

Part II.—Reviews.

The Fifty-fourth Report of the Commissioners in Lunacy, July 2nd, 1900.

THE majority of our readers, we have no doubt, eschew the serious study of the annual Report of the Commissioners in Lunacy to the Lord Chancellor, having long ere this discovered that it is merely a popular production, presumably for the edification of the man in the street—a bureau publication on a subject partly statistical and wholly scientific, by a body of officials not one of whom is more than an amateur statistician, and a minor section of whom only are scientists; a red-tape product in blue binding, the subject of amused comment (we say this in all sincerity) for our Continental and trans-Atlantic *confrères*, which betrays to all and sundry that in England there remains a survival of the ancient belief that insanity is a diabolical possession; for does not a Lord Chancellor preside over the destinies of the department? and are not laymen skilled in the law (leavened, it is true, with a medical leaven, which, unfortunately, leaveneth not the lump) still considered the proper judges of the methods of treatment and the existence of insanity—insanity which we neo-scientists have the presumption to declare to be a symptom, and but one symptom, of a certain acute or chronic visceral malady, even as a cough is a symptom, and but one symptom, of another? Is it, then, to be wondered at when this symptom, this one exposition of a brain malady, is dealt with in all its aspects in a departmental publication, that there should result a mass of fallacious statistics and illogical deductions from insufficient premisses, the work of the department itself, and a medley of pseudo-scientific pronouncements and comments dealing with sanitary science, medical science, architectural science, and every other science pertaining to the insane and asylum management? What, we wonder, would that at present most popular personage, the man in the street, say, were the medical department of the Local Government Board to be so remodelled that at its head there were placed an engineer skilled in the construction and laying of sewers, with three minor sewer authorities and three medical men to advise him as to State medicine?

It surely is a matter of deep regret that this Report should continue to pose as the yearly authoritative *résumé* of the increase of our knowledge of mental affections, the improved treatment of the insane, and the scientific exposition of the statistics of insanity. Any one who has glanced through the elaborate and useful scientific compilations of other countries, dealing with the insane within their confines, will be struck by the marked difference between not only the matter, but also the spirit of their reports and ours.

With the new lease of life granted to the Government it were well could the Lord Chancellor be persuaded, with the connivance of the Home authorities, to inaugurate the new century by a complete revision of the constitution of the Board of Commissioners, appointing to that department not laymen, but medical scientists, who surely alone can be

the proper judges of a purely medical subject such as insanity, who have been trained in all the branches of the speciality, and who have a competent knowledge of the value of statistics; the assistance of a legal luminary being granted them to act as assessor in all questions of law.

It is painful year after year to have to comment on the glaring inaccuracies in this Report—and to demonstrate how hasty, and frequently unjust, are the criticisms and deductions of the Commissioners. Perhaps in the later years of this new century it may dawn upon the community, and subsequently on the Government of the day, that our departmental study of mental disease is an anachronism, and that we lag sadly in the rear of other nations, to whom we should act as pioneers and leaders in this work. But perhaps this is even too sanguine a hope. All that we can do in the meanwhile is annually to reiterate all our old arguments, and to re-utter all our well-worn protestations, in the faint hope that one day some one in authority may be brought to think of the golden opportunities that are being wasted, and the valuable material which is being utterly disregarded by the officials who frame these reports. To evaluate the statistical summaries which are given us has evidently been too much for even the ordinary medical reader; he has calmly accepted all the deductions offered him without question as to their soundness, and, with a simple, child-like faith in the infallibility of the Commissioners, has proceeded to draw his own inferences, oblivious of the fact that for quite a decade this system of statistical tabulation has received the well-merited condemnation of every sound statistician.

As an illustration of our annual contention that the total number of insane coming under the Commissioners' cognizance every year is an irregular variable, from which any serious inferences are wholly unjustifiable, we may draw the attention of our readers to the totals furnished by them this year. The Commissioners choose a certain date—viz., December 31st—on which to estimate the insane population of England and Wales, thereby constructing for all their calculations a false foundation. Any other day in the year would have given quite another result, with a marked alteration in all their percentages dependent on this annual census. They are, we see, "pleased to note" that the increase is only 1525, as against an increase last year of 3114; and they are so thoroughly convinced that this annual enumeration on a given date is sound reasoning that they offer the following valuable explanation of this diminution:—"We think the diminished annual increase in the total number of lunatics . . . is mainly due to the stationary character of the admissions, the cause of which we are unable to determine, combined with the higher recovery and death rates in the past year." The early part of this quotation is delightfully lucid. If the Commissioners would but calmly state facts and figures, and leave others to draw inferences and offer explanations, the evil effects of their annual reports would in some measure be lessened; but so long as the constitution of the Board remains as at present we shall, no doubt, be treated to similar annual speculative explanations, the precise meaning of which is nebulous.

