

cannot go into here, shows the existence of an affective fixation at an early stage.

If we admit this conclusion, we may foresee that the younger the subject, or more assimilable to a young subject, the more marked will be the pleasure effect. In this way it would be easy to confirm our hypothesis by showing that the affective value of rhythm in a civilization is greater when that civilization is more primitive, or when the music is intended for a more primitive affective group or for a group in a state of retrogression at an affectively primitive stage.

We shall find a further confirmation of our hypothesis in the fact to which we have already referred, namely, that after 10 to 12 years, subjects show a certain inhibition concerning rhythm and lose the spontaneity of induction observed in the youngest subjects.

Conclusion

From this research, the first results of which we have briefly set forth, we may already draw certain conclusions concerning the use of functional music.

1. Functional music with a well-defined rhythm may be used for its pleasure value. Its

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effect will then be most noticeable when the level of development of the mentally deficient is lowest. The practical result of the use of this music with pleasure value will be to fix the attention of the children and afterwards to reduce their restlessness, and the effect is shown, for example, in the accident rate.

2. Functional music will be most effective from the pleasure point of view when it comes nearest to the rhythmic possibilities of the defectives, that is to say, when its rhythm is simple enough and well enough defined to be grasped by the subjects, and when its tempo is fast enough to come near to their own spontaneous tempo.

3. The value of slow functional music with a well-defined rhythm is probably quite different. In proportion as it varies from the spontaneous tempo of the child, it probably loses its pleasure value. It is, however, probable that it has an educative value permitting a progressive development of the processes of affective maturation, which normally lead to a slowing down of the subject's spontaneous tempo. It is probably in this light that Séguin's observation on the calming effect of music should be interpreted.

Their Own Orchestra

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Last September we decided to have an orchestra. This was rather like having an idea and finding the bricks and mortar afterwards. Actually it was not bricks and mortar, but human beings, with whom we were concerned, and we felt that our ground plan would have to be fairly elastic to allow for their various idiosyncrasies.

We had had a good deal of music in a passive way at Warlingham for some time past, and we felt it was about time that we indulged in a form of what Slavson calls "Activity Group Therapy". This meant that we should confine our orchestra to patients, if possible. Staff members generally improve the standard of performance, but that is not the primary aim of a therapeutic orchestra. An additional reason for not having them in the orchestra is that they may find it difficult to treat patient-members on an equality with themselves. No doubt this matter settles itself in time, but meanwhile there

is a considerable risk of disturbing group harmony. This is liable to be upset anyway, from time to time, as we speedily found when rehearsals started.

So far it *has* been possible to confine the orchestra to patients, except that the writer has taken on the conductorship, without any previous qualifications or experience. Incidentally, Foulkes speaks of the psychiatrist in a group as the "conductor".

Returning to our ground plan, we find it essential to have a pianist who can read music reasonably well and play with some animation. The degree of difficulty of the pieces performed will in fact primarily depend on the skill of the pianist. If there are any string players, e.g. violinist, banjoists, etc., so much the better, but they are not essential.

The rest of the orchestra do not need to be taught music; it is much more important for them to have the feeling of joining in with

others, rather than being side-tracked into counting bars. In the average mental hospital it is only a small proportion of the patients who would even be capable of concentrating on the latter. The matter is dealt with by the conductor bringing in groups of instruments with a wave of one hand and dismissing them likewise, while beating time with the other, though sometimes one is quite unintentionally greeted by a solitary cuckoo immediately after a magnificent climax !

Now, what about the other instruments ? Triangles, castanets, tambourines, cymbals, rattles, cuckoos, bells and nightingales can be played by anyone after a few moments' tuition. In case any of my readers are unfamiliar with the nightingale, I should mention that this consists of a metal or plastic container which is filled with water and which, when blown into by the performer, produces most delightful warbles and chirrups. It is, however, necessary to hold the "bird" at the correct angle, otherwise one gets its liquid contents down the front of one's neck. One of our patients has never quite acquired the knack, so she brings a bath towel with her to rehearsals. Drums require a somewhat better sense of rhythm than the average, but a really professional roll should not be expected. An imitation roll will pass muster. Trumpets which play one note are also an advantage to give backing in certain pieces, such as toy symphonies by Haydn, Romberg and Gurlitt. Other additions are a xylophone, recorder (if anyone can be found to learn to play it), and even a whip (in Hunting music).

The purchase of instruments can be quite an exciting affair. Our travels took us from a suburban Woolworths to the West End. At the former we were nearly arrested for walking off with purchases before waiting for them to be wrapped up. Amongst various establishments in the West End, we visited a dance band emporium. We did very well here, but were eyed with the greatest suspicion until we laid our money on the counter. Is this an indication of the psychology of the dance band musician ?

The total cost of the toy instruments is only a few pounds. The hire, or even purchase, of music is a similarly inexpensive matter, as only piano and string parts are needed.

At our first rehearsal we decided to try Haydn's Toy Symphony, and assembled performers with the following instruments : piano, two violins, banjoline, mandoline, six triangles, three castanets, three tambourines,

three cymbals, three bells, a cuckoo, four nightingales, three trumpets and three drums. The numbers have since varied between 30 and 40.

