

Correspondence

"THE MENTAL DEFECTIVE"

SIR,—I have read with interest and profit Dr. Tredgold's signed review of the above work. It leads me to hope that the net result may be a quickening of professional interest in a national and social problem of protean aspect. Restricted as English practice necessarily is by Acts of Parliament and the definitions contained therein, the resultant outlook on mental deficiency will almost certainly differ from that obtained from a biological survey, or from the practice of countries where such definitions are not in operation. My own experience has been chiefly derived from this wider field. When these several legal and biological jigsaws can be fused into a composite and finished picture the apparent differences of opinion or of interpretation of facts between the reviewer of this book and its authors will be found to be on convergent lines, not on those which never meet.

Dr. Tredgold has correctly enough pointed out several errors, especially on the legal side, which have crept into the book, but, if opportunity arises to remove them, such blemishes will disappear. It remains true, however, that I have myself seen such follies as teaching the names of the Saxon kings to low-grade defectives, and from an extensive knowledge of institutions I know many lay visitors whose knowledge of mental deficiency really is in inverse ratio to their enthusiasm. For them this book was largely written. I fancy Dr. Tredgold would agree with the objective, and should accept the necessary "dogmatism" so essential to successful teaching or preaching. If these be indeed "grave faults," I am entirely unrepentant.

That Dr. Tredgold finds some clinical descriptions to be of little value I can well believe, for they are much better done in his own successful book, and this being so it would have been a futile ploughing of the sands for us to do again what he has better done. On the other hand, from some of his comments my own experience (which I again emphasize has been gained in other fields) leads me to differ. Mental deficiency as it presents itself in the consulting room, and especially as restricted by the Acts of the lawyers, is one thing. As met with in the greater world beyond it is quite another. That the numbers of undeveloped defectives in the nearly 200 million peoples of Great Britain and the United States may be nearer the biological 15 or 20 per cent. than the statutory 8 per thousand is not nearly so devoid of evidence as Dr. Tredgold would have us believe. Personally, I should hope that he is right and I am wrong, but I doubt it. I found the Middle West of America a perplexing and disturbing problem, as I also do many of our own C 3 folk; but then I do not view these through the rosy spectacles provided so generously by the law, so there is ample room for differences of opinion. Nor do I agree with Dr. Tredgold that we must necessarily follow a division of the amantias into primary and secondary, nor that we must equally slavishly agree with these unsatisfactory distinctions for all time. Again, experience has led me, and is increasingly doing so, to a profound disbelief in the existence of "types" of mental defectives. I can see little or no difference between the *imbecility* of the mongolian imbecile and that of any other imbecile, though why the former should be accompanied by some very definite *physical* characteristics is another, and to me inexplicable and unexplained, problem, unless, indeed, Crookshank be really right in his ethnological theses.

All these are, however, differences of interpretation rather than of fact; and if Dr. Tredgold's review, coming as it does from one of his deservedly great reputation,

directs the attention of the profession, not so much to the small book in question, but to the greater problem beyond, I feel sure that both reviewer and authors may rest content, for that, after all, is what we really have at heart.—I am, etc.,

RICHARD J. A. BERRY.

Stoke Park Colony, Stapleton, Bristol, Nov. 30th.

EPIDEMIOLOGICAL REPORTS OF THE LEAGUE OF NATIONS

SIR,—I should be glad if you would give me the opportunity of replying to the reference in Dr. E. W. Goodall's letter in the *Journal* of November 21st relating to the reliability of the figures given in the Monthly Epidemiological Report of the League of Nations.

It is unfortunately inevitable that figures relating to prevalence of particular diseases given in different publications of the Epidemiological Intelligence Series should sometimes materially differ, seeing that they have to be taken from different official publications and returns, which may have been prepared with different objects at different times and from different data. This particularly applies to figures of notified cases given by countries which are in a transition stage in regard to notification.

In the League of Nations' monthly reports the discrepancy between the two tables noted by Dr. Goodall is accounted for by the fact that in one table the figures from the weekly returns of notified cases were given, whilst the second table is taken from the reports of cases in hospital for the whole year. As typhus was not compulsorily notifiable at the date in question the numbers notified were naturally only a very small fraction of the total cases. "Tropical" typhus was only made compulsorily notifiable in the Federated Malay States in 1930.—I am, etc.,

League of Nations, Geneva, Dec. 2nd.

Y. BIRAUD.

MUSCLE SPASMS IN CHRONIC ENCEPHALITIS

SIR,—Dr. Arthur Hall has done valuable service to the study of chronic epidemic encephalitis by devoting a large portion of his recent Schorstein Lecture to the special consideration of the ocular attacks, which are now such familiar features of the disease. But in pondering the ingenious and suggestive theory, which Dr. Hall has done so much to promote, that the various fixations which occur represent dissociated elements in the posture of sleep, one must, I think, recognize that there are still certain difficulties in harmonizing this theory with all the facts. May I mention a difficulty of mine, and illustrate it by a case which is at present under my care?

Those who have watched a group of these patients upon an institutional playing-field are familiar with the sudden access of mobility which enables a youth whose rigid, shuffling pace is about four inches, to swing his arms and shoot an excellent goal when he finds the football at his feet. A counterpart to this dramatic remission of the poverty of movement, to which Dr. Hall refers in his lecture, is a sudden conversion of poverty of movement into absence of movement. A patient who has walked the length of the room swinging his arms will slip one arm half out of the sleeve of his dressing-gown and then become immobile for ten or twenty seconds. During such attacks it is usually possible to detect an increase in muscular rigidity. The subject's own description is that the limbs suddenly refuse to move. Ocular crises frequently accompany these attacks of immobility.

I have three patients at the present time who are "in and out" of ocular attacks all day long. In one of these the attack consists of an *active* spasm of the eyelids, unaccompanied by obvious change in