The Report tells us that the total number of patients under the supervision of the Commissioners' office on January 1st, 1900, amounted to

106,611, an increase on the number on the same date in the previous year of 1525. As we have so often maintained, it is quite impossible to obtain anything approaching a fair censal estimate of the certified insane, for the choice of any date assumes that the occurrence rate of insanity is fairly regular even in its variations. But this is not so, for in one year there will be a host of cases in December, for instance, and next year not one fourth of the number. The only fair estimate the Commissioners can make of the amount of increase or diminution in their work per annum—for that, we assume, is the object of the Report—is the difference between the average daily number resident in all institutions year by year. The Commissioners then would be perfectly justified in working out percentages to two places of decimals were they to take these figures as their bases of calculation. A casual survey of the totals given in the Report of the average daily number resident demonstrates that for the last five years there has been an increase for each year respectively of 1933, 2919, 2445, 2763, and 2258, thus showing that the year in which all institutions were most busy was in 1895-6. To talk about the percentages of pauper and private patients calculated on a fixed censal basis, to work out the ratio of patients admitted into asylums for a fixed period as compared with an estimated population value, and to infer that 1 person in 301 is mad, are, as we have repeatedly shown, arithmetical exercises the Commissioners have presented year after year, the meaning of which is *nil*—except to the individual too indolent to think for himself.

Table IV—that dealing with the rational estimates of pauper insane on a certain date to the actual number of known paupers on the same date—is certainly logical, and therefore of value; it is, in fact, the only correct ratio table in the Report. We are here shown that the total number of paupers on January 1st, 1900, was 807,595, and of pauper insane 97,028, or a ratio of insane to total paupers of 12·01, an increase of ·37 per cent. on last year's ratio. Speculative inferences relating to the question of the state of insanity among paupers, and to the subject of the general increase of insanity, would here have been perfectly permissible and extremely useful; but the Commissioners pass this table by as quite unworthy of comment. It is interesting, however, to take note of the figures here given. The ratio per cent. of paupers to population for 1899-1900 was 2·52, and that of pauper lunatics to total paupers (as mentioned above) 12·01. When we compare these ratios with the decennial average ratios in each instance (2·59 and 10·68 respectively) we shall find a difference respectively of *minus* ·07 and *plus* 1·33. Concerning ourselves with the latter only, it will be found that the increase in the pauper insane to pauper ratio is due almost wholly to the great rational diminution of paupers to population during the last year; that ratio, in fact, is the lowest for ten years. Assuming for a moment that the ratio per cent. of paupers to population had remained at the figures at which it stood last year—viz., 2·59 per cent.,—there would have been a ratio of pauper lunatics to paupers this year of 11·62 per cent., an increase of only ·02 per cent. on the actual ratio of last year. No more convincing proof of the stationary character of insanity in a certain section of the populace—*i. e.*, paupers—could be adduced by figures; and when we reflect that paupers are nearly always

in the ratio of 2·6 per cent. to the general population, both at census computations and in estimated population values, we can by inference assume—but only assume—that insanity is, so far as figures can show, by no means advancing in the community.

Perfectly legitimate and—we say it conscious of our own fallibility—soundly logical comments such as these would, if included in such an authoritative publication as the Commissioners' Report, do much to reassure the highly nervous lay and, alas! medical journalist, who, with an interest almost personal in its intensity, is ever ready to pounce upon any pessimistic or despondent utterance of the Commissioners with respect to the ratios of insane to population, thoroughly convinced that they cannot err.

A comparison table, setting forth the variations as to increase and diminution in admissions during 1899 in the various institutions and modes of care, is here given :

	County and borough asylums.	Registered hospitals.	Metropolitan licensed houses.	Provincial licensed houses.	Naval and military hospital.	Criminal asylum, Broadmoor.	Private single patients.	Idiot establishments.	Totals.
Increase	119	—	—	—	—	—	5	12	140
Diminution	—	12	43	91	—	7	—	—	1

Total diminution, 13.

