nurses' home, sitting-rooms, lecture room, and other administrative buildings. The whole is planned for 150 convalescent patients, and is designed to act as an auxiliary hospital between a convalescent home and a hospital in which treatment is

provided. The scheme is to a great extent on the lines of the chief recommendation made by the Departmental Committee of the Scottish Board of Health for the establishment of subsidiary hospitals connected with general hospitals to relieve the congestion in the latter.

## Ireland.

### MEDICAL RESEARCH IN IRELAND.

A DISCUSSION on medical research was held on November 19th by the Section of Pathology of the Royal Academy of Medicine in Ireland. Dr. J. W. BIGGER, professor of pathology and preventive medicine in Dublin University, who was in the chair, gave an opening address, in which he limited himself to laboratory research, describing its motives, prospects, methods, and embarrassments. The difficulties of the research worker were partly inherent in his work and partly forced on him by the necessity of engaging in teaching, routine diagnostic work, or public health; it ought not to be necessary to hold over research work until such daily duties had been finished. The present position in many university laboratories of pathology and bacteriology was a serious bar to progress in research. He pleaded for the adequate payment of research workers and for the encouragement of medical research in Ireland, where hitherto it had been much neglected. Dr. T. G. Moorhead dealt with clinical research, of which, he said, there was as much need to-day as there had ever been. The tendency to replace the teaching of therapeutics by education in scientific pharmacology was, he thought, a mistake, since the action of drugs on healthy animals might differ from their effect on sick patients. To ensure collaboration between clinicians and laboratory workers due credit should be given to the clinical aspect of the case; too often this was regarded as unimportant by the laboratory worker. Dr. Moorhead deplored the meagre salaries of university teachers generally, and hoped that the new spirit of progress in the Irish Free State would result in a considerable increase in the endowment of medical research. Mr. W. Doolin referred to the fame of Dublin as a centre of medical investigation in the time of Abraham Colles, Cusack, and Henry Marsh. In the present state of poverty of the country Ireland was unable to keep up with wealthy countries, such as America, in the race of scientific progress, and it was impossible to carry on research at present on a grand scale. Clinical research needed greater consideration than it was receiving, and every correctly performed surgical operation was a physiological observation, the operating theatre being the laboratory of the surgical worker. A whole-time teaching and research surgical unit should be established for the study of such problems as the true significance of Graves's disease, the prevention of intraperitoneal adhesions, and the physiology of bone. The present inadequate training of students in research was lamented by Dr. T. T. O'Farrell, who considered it the cause of lack of interest after graduation, which accounted for the paucity of investigators. Professor J. M. O'Connor agreed that all research work should be associated with teaching so far as possible. Elaborate equipment was relatively unimportant, and much valuable research could be done with inexpensive apparatus. Dr. W. MacFetridge thought it was impossible to expect funds from the Government; the only chance of obtaining money lay in private generosity. He believed that by providing in Ireland a body corresponding to the Medical Research Council some support would be obtained. Whole-time research workers were needed in Dublin and should be adequately paid. Dr. J. Speares said that in England the Medical Research Council had first been financed by money derived from the National Health Insurance scheme, and thought that something similar might be done in the Free State. More young men should be admitted to hospital staffs; in some cases small salaries were already being paid to enable them to carry on work in hospitals after graduation. In Dublin men were needed to direct research as much as to perform the actual investigations.

## Correspondence.

### LEPROSY: ITS TRANSMISSION AND TREATMENT.

SIR,—Of recent years a number of statements have appeared, both in the medical and the lay press, on the curability of leprosy by various forms of treatment. Certain of these statements have been made by men with long and close experience of the disease, who have had ample opportunity of testing the value of the particular treatment they advocate, in a large number of cases and over a long period of years. Equally forcible statements have been made by others, based on isolated cases, without having them under observation for a sufficient time to know if any improvement which may have occurred was permanent.

In the present state of our knowledge statements with regard to the cure of leprosy, in the ordinary sense of the term, as understood by the lay mind, are to be deprecated, as they are not only misleading to the public, but are apt to cause bitter disappointment to the patients themselves.

Everyone with considerable experience of the treatment of leprosy has had cases in which the disease has undergone periods of more or less complete remission while under some form of treatment. These remissions have been too often temporary, and, after a longer or shorter interval, especially in early cases, a recrudescence has almost invariably occurred. It is necessary, therefore, before making definite statements with regard to cure, that the treatment employed should be thoroughly tested, and that the cases in which it is being used should be observed over a period of years.

Another instance of a claimed cure appeared in the last issue of the *BRITISH MEDICAL JOURNAL*, in a paper by Dr. E. Graham Little, under the heading of "Acute nodular leprosy originating in this country and cured by vaccine treatment." As this case has only been under the writer's observation for about six months, it seems to us that it is premature to regard it as cured, however much the appearance of the patient has improved during the treatment.

There is another point in the title of the paper which is misleading and somewhat alarming—namely, the description of the case as having originated in this country. The case was that of a Chinese student, who was shown at the Royal Society of Medicine in May, 1926, and who had only arrived in this country in November, 1925. He was seen by one of us on May 28th, when, in addition to the nodular outbreak, he showed ample signs of having had nerve leprosy for an indefinite period, certainly longer than six months. Both his ulnar nerves were thickened, there was anaesthesia in the area of distribution of the ulnar nerve on the left hand, and commencing "main en griffe."

Three contact cases of leprosy, to our knowledge, have originated in this country of late years in patients who have never been out of the country, and who have been infected by long and close contact with relatives who brought the disease from abroad. These were reported by one of us in the *BRITISH MEDICAL JOURNAL* (1925, vol. i, p. 107). The case referred to above does not belong to that category.—We are, etc.,

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PHILIP MANSON-BAHR.  
JAMES H. SEQUEIRA.

December 3rd.

### ADVISORY COMMITTEE ON SPIRITUAL HEALING.

SIR,—We, the undersigned medical members of the Archbishop of Canterbury's Advisory Committee on Spiritual Healing, should be grateful to any medical practitioner who could supply us with information regarding patients who have received benefit from spiritual healing, whether through an organized mission of healing or individually. We appreciate that names could not be given without the permission of the patients concerned, and although we should like to have them where consent is given, we should, nevertheless, be glad to receive any information that can properly be supplied, as the desire of the committee is to