The classification of patients in respect to the degree of volition which they possessed was very important. Among certifiable patients there were, first of all, those who were able to co-operate in their own treatment; secondly, those who were negative (that is, neither co-operating nor resisting); and, thirdly, those who actively resisted. He thought that at present in asylum administration there was an excessive tendency to consider that certifiable patients were to be regarded as unwilling unless there was definite evidence to the contrary; whereas in his view they should be regarded as willing unless the contrary was clearly shown.

Clinics, of course, were of the very greatest use, but there was a definite limit to their usefulness. In some cases they were certainly not a substitute for mental hospitals. In Maudsley there were no certifiable patients. All the patients were entitled to discharge on giving twenty-four hours' notice. Three-fourths of the Maudsley patients came through the out-patient department in the first instance, having in very many cases been sent to the out-patient department by their own doctors; those who did not come by way of the out-patient department came usually on the recommendation of a mental specialist. He attached much importance to having no certifications carried out at Maudsley. The willingness of the people to approach the institution voluntarily depended upon the knowledge that they would not be certified, or, in other words, that they could leave when they liked. He thought that all of them appreciated the voluntary nature of the institution, save perhaps a few whose intellects had been clouded since admission. More severe cases—though still willing and recoverable—were taken at Maudsley than at Chichester House.

In answer to the Chairman, Dr. Mapother said that the voluntary submission on the part of a patient for a definite period of residence in an institution would be a very useful thing in certain cases, such as drink and drug cases; there were also a number of patients who from day to day could hardly make up their minds whether they wanted to go or stay, and if the problem were solved for them they would be easier in their minds. He thought that the non-volitional patient should be dealt with in the clinics, provided such a patient was not objectionable to others. These non-volitional patients included many recoverable cases. Such cases were not taken at Maudsley Hospital at present, but in the clinic of the future they should be admissible.

Observation Hospitals.

Dr. Mapother went on to urge that fresh cases which were recoverable, but were unsuitable for treatment at clinics, should be first treated at observation hospitals, which would take the place of the present observation wards in workhouses. First of all there would be the voluntary clinic for out- and in-patients; then the observation home, to which patients who had ceased to be voluntary or were incapable of being managed in a voluntary clinic could be sent for observation and treatment, and as the last resort there would be the asylum. Some cases would go first to the observation home, without passing through the clinic, but he thought that before any case went to the asylum it should pass through the observation home.

Another reform which he would like to see brought about was for patients who came short of certification to be permitted to become voluntary boarders in private care; at present such patients could not be in private care unless they were certified. The private care of these voluntary patients should be subject to supervision and visitation in the same way as certified cases.

He deprecated in the present asylum administration the mixing up in one institution of different types of cases. If each institution had its own type of case contentment would be promoted, and the advantage of such a classification if voluntary patients were admitted to mental hospitals were obvious. Resistant patients might be confined to one or two institutions. At present, however the wards were classified, both refractory and quiet patients came into association in the gardens. The isolation of the chronic refractory patient in one institution was the only remedy. Patients whose violence lasted only a short time should be treated in one of the institutions for quiet patients, but a separate ward should be provided.

He mentioned that he had known a number of nurses—male and female—who had extraordinary skill in dealing with refractory patients, and some of them were so much engrossed in this work, which they regarded as a vocation, that they would threaten to resign if they were moved into a "quiet" ward. He was in favour of female nurses in male wards. At Maudsley this employment of female nurses had led to a very slight restriction in the class of patients taken—very much slighter than might be imagined, because some of the most difficult patients were more manageable by women than by men.

He wished to see other Maudsleys serving different centres of population, and he expressed the view that it would be an advantage economically and no disadvantage in other respects if the accommodation of Maudsley were doubled.

Nova et Vetera.

MEDICAL MEN MENTIONED ON THE PIPE ROLLS (1156/57—1186/87).

NEXT after Domesday Book, the Pipe Rolls are the most important of the public records of the kingdom. They are the accounts of the sheriffs of the counties of that revenue for which each was responsible annually at the Royal Exchequer. They also include statements of the expenses of the sheriffs in the King's service. The earliest in date of these records is the roll for the thirty-first year of Henry I (1130). This was published in 1833. The next rolls to be published (1844) were those for the first, second, and third years of Henry II. From the first year of this Henry the series is almost complete to the nineteenth century. Among the early specimens issued by the Record Commission, besides the early Pipe Rolls for the last year of Henry I and the first three years of Henry II, was the roll for the first year of Richard I and that for the third year of John. The Pipe Roll Society was founded in 1883 to complete the gaps between these early publications. The society issued its thirty-seventh volume in 1915, and then succumbed to the war; last year it was resuscitated, and it is hoped that the first volume of its new venture will shortly be in the hands of its members.