The very noticeable diminution in the number of certified insane of the private class once more calls for comment. The table of transfers serves no useful purpose save to balance the figures of the other tables. If the Commissioners could but inform us of the reasons of such transfers, and the effects it produced, this table might really be of value in estimating the efficacy of change of location in the treatment of insanity.

The prognostication we were bold enough to make eight years ago, viz. that as time went on the process of renewing reception orders by special reports and certificates would become so complicated as to result in an increase in the number of readmissions under fresh reception orders, has this year been verified; in 1899 there were more discharges on this account than in any year since 1892. Recoveries during 1899 numbered 7575, an increase of 454 on the total of 1898, the increase being mainly in county and borough asylums (401). The percentage of recoveries to the total number of admissions rose again from 36·87 in 1898 to 39·26 during 1899, a proportion higher by 41 per cent. than the average ratio of the last decade. We are pleased to note that the reasons urged by us in 1898 in favour of a comparison table giving the ratio of recoveries to average number resident—this in our opinion being the only fair method of computation when dealing with deaths *en masse*, and not with individual asylum deaths—have borne fruit; and now, even as last year, such a table is supplied (VIII a). Illustration, as we have from year to year maintained, is thereby

afforded how there continues to be for each quinquennial period an absence of improvement in the recovery rate (an improvement we would certainly expect to find with all our boasted scientific, medical, and sanitary progress of the last decennium),—an absence explainable, however, by the continued influx into pauper asylums of non-recoverable cases, especially senile demented. These tables, for other reasons as well, merit careful study. An additional item of interest to be gained from them is the fact that during the past twenty years the female recovery rate has diminished more rapidly than the male; and when we add to this the results obtainable from death rate tables, from which it can be seen that the death rate for senile females also diminishes in a higher proportion than the senile male death rate, the explanation is to hand of the excess of females, especially senile cases, in all institutions. Why their recovery rate and their death rate should show such diminution is a problem which ere long will call for solution.

The deaths during the year rose in total from 7602 to 8160, and the increase was almost wholly in pauper asylums, raising the death rate per cent. on daily average number resident from 9.45 to 9.87. The average death rates in institutions shows some remarkable variations. One can understand how death rates may fluctuate to an extraordinary degree in some particular institution, and such an occurrence as an average death rate for the decade slightly higher than the average total for county and borough asylums is a matter of easy comprehension, but will some one kindly elucidate figures so curiously discrepant as the following?—for registered hospitals an average death rate of 6.61, for provincial licensed houses an average death rate of 8.24, and for metropolitan licensed houses one of 12.04. Why should the death rate in metropolitan licensed houses be almost double the death rate in registered hospitals? We observe, too, that the male death rate for 1899 in metropolitan licensed houses was no less than 16.77. There is probably a very good and sound explanation for this, but what is it? We append, as in former years, a table calculated from the Commissioners' figures to show how the insane death rate tends to approximate to the sane death rate as age advances, how the death rate among insane women diminishes in a more rapid progressive ratio as age advances than among men, and how for each censal age period the sane compares with the insane death rate. Taking those age periods at which insane deaths (excluding senile cases over eighty-four) occur more frequently, and in which the insanity is presumably an important factor, we find that the death rate among the insane is 8.91 times more frequent among males, and 7.75 times more frequent among females than amongst sane males and females at the same age periods.

Table XV gives us the causes of death during 1899. The nomenclature here adopted by no means follows the Registrar-General's admirable classification. It is, in fact, a list of causes illustrative of the ingenious originality of some medical officers, and the quaint ignorance of others in giving causes of death. For the credit of this publication, if for no other reason, it were well could this important matter receive the early attention of the medical section of the Board—some of the items merely provoke a smile. We here summarise for the sake of

reference the percentages of the principal causes of death to the total number of deaths for the past five years. We have of necessity to make use of the inaccurate and vague appellations given as causes of death in some instances.

