The Special Reports and Certificates required by Section 38 of the Lunacy Act of 1890, and Section 7 of the Act of 1891. By R. S. STEWART, M.D., D.P.H.Camb., Deputy Medical Superintendent, Glamorgan County Asylum, Bridgend.

"We very much doubt whether this table will ever show much diminution on these numbers, for as time goes on the work of special certification will become more difficult and intricate." So writes in the January number of the *Journal of Mental Science* the reviewer of the last Report of the Commissioners in Lunacy for England and Wales regarding the Table (Appendix B) which gives the number of readmissions on fresh reception orders rendered necessary by the previous order having expired under the Lunacy Act, 1890, sec. 38.

With the two opinions here expressed we are unable to agree. With regard to the first, what do the Commissioners Reports since the Act came into operation show? The numbers of such readmissions for the five years 1891-94 are as follows :—

Year.	Total Number.	Per cent. of Total Admissions.
1891	344	1·86
1892	182	·95
1893	119	·59
1894	99	·51

Readmissions under this heading are therefore steadily diminishing, and there is no reason why this should not continue.

In the second place, the work of special certification, *with a properly devised system*, need not, as time goes on, become more difficult and intricate. That some such system is required is apparent enough. Of the sixty-eight English County and Borough Asylums, three only—Berkshire, Colney Hatch, and Claybury—have so far been successful in not allowing the reception order of one single patient to expire by overlooking the special report and certificate required by section 38, or, at all events, in avoiding a re-admission due to such an oversight.

The amount of trouble, worry, and expense connected in these cases with the formal discharge, the obtaining of fresh certificates and reception orders, and the subsequent formal admission is by no means inconsiderable, and on these and

REPORT DUE ON JULY 30.					DATE OF LAST REPORT.												
No.	Name.	Date of Reception Order.	Date of Admission.	Result.	1891	1892	1893	1894	1895	1896	1897	1898	1899	1900	1901	1902	1903
4185	J. H.	Aug. 20, 1890	Aug. 30, 1890	—	Aug. 9	Aug. 9	—	July 30	—	—	—	—	—	—	—	—	—
4189	S. P.	" 30, 1890	Sept. 1, 1890	—	" 9	" 9	—	" 30	—	—	—	—	—	—	—	—	—
5032	S. T.	" 30, 1893	Aug. 31, 1893	Died	—	—	—	" 30	—	—	—	—	—	—	—	—	—
5733	W. R. E.	" 30, 1893	Nov. 5, 1895	—	—	—	—	—	Aug. 1	—	—	—	—	—	—	—	—

other grounds it is desirable that such readmissions should be at the very least reduced to the minimum.

To be a success it is necessary that any system that is adopted should be simple in the extreme, and this was the object kept in view in devising that which is in use in this asylum. For the purposes of this section the only really important point is the date of the reception order, for it is this alone which determines the date upon which the special report and certificate fall due, and the earliest possible date is the one which proves the simplest in working. In a book called the *Register of Renewal Reports*, there is a separate folio for each day of the year, and each admission as it occurs is entered under its appropriate date. The accompanying is a sample of such a folio.

The right hand page is devoted to the date of the last report, and on each occasion of entering this, the years upon which no report falls due are lined out, so that in the current year one can at a glance see which reports are then due. The scheduled cases whose reception orders are dated on or prior to 1st February, 1890, are kept separate, and entered as falling due for report on 1st April.

The system of collecting the cases into weekly groups was tried, but was found to become increasingly cumbrous and complicated as time went on, and it was given up in favour of the

daily method. Discharges and deaths are recorded at the same time as the entries are made in the statutory register, and a line drawn through the columns on the right hand page to close the case.

With some such system as this, and with ordinary care, there is no reasonable excuse for the overlooking of a report when it falls due; and it has this further distinct advantage that it retains its simplicity all down the years.

Atypical and Unusual Brain-Forms, especially in Relation to Mental Status: A Study on Brain-Surface Morphology.
By W. JULIUS MICKLE, M.D., F.R.C.P. (London), President-Elect, Medico-Psychological Association.

CHAPTER I.

General Considerations—Normal Standards of External Brain Architecture—New Details of Unusual Forms of Convolutions and Furrows—Many Deviations from Type accepted from Several Observers—Chief Deviations from Usual Form in Brains examined by the Writer, and the lines on which they occur; their significance and appraisal from a general point of view.

In an Address* in the Section of Psychology at the Annual Meeting of the British Medical Association, London, 1895, I touched upon some of the results of an analysis of many necropsies I had made, with regard to abnormal forms and arrangements of brain convolutions, and mentioned the dissatisfaction one had felt with some of the accepted standards of convolutional form. With regard to unsatisfactory standards of normal brain-form, it was stated in the Address that "we may take it for granted, and need not tarry to prove, that a different normal standard of brain-form obtains in different stages of individual life, in different races of mankind, and, as a logical inference, must obtain also in different ages of the world and epochs of time; for what practically concerns us at the moment is the normal set of standards for modern British brains. The standards of the normal, hitherto chiefly in use, and with which I began, were unsatisfactory, defective, incomplete, insufficient in range, and even misleading. For their unsatisfactoriness

* "Presidential Address," delivered July 31, 1895. Published, *British Medical Journal*, Sept. 28, 1895.