The volume containing the earliest roll is practically unobtainable at the present time; I have the second volume and a complete set of the *Transactions* of the society, with the exception of Vol. 24, which is unobtainable.

The first medical item on my list is as follows.

4 Henry II (1156/57).—"Et in Liberationes Constitutae Johanno Medico. xxxs. et vd."

"Liberationes Constitutae" were certain fixed payments charged on the King's lands. This occurs on the roll for Essex. In the same year under Northants:

"Et Radulfo Medico in terris datis xv libras numero. Et quietus est."

"Terrae datae" meant lands which the King had granted away from the *Corpus Comitatus*. The issue of the lands being no longer received by the sheriff, he had an allowance for them when rendering his account at the Exchequer. In the following year Dr. John's 30s. 5d. appears on the roll for Essex, but is not mentioned again in any subsequent year.

5 Henry II (1158/59): Essex.—"Et in perdonis per breve Regis. Et Radulfo Medico iii marcas. Et quietus est."

"Perdonae per breve Regis" were discharges of debts by writs or mandates of the King. The record expressly states that Radulfus was quit. In the same year under Northants:

"In terris datis. Radulfo Medico. xx libras. Et quietus est."

And under Hants:

"Et Girardo Medico Henrici filii Regis cs."

The roll for the sixth year of Henry II does not appear to contain any medical entry.

7 Henry II (1160/61): Notts and Derby.—Under "Nova Placita et Novae Conventiones": "Et Radulfo Medico xxviii. et viiij."

And under Essex:

"Et in perdonis per breve Regis, Radulfo Medico iiiii libras."

8 Henry II (1161/62): Northants.—"Et Radulfo Medico vs. et quietus est. Et Radulfo Medico xliiis. et iiij."

This 14s. 3d. of Dr. Ralph's is mentioned again in the same year under the Bishop of London "in perdonis per breve Regis," and again in the following year under the same heading. The rolls for the next two years are free from medical entries.

12 Henry II (1165/66): Northumberland.—"Idem Vice Comes reddit Computum de xxs. et xd. de terra Geruasii Medici. In Thesaurio liberavit in II talliis. Et quietus est."

This entry is found in the roll for the next eight years and again in that for the year 1177/78. In the first entry only is the word "tally" found.

In the same year, under Notts and Derby, in the Honor

of William Peverill, under "Nova Placita et Novae Conventiones":

"Henrici Medici reddit Compotum de xxvis. et viiid. per fugaturo. In Thesauro liberavit et quietus est."

This 26s. 8d. appears to have been due for the worth either of a fugitive or more probably for the worth of the goods of the absconder. In any case, Dr. Henry had paid the sum and was quit.

13 Henry II (1166/67): *Northants.*—"Idem Vice Comes reddit Compotum de xls. de Gaitintona, Radulfi Medici. In perdonis per breve Regis. Ipsi Radulfus xxxiis. et iiiid. et debet dimidiam marcum."

There was also a little matter of xxs. owing from the same Ralph from lands in Berton. This appears to have been paid, and in the following year he paid up his half-mark due from Gaitinton, but he was not yet out of trouble, for in 1168/69, on the plea of Alan de Nevill, "Gaitintona Radulfi Medici debet iiii marcas pro iiii fabricis factis in forestam," and the debt of 4 marks appears on the roll for the next year. It does not seem ever to have been paid.

17 Henry II (1170/71): *Notts and Derby.*—Henricus Medicus appears with others for a sum of money "in operatione" Nottingham Castle. This entry occurs in all succeeding rolls for my period. The Latin word *aula* is used in some of the later entries instead of *castellum*. I think that Henry must have been an important person to have had anything to do with Nottingham Castle, for in mediaeval times this fortress was one of the most important strategic points in England.

18 Henry II (1171/72): *Hants.*—"Et in speciebus et electuaria per Josephi Medici x libras et viis."

21 Henry II (1174/75): *Lines.*—"Robertus Medicus de Auford debet I marcum."

This occurs under "Nova Placita et Novae Conventiones" of Ranulf de Glanvill and Hugh de Cressi. In the following year it is noted that he renders his account for "one marc," there is "in thesauro" half a mark, and he owes half a mark. In the next year he paid it and was quit.

23 Henry II (1176/77): *Cornwall.*—"Et Jordano Medico xs. in Carneto, per breve Regis de dimidio anno et amodo xxs. per annum."

This sum is entered against Dr. Jordan in all the succeeding rolls of my period.

26 Henry II (1179/80).—"Gilbertus Medicus reddit Compotum de v marcas quia pugil suus quem plegiavit retraxit se de duello. In Thesauro 2½ marks et debet 2½."

In the same year: "et de lxs. de Willelmo pugili Gilleberti Medici pro recreantisa."

