

or asylum treatment. A reaction towards stricter legal enforcement threatens the many existing institutions and kills progress. Is illegal detention of a sane man—that man constantly mentioned and never found—more socially menacing than cases of incipient insanity, constitutional psychopathic disorder, drug addiction, curable insanities, harmless manias and mental infirmities? The writer demands relief from his dilemma of being either a bad citizen contravening the law, or a bad physician withholding from his patients treatment in the spirit of contemporary medicine. The Société de Médecine Mentale de Belgique, which has long advocated improved organisations for neuro-psychopathic diseases, should urge both toleration and changes in the law. Confinement in asylums should be exceptional. Sanatoria should be scientific, should have the responsible physician resident and equal to asylum status, and be inspected sympathetically by a medical body available also for consultation. The patient's material interests should be protected by legal authority.

MARJORIE E. FRANKLIN.

*A Plea for more Accurate Diagnosis and Intensive Treatment of Syphilis in State Institutions. (State Hosp. Quart., August, 1921.) Ross, J. R.*

This plea for greater use of the opportunities which hospital control affords for the diagnosis and treatment of syphilis is based on replies to a *questionnaire* sent to institutions for the insane and mental defectives in U.S.A. and Canada, and on personal experience as superintendent of Dannemora State Hospital. At Dannemora, of syphilitic cases which received adequate treatment (limited by expense to 25 *per cent.*), with the exception of paretics, all responded by changes in the Wassermann reaction of blood and spinal fluid and by physical improvement, and nearly all by mental improvement, usually preceded by temporary loss of weight and occasionally by transitory mental exacerbations. Reports of four cases are given as examples. Treatment, the details of which are described, consisted in four courses of neo-arsphenamide given intravenously combined with mercury salicylate intramuscularly and sodium iodide by mouth, and with attention to diet and hygiene. Some paretics showed reductions in Wassermann, blood-count and globulin, but not in gold curve, nor has there, as yet, been a cure. General paralysis, however, is simulated by curable forms of neuro-syphilis. Syphilis may be a factor leading to loss of mental balance even without actual cerebral infection. A routine Wassermann test should be made on all inmates, and all serologically *or* clinically syphilitic should receive intensive treatment.

MARJORIE E. FRANKLIN.

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*Training Aides for Mental Patients. (Arch. of Occupat. Ther., February, 1922.) Slagle, Eleanor C.*

Emphasis should be laid on the relation of directed activity to mental adjustment and social rehabilitation. There are three groups to be dealt with : (a) Patients likely to remain permanently in hospital,

(b) recoverable hospital cases, (c) pre-hospital work at clinics. The candidate for training should not be too young and should be selected by a committee. Personality and character are of the highest importance, and the work demands consecration and genuine human love. The training is both theoretical and technical. The student is taught a little of general hospital administration, hospital etiquette, and the relation of her work to the organisation as a whole. She starts with the lower grades, and is taught something of the interdependence of the mental and physical, of the nature of habit reactions and methods of overcoming bad and forming good habits, including the habit of attention. Habit training is especially important in the reception service and with the unemployed deteriorating class. The deteriorated patients of many years' standing are the most difficult of all, but the writer looks forward to a lightening of this burden in the future when improved methods of prophylaxis and treatment have been used from the beginning. However, these patients are entitled to a chance, and even now results are encouraging. The next grade is the kindergarten. Here the student learns methods of re-education along lines of sensory stimulation and training: colour, music, simple exercises, games and story-telling are employed along with occupations. In the grades above this patients are given manual occupations chosen to meet individual needs. They are of increasing complexity, increasing interest, and require increasing concentration. Still higher is the occupation centre or "curative workshop," where really beautiful work is sometimes done. Patients may be sent here for special observation, or before parole, or before passing to the "pre-industrial" or vocational training departments. The student should here make a general survey of the patient from the point of view of his personal needs, interests, inhibitions, emotions and relation to environment and the construction of a balanced programme of work, rest and play.

The student during training participates in the physical work with patients, *e.g.*, gymnasium and games. The play spirit is often warped, especially in town-dwellers; therefore games, folk dancing, gymnastics, playground activities, competitive games, etc., are included in the *régime*. Students are further taught to buy equipment and to utilise available material. Careful observation, accurate note-taking and written records are insisted on from the beginning, and the interpretive side is emphasised, for the writer finds that, while most aides understand crafts, many do not realise the application to mental patients. The results of the work have been encouraging; patients are helped to parole and discharge, or, if they must remain, to be happy and active in the hospital community. Success depends largely on the persistence, versatility and patience of the occupational therapist.

MARJORIE E. FRANKLIN.

*The Philosophy of Occupational Therapy.* (*Arch. of Occupat. Ther.*, February, 1922.) Meyer, Adolf.

For thirty years—first at State Hospitals for the Insane, and later as Medical Director of Phipps Psychiatric Clinic—Dr. Meyer has