

being now available from which those constituents of the test which have been most difficult to secure may be obtained. But unless the technique of the test has been thoroughly learnt, misleading and unreliable results will be obtained. No doubt can exist that the Wassermann test should be applied in the first place to the blood, and if necessary to the cerebro-spinal fluid, in all cases admitted to institutions for the insane in which there is reason to suspect syphilis or meta-syphilis of the nervous system; and the protein- and cell-content of the cerebro-spinal fluid should be estimated when that is withdrawn. Amongst the most experienced workers on the subject in this country, Dr. Winifred Muirhead, of the Royal Asylum, Edinburgh, must be counted, and the summary of her work, which was presented at the Birmingham meeting, constitutes a solid contribution to the subject.

Part II.—Reviews and Notices.

The Sixty-fifth Report of the Commissioners in Lunacy for England, 1911.

The Commissioners have this year very conveniently divided their report into two volumes. Part I contains the report proper, and Part II statistical tables and various other appendices.

The *total number of certified insane persons* in England and Wales was 133,157 on January 1st, 1911, being an increase over the previous year of 2,604. The average annual increase for the ten years ending 1910 was 2,521, and for the quinquennial period ending the same time, 2,236. The figures for 1910 showed an increase over the average for these two periods of 83 and 368.

Private patients numbered 10,890 (males 4,709, females 6,181)—an increase of 2·5 *per cent.* (males 1·9 *per cent.*, females 3·1 *per cent.*) The Commissioners note a remarkable change in the sex distribution. The males increased proportionately up to 1869, but have gradually declined and, since 1890, the females predominate. Private patients in county and borough asylums, hospitals and private care, have increased, but those in licensed houses have decreased by 1·1 *per cent.*

Pauper patients numbered 121,172 (males 56,142, females 65,030), the rate of increase being 1·9 *per cent.* (males 1·8 *per cent.*, females 1·9 *per cent.*). In this class the females have always predominated. The proportion housed in hospitals and licensed houses was barely 0·7 *per cent.*

The Commissioners advocate the establishment in the provinces of institutions similar to those of the Metropolitan Asylums Board by

co-operation of boards of guardians, which would relieve the work-houses, often so ill adapted for the care and treatment of the insane, and which would do something to lessen the continually increasing calls for more accommodation in the county asylums, besides being more economical. We can commend this proposal if the lethargy of our political masters in providing for the control of the feeble-minded is to continue. We trust, however, that before long the whole problem of the care of the harmless chronic insane, feeble-minded and criminal, will be grappled with, and suitable institutions provided, the acute insane being housed in proper hospitals of recent design or in the existing asylums suitably adapted. In any case, we think there should be only one administrative control over this class of the population.

It is to be regretted that the insane criminal continues to be distributed amongst the ordinary asylums owing to the failure of the Government to extend its accommodation. These unwelcome and baneful additions to our asylums comprise now 18·3 *per cent.* of the whole number of criminal lunatics.

The *rate of increase and decrease* in the various Counties and County Boroughs as compared with 1909 (Table X) is commented upon at length. It is pointed out that more accurate comparison is afforded by a study of Table XI, which gives the yearly averages in quinquennial periods. Briefly, the average annual increase for the Counties is 1·5 *per cent.*, and for the County Boroughs 2·5 *per cent.* The highest rates for the Counties are yielded by the Soke of Peterborough, Middlesex, Hants, Herts, East Sussex and Surrey. London is only 0·1 *per cent.* above the mean rate. There is a decrease in Beds, Brecknock, Isles of Scilly, Dorset, Montgomery, Radnor and Salop. The highest rates in the County Boroughs are those of Hastings, West Hartlepool, Canterbury, South Shields and Bournemouth, while Birkenhead, Ipswich, Portsmouth, St. Helens, Swansea and Wolverhampton show a decrease. The smaller boroughs show an increase of 1·0 *per cent.*, being most marked in the case of Bedford, Bury St. Edmunds, Colchester, King's Lynn, and Newcastle-under-Lyne.

The report next deals with the *comparative statistics of the insane and general population*. The Commissioners state that whilst the general population is estimated to grow by fairly regular increments, the numbers of the insane are less steady. On January 1st, 1911, the notified insane stood to the estimated population to the proportion of 1 to 275, or 36·4 per 10,000. Ten years ago it was 1 to 302, or 10 *per cent.* less. In fifty-two years it has increased by 95 *per cent.*—chiefly in the pauper class.