Age periods.	Death rate per 1000 reported insane, 1898.	Death rate per 1000 whole population (estimated), 1898.	Insane to sane proportionate death rate.
Under 5	{ m. — f. —	{ m. 60·7 f. 51·0	{ m. — f. —
5—9	{ m. 46·9 f. 8·5	{ m. 3·5 f. 3·6	{ m. 13·4 to 1 f. 2·3 to 1
10—14	{ m. 42·4 f. 39·3	{ m. 2·1 f. 2·2	{ m. 20·1 to 1 f. 17·8 to 1
15—19	{ m. 63·5 f. 55·1	{ m. 3·4 f. 3·3	{ m. 18·6 to 1 f. 15·4 to 1
20—24	{ m. 61·3 f. 59·7	{ m. 5·0 f. 4·3	{ m. 12·2 to 1 f. 13·4 to 1
25—34	{ m. 69·6 f. 60·7	{ m. 6·6 f. 5·9	{ m. 10·5 to 1 f. 10·2 to 1
35—44	{ m. 101·0 f. 55·2	{ m. 11·3 f. 9·4	{ m. 8·9 to 1 f. 5·8 to 1
45—54	{ m. 100·8 f. 60·3	{ m. 18·3 f. 14·2	{ m. 5·5 to 1 f. 4·2 to 1
55—64	{ m. 120·9 f. 82·3	{ m. 34·5 f. 27·6	{ m. 3·5 to 1 f. 3·0 to 1
65—74	{ m. 209·4 f. 137·0	{ m. 64·7 f. 58·8	{ m. 3·2 to 1 f. 2·3 to 1
75—84	{ m. 404·0 f. 293·3	{ m. 142·1 f. 131·1	{ m. 2·8 to 1 f. 2·2 to 1
85 and upwards	{ m. 619·0 f. 429·4	{ m. 281·2 f. 258·6	{ m. 2·2 to 1 f. 1·2 to 1

Post-mortem examinations were made in 6223 of the total number of deaths—a percentage of 76·2. From other tables we gather that post-

Causes of death.	1895.	1896.	1897.	1898.	1899.
General paralysis	20·00	20·41	18·97	17·44	17·74
Phthisis pulmonalis	14·88	13·88	14·57	14·38	14·37
Senile decay	7·71	8·69	9·31	9·10	9·12
Pneumonia	7·01	6·36	6·13	6·96	7·15
Epilepsy	5·16	4·89	4·66	5·23	4·96
Cardiac valvular disease	4·78	5·73	6·02	6·45	5·76
Exhaustion from mania and melancholia	3·87	3·62	3·65	3·37	3·66
Apoplexy	3·16	3·21	3·13	2·90	2·74
Chronic Bright's disease	2·92	2·56	2·72	2·96	3·12
Bronchitis	2·89	2·46	2·09	2·58	2·75
Organic disease of brain	2·60	3·50	3·46	3·25	3·62
Cancer	2·01	2·56	2·13	2·11	2·12
Accident	·40	·42	·45	·47	·45
Suicide	·25	·14	·28	·29	·27
Other maladies	22·36	21·57	22·43	22·51	22·17

mortem examinations were made in 79·7 per cent. of deaths in County and Borough Asylums, in 58·3 per cent. of deaths in Metropolitan Licensed Houses, in 27·1 per cent. of deaths in Registered Hospitals, and in 22·1 per cent. of deaths in Provincial Licensed Houses.

The Commissioners continue persistently to publish their utterly fallacious tables (xvii *et seq.*) dealing with occupation ratios to population of the insane. The truth unfortunately is that no one, not even the Lord Chancellor, has ever troubled to study these yearly average ratios of lunatics to population classified according to occupations. Some sympathetic soul may possibly have shuddered over the gloomy information contained in these columns relative to the insanity of "vermin-killers" and "hat-makers (not straw)," unaware that his shudder was wasted by reason of a ratio calculation for 1899 being based on a numerical population estimate for 1891 in some cases, and for 1871 in others, but more than this has never happened. Will the Commissioners not soften their official hearts and give us some sensible statistical information?

With pleasure do we once more welcome our old friends "mania, melancholia, dementia, ordinary and senile, congenital insanity, and other forms" as types of mental diseases. The Commissioners' Report would surely be unrecognisable without this valuable classification of the insanities. For nearly a decade have we begged for a change, but we find we ask only not to receive.

According to the Table (XXI), 47·8 per cent. of cases admitted during the years 1895-99 suffered from mania, 28·5 per cent. from melancholia, 10·8 per cent. from ordinary dementia (whatever that may be), 5 per cent. from senile dementia, 4·8 per cent. from congenital insanity, and 3·1 per cent. from "other forms."

The percentage proportion of the quinquennial average admissions which were classified as first attacks numbered 71·1. It would be far more satisfactory could we have actual ratios to total annual admissions of these "first attacks" with a classified list of the nature of the insanity. Then with respect to those classed as "not first attacks" there is a mine of information stored away in the cellars of the Commissioners' offices with respect to the recurrent, relapsing, remittent, and intermittent insanities, and the various forms of circular insanity, waiting for some venturesome reformer who will have the temerity to work outside the grooved and beaten pathways of the Commissioners' methods.

