Almost all the drawings, however, were made from plants growing in Wales, and the artist considered that their proper home was Cardiff.

DYSTOPIAN WAR HOSPITALS.

Sir Marriott Cooke and Dr. C. Hubert Bond, the two Commissioners of the Board of Control, to whom at the request of the War Office were delegated in 1915 the duties connected with the establishment and supervision of asylum war hospitals in England and Wales, have addressed to the Secretary of State a comprehensive report. In January, 1915, the Board prepared a scheme to supply the War Office with at least 15,000 beds; this was achieved by clearing some of the asylums of their insane patients and distributing them to other institutions. Five months later eight asylum hospitals, having been evacuated and having undergone the necessary adaptations, were receiving sick and wounded men from overseas. As the national shortage of hospital accommodation for military cases increased, other asylum hospitals were partially, or wholly, given up to military patients suffering from mental breakdown or nervous disease. The scheme when fully developed supplied twenty-four hospitals with 27,778 permanent beds, in which almost 50,000 sick and wounded men (more than once counted) were treated. The governing principle of the scheme that every person on the permanent staff of an evacuated asylum should be found a place in a corresponding war hospital. In nearly every instance the medical superintendent became commanding and administrator to the hospital with temporary rank of lieutenant-colonel or major in the R.A.M.C. Surgeons and physicians practising near each hospital were seconded as civilian visiting and resident surgeons and physicians. The mental and nervous cases accommodated up to May last, 1920, were 30,440; in order to avoid certification under the Lunacy Acts of those among this number who were insane, the military authorities decided to keep them, for as long as possible, in hospitals under military control. It is pointed out that the treatment of "men," associated with county and borough asylums, conveys an altogether erroneous idea of the social status of the patients; the cost of their maintenance (at first in most instances a charge upon the guardians) is in many cases reclaimed wholly, or in part, from the patient or his relatives. It is surely a matter of congratulation, the Commissioners remark, that this accommodation should have been available in first-rate institutions, and that soldiers afflicted with the milder forms of mental breakdown or acute insanity should have their treatment directed by many of the highly qualified and experienced medical men on the permanent staffs of asylums.

Correspondence.

TREATMENT OF INCIPIENT MENTAL DISORDER.

Sir,—With reference to your observations in the issue of the JOURNAL for August 28th upon Clause 10 of the Ministry of Health (Miscellaneous Provisions) Bill, if you will allow me to say so, the criticisms of your last two paragraphs single out what appear to be the weakest points in the new provisions.

1. Any extension of the "voluntary boarder" principle I regret, and it is regrettable that the previous consent in writing of the person to be received will often act as a deterrent. Then there are the cases whose mental state is so disordered that they are not in a position to give or withhold consent. The disinclination to form a judgement or take a decision, are evident, yet the disorder may fairly be considered as "incipient in character and of recent origin." Is the door of a psychiatric clinic to be "barred" on these grounds? Where is the medical student of the future to study them? It seems unfair to both parties to compel them to journey on to the asylum.

2. As regards the provision by which a person who "has been certified as a lunatic" is ineligible for treatment under the new conditions, is it possible this can mean that a person shall not be admitted to the new institutions and homes concerning whom there are in force certificates under the Lunacy Acts? Upon first reading the clause, as a plain man accustomed to modern English "as she is wrote," I naturally put the same interpretation as you do upon this proviso. I fear we must assume that this interpretation is correct, notwithstanding that it might well prejudice all the notaries in Padua to explain why persons aforetime certified under the Lunacy Acts, and recovered, are ineligible under the new conditions; and are to be shunned off as encumbrances on the march of progress. Those of us who have dealt with these cases are aware that large numbers of them need not have been certified under the Acts had the provision now contemplated been in existence, and who know that, in case of relief, recertification and reconviction to the asylum would be unnecessary were the provision in existence—anxiously await the reasons for this exclusion. Are these unreasonable, like the Board of Control, to whom access to the new institutions is refused by some, looked upon as bespattered with unsavoury oils from the "machinery of the Lunacy Acts: as "damaged goods"?

PSYCHOLOGICAL ANALYSIS.

Sir,—I cannot complain if my remarks upon the subject of psychological analysis—which occupied an interval of about fifteen minutes and had to be condensed into as many lines—should fail to represent adequately what I stated or meant to state at the annual meeting of the Medico-Psychological Association and of the National Association for Mental Hospital Authorities will be called to consider the provisions of Clause 10. I am, etc.,

Edwin Goodall,
Cardiff City Mental Hospital.

August 30th.