The annual admissions to care in comparison with the population, which attained a maximum of 6·93 per 10,000 in 1902, has gradually fallen since to 6·04 in 1910.

We think it is a pity that statistics are not possible based upon the date of commencement (first-attack cases particularly), and not on the date of certification. Still, statistics, however imperfect, show that although the number of certified persons has increased from 23·93 per 10,000 of the population to 36·40 in forty-two years, this is not due since 1902 to a greater number of persons becoming certified each year in

proportion to the population ; on the contrary, the ratio of admissions during this period has shown a steady decrease (Table III). The Commissioners say that as regards first admissions, a record of which has only been kept since 1898, the figures, about 5 per 10,000, bear a very constant proportion to the total in every year. While we admire this cautious attitude, it is only just to point out that a reference to Table III shows a fairly steady decrease in these figures also since 1902 the numbers, males and females, 5.52 per 10,000, falling in 1910 to males 5.01 and females 4.92 per 10,000. We cannot, from the Commissioners' report, see any evidence of the increased occurrence of insanity. On the contrary, all statistics available point to a decrease, but the Commissioners take up a more non-committal position. They conclude that "such facts as are available tend to the conclusion that if insanity is increasing at all, it is doing so very slowly, and by no means proportionately to the increasing number of insane persons under care." The report shows the obvious fact that these increasing numbers are due to accumulation, or the survival of chronic and irremediable insanity. The surplus *per cent.* of the admissions, after deducting the discharges and deaths, was—for 1871, 2.3; 1895, 12; 1902, 14.7; and for 1910, 10.3.

The *daily average number resident* increased from 82,122 in 1900 to 105,580 in 1910. There was a falling off in the proportion of insane detained in workhouses, and also in licensed houses, few of which now contain any pauper patients. We think this may be due to the County and Borough authorities being more alive to their obligations in this respect.

The *recovery-rate* calculated on the total admissions was 34.31 *per cent.*, being 2.18 below the average for the past ten years. It was 34 in the asylums and 52 amongst patients in single care. It is estimated that one quarter of those discharged recovered are re-admitted later. The lessened recovery-rate we think should eventually lessen the number admitted, since it probably points to relapsing cases being retained permanently under care or for longer periods.

The *death-rate* was 9.26 *per cent.*, being the lowest yet recorded.

The *form of insanity in relation to age and sex* is considered at length. This praiseworthy work makes us regret that a better classification of insanity is apparently impossible at present. In both sexes there is a heavy drop in epilepsy after forty-four. General paralysis affects women steadily from twenty-five to sixty-four, but in men it occurs more frequently from twenty-five to forty-four. Maniacal excitement in both sexes favours the adolescent period. Probably much of this is dementia præcox. Melancholia in women occurs later in life, due probably to the climacterium. Child-birth probably brings up the figures for both mania and melancholia in women between twenty-five and forty-four. Delusional insanity in women predominates in later years probably for the same reason as melancholia. Primary dementia in both sexes is mainly found in early life. This is interesting as showing that this head is also being largely used for dementia præcox.

As regards *causation*, the Commissioners, fortified by more reliable data, will be heard with greater respect as years go by. Reference is made to Dr. Mott's work on heredity. Regarding heredity, two para-

graphs are worthy of quotation. After stating that for thirty years the statistics have shown hereditary taint in 19 *per cent.* males and 23 *per cent.* females of the admissions, the report goes on to say :

“To ignore the factor of inheritance because thrice the number of insane apparently come of sane stock as there is of those with a family history of insanity would be unwarrantable. For the total number of the insane forms a mere fraction of the whole community, and it is inconceivable that there is anything approaching 25 *per cent.* of the sane population in whose immediate forbears or their collaterals insanity has occurred.”

Again—

“That there is a natural limit to the extent to which such a transmitted tendency is carried through successive generations is supported by our statistics, which show that there has been but small variation during many years in the proportion of the insane in whose cases this heredity factor was ascertained. Had there been no such check in operation this proportion would in all probability have grown with the increase in the numbers of insane persons, but, of course, not to the same degree, owing to the permanent segregation of the majority.”