Comparing the tables furnished by the Commissioners dealing with the quinquennial (1894-98) average ratios of epileptics, general paralytics, and suicidal cases (Tables XXIII and XXIV) admitted into all institutions, with similar tables for the quinquennium immediately preceding (1890-94), we have to note an apparent diminution in each of these conditions thus:—General paralysis in 1894-98 was represented by 12·7 per cent. for males, and 2·8 per cent. for females, whereas in 1890-94 the ratios were 14·1 per cent. and 3·2 per cent. respectively: epilepsy, too, has fallen from 8·2 per cent. to 7·7 per cent., and suicidal cases have diminished from 25·4 to 24·1 per cent. But is this really so? The Commissioners remark on this diminution in their preamble, evidently quite satisfied that there are really fewer general paralytics,

epileptics, and suicidal cases ; while the fact of the matter is that the diminution is only an apparent one, owing to the great increase of late in the total number of admissions into asylums. We have not the least doubt that next year the same superficial view of these numerical aberrations will again be solemnly recorded.

In drawing up their average tables it would assist those not accustomed to statistical summaries if the word "average" could be repeatedly affixed. For example, "private females 262, pauper females 2264, total 2527" is absurd, as anyone who can add will see ; but "average private females 262, average pauper females 2264, average total females 2527" is sense, and may be perfectly correct.

The Commissioners remark with respect to Table XXV that they do not regard the information relative to the causes of the insanity of patients as affording a very reliable guide to the causation of insanity in general (page 5) ; while they also (foot-note page 136) say, "These causes are not taken from the statements in the papers of admission of the patients, but are those which have been verified by the medical officers of the asylums"—ergo, the medical officers' verifications are not very reliable as guides to the causation of insanity. We do not for a moment dispute this inference, we are but too painfully aware how rashly precipitate many medical officers are in leaping at conclusions when endeavouring to estimate the causation of insanity,—in fact, such veiled reproof is the only interesting item in this causation table, for all its old inaccuracies pointed out by us year after year remain in stereotyped form ; so great, however, is the influence of official authority, that these tables of causes are heedlessly employed by medical officers of institutions in their annual reports, when a little thought and quite a superficial study of the list of "causes" will prove to them how incorrect they are.

Table XXVII, giving the "causes" of general paralysis, is just as amusing as usual. We challenge anyone possessed of but the slightest smattering of knowledge with respect to the ætiology of insanity in general, and of general paralysis in particular, to read this table without a smile. Three instances will suffice to provoke hilarity. "Love affairs (including seduction) '2 per cent. males." "Old age '4 per cent. females." "Previous attacks 4'5 per cent. males, and 7'6 per cent. females." There is, however, one consoling item in this medley of incompatibilities—there is actually an increase from 7'6 per cent. to 9'1 per cent. of cases of general paralysis with "venereal disease" as a cause. Evidently the medical officers of asylums are slowly waking up to the most recent advances in scientific knowledge. The term "venereal disease" is, however, far too vague ; gonorrhœa is a venereal disease, and can hardly be called a cause of general paralysis.

The cynical celibate has cause for mirth in Tables XXIX and XXXI, wherein the Commissioners demonstrate the fact that 68'8 per cent. of general paralytics and 48'9 per cent. of suicidal cases admitted during the five years 1894-98 were married.

The number of voluntary boarders remaining in registered hospitals on January 1st, 1900, was 76, in metropolitan licensed houses 18, and

in provincial licensed houses 43. Of the 296 admitted as boarders during the year, 81 were certified as patients.

The admissions into the County and Borough Asylums during 1899 numbered 16,897, and of these 18·2 per cent. had previously been discharged from institutions for the insane. The recoveries amounted to 6569, and the deaths to 7462. Post-mortem examinations were made in 79·7 per cent. of deaths. The suicides placed to the credit of these institutions during the year number twenty-one, but in five of the cases the act was committed before admission. Of the sixteen in which the act occurred in the institution four were by strangulation (all males), four by cut throat (two males and two females), two by poison (one of each sex), two by drowning (one of each sex), and one each by swallowing foreign bodies, by precipitation before a train (both females), by striking the head against a tree, and by abdominal wounds (both males). There was one murder, and one accidental suffocation during an epileptic fit. The highest percentages of general paralysis were found in the following County and Borough Asylums:—Wakefield 6 per cent., Birmingham (Winson Green) 6 per cent., Hull 7·8 per cent., Newcastle-on-Tyne 7 per cent., Sunderland 6·3 per cent.