Under Wilts:

"Robertus Medicus et Osbertus filius Reginaldi et socii eorum reddunt Compotum de I marcum quia non habuerunt quos plegiaverunt. In corredo Regine liberavit per idem breve. Et quietus est."

In the next year Gilbert rendered his account of 2½ marks "quia pugil suus quem plegiavit retraxit se de duello."

"In Thesauro xvis. et viiid. et debet xvis. et viiid."

In the following year he paid his 16s. 8d. "de misericordia pro duello," as a fine for the duel,* and was quit.

31 Henry II (1184/85).—"De oblati Curiae. London et Middlesex. Cecilia uxor Roberti Medici debet xxs. pro recto de ix marcas versus Ricardum Speciarum."

32 Henry II (1185/86).—"Et in procuracione Godmanni Servientis Regis et Medicorum ejus, et pro medicamentis et victualibus et pannis et aliis necessariis eorum dum idem Godmannus apud Londinensem infirmabitur £6 13s. 4d. per breve Regis."

33 Henry II (1186/87): *Warwickshire.*—"Lambertus Medicus debet c libras pro dissaisina injusta."

This was at the plea of Richard, archdeacon of the county, and his fellows.

This is my last entry. I regret to have to end this article with a note of what appears to have been a swindle by a dishonest rascal of a physician in these early times. One only hopes that he paid his 100 pounds at some later date.

R. R. JAMES.

* Duellum=trial by battle.

England and Wales.

HOSPITAL ACCOMMODATION IN SOUTH WALES.

At a recent meeting of the Cardiff Medical Society Dr. Colston Williams, in opening a discussion on the provision of hospital accommodation, summarized the major defects revealed by the inquiry of the Voluntary Hospitals Subcommittee in South Wales. He doubted whether voluntary hospitals could adequately meet the needs of the future. In South Wales more beds for medical cases were required, particularly for women and children, and also better facilities for treating orthopaedic conditions and conditions of the eye, ear, nose, and throat. Dr. R. Picken said that the population of Cardiff and East Glamorgan, numbering approximately 800,000, had access to only about 850 beds, of which 460 were in Cardiff. There was a possibility of adding a further 400 beds. The waiting list at Cardiff Infirmary was over 1,800. On a conservative standard of 2 beds per 1,000 of population, 750 additional beds were needed for the area; if a higher standard of 3 per 1,000 was adopted the number of beds required would be 1,550. In the area there were about 1,100 beds in Poor Law institutions in the area, with the prospect of the addition of a further 650. More use might be made of the fever hospital accommodation for such diseases as pneumonia, and more beds were needed for tuberculous patients. Voluntary subscriptions were not likely to be forthcoming in sufficient amount, and voluntary hospitals were unwilling to accept State assistance. The Poor Law authorities might be encouraged to increase their accommodation with the assistance of Government subsidies and with co-ordination through the Ministry of Health. Health authorities might also be stimulated to provide hospital accommodation for preventive work, including ante-natal, maternity, and infant wards, with open-air residential schools. Dr. B. Llewelyn Williams pointed out the need of closer co-operation between the existing voluntary hospitals, which should deal with acute cases requiring specialized surgical or medical treatment, while the Poor Law hospitals should treat primarily those patients whose main need was skilled nursing. The voluntary and the Poor Law hospitals should work together to a greater extent in Cardiff than was at present the case. The large city hospitals should similarly co-operate with small local ones, and patients should not be removed from their own neighbourhoods unless the local hospital was unable to deal with the case. There was much to be said for admitting to the staffs of these local hospitals all doctors practising in their vicinity who could take their share of the hospital work, with the assistance of physicians and surgeons of consultant rank from the larger hospitals.

HEAT IN THE TREATMENT OF DISEASE.

During the recent course in medical hydrology at London University, Dr. R. Fortescue Fox delivered a lecture on the use of heat in the treatment of disease, with special reference to rheumatic affections and catarrh. The report by the Ministry of Health on the prevalence of rheumatism in England has necessitated fuller consideration of the use of physical remedies in this disease, and the lecture embodied an account of the rationale of treatment by heat. Dr. Fox pointed out that physiologists had shown that normal animal metabolism rose to an optimum at a definite temperature, and that the close connexion between disease and body heat was indicated by the rise of temperature after microbial invasion, which appeared to be a necessary reaction in the process of recovery from acute illness. This connexion was also indicated by the depression of body temperature in chronic disease, a condition unfavourable to recovery because it signified impaired metabolism and a deficiency in the normal reaction to the disturbing causes. The lecturer added that the hottest baths were always associated with the coldest climates. Since the earliest times the northern peoples, including the North American Indians, Laplanders, Finns, Russians, and Chinese, had made habitual use of extremely hot vapour baths followed by exposure to cold, and a similar bath was used in ancient times in this country; in Greece and Rome more moderate