We imagine this will interest the students of eugenics. We think it is unfortunate that the percentages of ætiological factors are calculated in every case on the total number of admissions and not in some cases on the number of cases where histories have been obtained.

Several pages are devoted to the *diseases of the insane*, and a comparison attempted between the relative frequency of certain diseases as shown by the causes of death in the insane and in the general population (see also Sixty-second and Sixty-third Reports). The figures for 1909 are dealt with, general paralytics and those under fifteen being omitted. It is shown that in the insane the alleged causes of death in order of frequency were as follows : Phthisis, senility, pneumonia, valvular heart disease, chronic Bright's disease, epilepsy, apoplexy, cardiac degeneration, cancer, bronchitis, and diarrhoea and dysentery. As regards the general population the order was : Phthisis, cancer, senility, bronchitis, apoplexy, pneumonia, valvular heart disease, chronic Bright's disease, cardiac degeneration, epilepsy, and diarrhoea and dysentery. Comparisons are also made between the occurrence of these causes in proportion to those living, either insane or of the general population. Amongst other facts, the greater frequency of cancer and bronchitis in the general population and of pneumonia in the insane is commented upon and discussed. A table is given showing that deaths from cancer are increasing in the insane.

We cannot completely accept all the Commissioners' deductions. The fact that the causes of death in asylums are in most cases ascertained by *post-mortem* examination may account for some of the differences. It seems possible that many deaths in the general population may, in the absence of a confirmatory autopsy, be wrongly ascribed to cancer, and that a degree of pneumonia found *post mortem* in asylums may preferably be put down as a cause of death in a case otherwise suffering from bronchitis. Similarly, the increase of cancer in the insane may be due to more searching autopsies being held.

As regards the *Asylums' Officers Superannuation Act, 1909*, the Commissioners express the opinion that they always considered that the

privileges of Class I were intended to apply to those who had continuous care and charge of patients. They should prefer to see placed in Class II those who have the supervision of patients during working hours only and are never engaged in the wards at all.

In dealing with the *cost of maintaining patients*, attention is drawn to the fact that the expected increase in the cost of "provisions" and "garden and farm" was only found in the case of Borough Asylums, and that, on the contrary, in the County Asylums there had been a decrease in expenditure under these heads. They think this points to a parsimonious tendency in some institutions. It seems to us possible that the much greater number catered for in the County Asylums may enable them to make more favourable contracts than in the case of the smaller Borough Asylums, and that this may to some extent account for the difference in expenditure.

It is impossible in a limited review to touch upon all the important points raised by the Commissioners in their valuable report, which contains, as time goes on, more and more material of importance and interest to the alienist. We regret to have to omit the consideration of the excellent summary of the occurrence of dysentery and tuberculosis. We note with gratification that again there is appended an account of scientific research work undertaken in the asylums during the year under review.

Fifty-third Annual Report of the General Board of Commissioners in Lunacy for Scotland.

The statistics given in this report show that at the close of the year 1910 there were in Scotland (exclusive of insane persons maintained at home by their natural guardians) 18,636 insane persons officially known to the General Board of Lunacy, of whom 2,622 were maintained from private sources, 15,958 by parochial rates, and 56 by the State. This is an increase of 299 on the corresponding figure for the previous year. Of this increase 32 were non-registered lunatics, namely, 3 in the Criminal Lunatic Department of Perth Prison, and 29 in training schools for imbecile children; while 267 was the increase of registered lunatics, that is, those whose names come on the General Board's register, and who are provided for either in establishments for the insane or in private dwellings under the inspection of the General Board. In establishments (royal, district, private, and parochial asylums, and lunatic wards of poorhouses) there was an increase of 17 private patients and 219 pauper patients, total 236; in private dwellings there was a decrease of 4 private and an increase of 35 pauper patients, making together an increase of 31. During the preceding five years the average annual increase of pauper patients in establishments had been 169, and the actual increase in the year 1910 has therefore been considerably more than that average. Eleven counties or urban areas show a decrease in the number of their pauper lunatics, while in twenty-seven an increase had taken place. The proportion of registered lunatics per 100,000 of the estimated general population of Scotland is tabulated