The patients have consisted of neurotics and well preserved psychotics together with the more demented chronic members of our population. The latter soon accommodate themselves to bells and nightingales, but have to be tried out more cautiously in other departments of the orchestra.

We have held rehearsals once a week for an hour, which is all the time that can be spared. It has been very interesting to watch the growth of esprit de corps, especially since we have started giving concerts to the other patients and their visitors and members of the staff. The better patients will make a point of bringing less well-preserved patients along, even guiding them into their seats. They seem to enjoy themselves a lot, and, if they do not, are quick to voice the fact. This gives rise to group discussions which sometimes hold up a rehearsal. On occasions, paranoid patients have walked out in the middle, feeling that they have been insulted by the conductor or by some other member of the orchestra, but a number of them have returned next time. One of our most dramatic experiences was when our pianist declined to come at the beginning of a rehearsal, so we carried on without one until she underwent a change of heart.

It has been found advisable to conduct rehearsals in a light vein. Patients enjoy a laugh, especially when they get completely out of time in the middle of a piece, or when the conductor himself gets lost. Incidentally, I do not think it is necessary for the conductor to have very much technical knowledge. Pieces can be conducted from a piano score with the various groups of instruments written in. It is as well not to stick too literally to a score if one has had no previous experience, but to bring groups of instruments in fairly closely together, rather than attempt the finer effects. One can always justify this to oneself by saying that it makes it easier for therapy !

Apart from toy symphonies, we have found our orchestra has very much enjoyed playing Strauss waltzes, short simple pieces like Schumann's "Merry Peasant", and arrangements of traditional songs.

A great advantage of regular concerts, e.g. at three monthly intervals, is that it gives the patients something to work for. Also it is very encouraging for them to be listened to and

congratulated afterwards by fellow patients and relatives.

In conclusion, I should like to express my

gratitude to my Medical Superintendent, Dr. T. P. Rees, for his constant encouragement and interest in our activities.

Mental Deficiency in 1947

For the first time, the Annual Report on the Lunacy, Mental Treatment and Mental Deficiency Acts previously published separately by the Board of Control is included in the Report of the Ministry of Health where it will be found in Chapter VIII. Under Section 162 of the Lunacy Act, 1890, however, a Report on Lunacy administration has to be made direct by the Board to the Lord Chancellor, and the statistics given in this (published in December 1948) were noted in our February issue and are not, therefore repeated here, though they will be found in amplified form in the full Report.*

The following facts and figures now available in regard to mental deficiency are as follows :—

On January 1st, 1948 there was a total of 103,321 mental defectives under statutory care, being 1,516 more than in the preceding year. Of these, 54,229 were in Institutions, 5,373 were under guardianship or notified, and 43,719 were under statutory supervision. Of the patients in institutions the report gives the information that 14 per cent. were under the age of 16 years, but no comparable figure is given for those under statutory supervision which it would be particularly helpful to know in future if any estimate is to be made of the number of defectives receiving Assistance Grants in proportion to the total number of the over 16 age group under supervision.

Ascertainment

The list of ascertainment rates of Local Authorities throughout the country, previously included in the body of the Board of Control's Report, will be found this year in an Appendix. The usual variation is shown (from 8·61 per 1,000 in Walsall to 1·60 per 1,000 in Flint) with equal variations in the proportion of cases "reported" and those "subject to be dealt with". The average ascertainment rate for the whole country for all cases is given as 3·26 per 1,000, 2·50 per 1,000 being "subject to be dealt with"; the comparable figures for the preceding year are 3·23 and 2·46.

The number of children reported by Local Education Authorities during 1947 (no distinction is made between those reported as being incapable of receiving education at school, and those reported for supervision on leaving school) is given as 3,799, compared with 4,209 in 1946—a drop of 410, the reason for which it would be interesting to know.

Accommodation

On January 1st, 1948, the total number of beds available in Institutions and Homes was 49,432, a net increase of only 202. Some 250 beds are still being used by the Emergency Hospital Service, and for various reasons still others which are certified or approved for defectives, cannot be made available. No hope is held out as to immediate improvement in the situation beyond the statement that "high priority is being given, within the limited building resources available, to accommodation for low-grade and troublesome defectives".

12 Institutions, 2 Local Authorities (Sheffield and West Riding County Council) and 2 independent bodies provide Hostels for working patients in addition to the 9 agricultural Hostels provided by the end of 1947 by the National Association for Mental Health.

Occupation Centres

There were 87 fewer Centres on January 1st, 1948, than there were in 1938 and only 5 new Centres were opened during 1947. The fact, however, that there is now accommodation for 3,474 children [in 100 Centres] compared with 2,784 the previous year, may perhaps be regarded as being of some small encouragement.

Community Care

Of the total number of 54,302 defectives under community care on January 1st, 1948, 5,616 were on licence from institutions, 4,967 under guardianship and 43,719 under statutory supervision (compared with 5,571, 4,798 and 43,272 respectively in 1947).

* As we go to Press, the Report of the Board to the Lord Chancellor for the year 1948 has become available. H.M. Stationery Office. 3d.