The Commissioners, apologetically almost, comment on the fact that some of the registered hospitals have hitherto “inadequately discharged the functions of benevolent establishments, and in the application of their—in some instances—very large incomes have shown a comparative disregard of the principles upon which they were founded.” True, but why “comparative” and not “complete?” Such institutions have long been regarded as nothing less than private asylums highly favoured in not having to be licensed. There were five suicides in registered hospitals (Table IV, Appendix B, says there were only three)—one by a voluntary boarder,—and one death by a fall from a window, suspiciously like a suicide. The Commissioners remarking on one of these suicides make the following quaint observation:—“A female patient . . . had been received . . . on the 7th January, suffering from suicidal melancholia, but not apparently in a state to require special supervision, committed suicide on the 17th January.” We have not before heard of such a form of suicidal melancholia—perhaps there are similar varieties of homicidal insanity.

Licensed houses—the Commissioners by the way have the total number of these institutions right this year—in the metropolitan area had but one suicide, and provincial licensed houses four suicides (Table IV, Appendix B, however, says there were only three) during the year. The Commissioners very properly comment severely on the “most reprehensible practice” indulged in by certain licensed houses, receiving paupers, in bribing relieving officers to favour them with patients. It is no wonder, then, that there are periodical outcries against the existence of such institutions when food for adverse criticism is so readily supplied by such disgraceful commercialism. There are many who hold that houses licensed for the reception of private patients should not be permitted to receive paupers; the principle was most properly condemned when Lord Shaftesbury was chairman of the Board.

Some pages of the Report are devoted to the consideration of the

diversion of asylum accommodation, to the recognition of the latest departures in asylum construction, and to a consideration of the pursuit of pathological research in asylums. The definition of seclusion fails to provide for conditions which the Commissioners in times gone by have emphatically designated to be seclusion, *e. g.*, they have deemed it seclusion when a patient has been placed in a single room with the door partially closed and an attendant seated outside; they have also deemed it seclusion when a patient has been placed in a corner of an airing court isolated from the rest of the patients by a small barricade of chairs. Until quite recently they defined seclusion as "enforced isolation by day," their definition now demands a room with a door, and a fixed period of time for all institutions.

It needed a dictionary to disclose the meaning of the archaic term "shippon," and "aural hallucinations" for "auditory hallucinations" smacks of the days of George III.

We are pleased to note that the Commissioners make special reference to the question of pensions to asylum medical officers and subordinates. They quote at length their views on this matter from the Report of 1891, and add as a rider thereto the following cogent opinion:—"Even if the granting of pensions were not made absolutely compulsory, as we think that it should be, it would at least appear to be a mere act of justice to give the same freedom of action to Visiting Committees in this particular as they already possess in respect of salaries, and of other matters of no less importance which have direct reference to asylum management." This timely reference to pensions just prior to the advent of a new parliamentary session will, no doubt, result in the reinsertion in the Lunacy Bill of those clauses dealing with superannuation which had unfortunately been dropped during last session.

Forty-second Annual Report of the General Board of Commissioners in Lunacy for Scotland. Edinburgh, 1900, pp. 157. Price 1s. 3d.

Judged by the annual bulletins on the subject, the nation's mental health, with the exception of the distressful island, has during the past year made considerable progress in the direction of improvement. In 1899 England, whose population is estimated to increase 1·17 per cent. per annum, has added only 1·45 per cent. to its total lunatics, and while its first admissions are greater by 1·53 per cent., its total admissions are less by 0·13 per cent. In Scotland the record is more favourable still, for while its estimated annual increase of population is 0·77 per cent., its total lunatics are increased by only 0·17 per cent., and there is a decrease in the total admissions and of first admissions equivalent to 2·88 and 0·56 per cent. respectively. What a contrast does this offer to the condition of affairs in Ireland! Here, with a population that is estimated to be diminishing at the rate of 0·28 per cent. per annum, the record for the past year shows an increase in the total number of lunatics of 2·75 per cent., in the total admissions of 2·16 per cent., and in the first admissions of 6·07 per cent.

The general result for the whole of the United Kingdom, even in spite of the lamentable condition of Ireland, is, as compared with