

*The Lunacy Blue Books.*

*Thirty-Third Report of the Commissioners in Lunacy, 1879.*

*Twenty-First Annual Report of the General Board of Commissioners in Lunacy for Scotland, 1879.*

*Twenty-Eighth Report on the District, Criminal, and Private Lunatic Asylums in Ireland, 1879.*

The Annual Reports of the Commissioners in Lunacy possess a special interest to those who are engaged in the care and treatment of the insane, taking, as they do, a comprehensive survey of facts which can ordinarily be viewed only from a limited standpoint; and they have a general interest for the public, because these facts bear a distinct and an intimate relation to questions which materially affect the wellbeing and progress of society. At no period has this been more the case than at the close of a year, which has been marked by a concentration of public attention upon the seclusion and treatment of insane persons such as has not occurred since the passing of the Lunacy Acts towards the middle of the century. Moreover, the burden of insanity has been yearly increasing, and its fiscal relationships have assumed an importance which the diminished prosperity of the country has brought into more than ordinary prominence.

It will, therefore, be especially interesting at this time to bring under review the mass of facts to which the Lunacy Reports introduce us, and, so to speak, balance our accounts, and ascertain what promise they hold out to us for the future.

It appears then that, while on the 1st January, 1878, the number of registered persons of unsound mind was 68,538, they had increased on the 1st January, 1879, by 1,347, or to 69,885; this increase being in the proportion of 86 private patients to 1,261 of the pauper class. Large as it absolutely is, it compares favourably with that of last year, which was 1,902, and with the average increase of the preceding ten years, which was 1,753.

“The private patients have increased in County and Borough Asylums by 13, in Registered Hospitals by 40, and in licensed houses by 63; whilst this class has decreased in Naval and Military Hospitals, and the India Asylum, by 18; in the Broadmoor Criminal Asylum by 10; and as single patients in private charge by 2.

“The pauper patients have increased in County and Borough Asylums by 1,095, in Registered Hospitals by 19, in licensed houses by 380, in the Broadmoor Asylum by 11, and as out-door paupers by 16; whereas, on the other hand, the pauper patients have decreased in numbers in ordinary work-houses by 162, and in the Metropolitan District Asylums by 98.”

As bearing upon these statistics, the Commissioners suggestively remark that “the increase of 380 in the number of paupers maintained in private houses, as compared with the same date last year, has been due to an insufficiency of Public Asylum accommodation, more especially in Essex and Surrey,” and that “the experience of another year has confirmed the opinion already expressed in previous reports that the parliamentary grant of four shillings per head per week made to the Guardians towards the cost of every lunatic maintained in an asylum, has, in many districts, tended to promote the removal of chronic cases from workhouses and private dwellings into asylums, and thus, in some counties, it has contributed to render necessary a considerable extension of asylum accommodation.”

While the proportion of total paupers to population has a little increased this year, as compared with that of the three previous years—although it is still much below the average of the preceding period—the percentage of pauper lunatics to paupers has decreased considerably in comparison with that for 1877 and 1878.

The ratio of persons of unsound mind to the population has increased from 27·57 in 1878 to 27·77 per 10,000 in 1879, or from 1 in every 362 to 1 in every 360, as compared with 1 in every 535 in 1859, and 1 in every 418 in 1869. This increase has been largely confined to pauper patients; but it must be remembered that the incentives to, and the opportunities for, concealment are much greater in the higher than in the lower ranks of life, and that many cases of insanity, in patients of the private class, thus run their course unregistered, and officially unknown.

The ratio of registered private patients to population has remained stationary during the past three years, and in the last six has shown but small tendency to increase.

This would be a most significant circumstance if it were not modified by the fact that, insanity being a certain and rapid pauperizer, and the provision for patients just above the pauper rank being very inadequate, large numbers of

persons who would otherwise be classed as private patients, and swell their percentage, are necessarily sent to pauper asylums—the unions either paying altogether for their maintenance or receiving contributions from their relatives.

The distribution of insane persons on the 1st January was as follows :—

WHERE MAINTAINED ON 1st JANUARY, 1879.	PRIVATE.			PAUPER.			TOTAL.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
In County & Borough } Asylums .....	216	280	476	17462	20933	38395	17678	21193	38871
In Registered Hospitals	1422	1298	2720	69	48	117	1491	1346	2837
In Licensed Houses— Metropolitan .....	1058	862	1920	174	382	556	1232	1344	2476
Provincial.....	790	826	1615	238	316	554	1028	1141	2169
In Naval and Military } Hospitals and Royal } India Asylum .....	325	17	342	—	—	—	325	17	342
In Criminal Lunatic } Asylum (Broadmoor) }	184	49	233	190	60	250	374	109	483
In Workhouses— Ordinary Work- } houses .....	—	—	—	5014	6683	11697	5014	6683	11697
Metropolitan Dis- } trict Asylums ... }	—	—	—	1971	2337	4308	1971	2337	4308
Private Single Patients	192	280	472	—	—	—	192	280	472
Out-door Paupers.....	—	—	—	2378	3852	6230	2378	3852	6230
Total .....	4187	3591	7778	27496	34611	62107	31683	38202	69885

The Commissioners give a series of valuable tables showing the occupations of patients and their social position, sex, age, and condition as to marriage; the forms of mental disorder; cases of first attack; number affected with epilepsy and general paralysis, and who are suicidal; the assigned causes of insanity; and various other particulars, so arranged that as facts accumulate—and extending over so wide an area they *will* accumulate very rapidly—a most valuable series of statistics will be available, from which generalisations of the utmost scientific interest and social importance may be deduced.

The total admissions into asylums during the year 1878

were 15,102, of which 1,532, or 10·14 per cent. were transfers, and 1726, or 11·42 per cent. re-admissions.

The patients discharged and transferred were 8,796, of whom 5,332 were returned as recovered.

The deaths of the year were 4,715, and in 2,349 of these post-mortem examinations were made. Suicide in asylums was the cause of death in twenty instances, but 3,809 of the patients admitted during the year had exhibited a suicidal propensity.

The proportion of recoveries to admissions, excluding transfers and re-admissions, is stated to have been 45·02 per cent., the rate for women being upwards of 12 per cent. in excess of that for men.

The proportion per cent. of deaths to the daily average number resident and to the total number under treatment respectively, was, in County and Borough Asylums, 10·4 and 8·1, and in hospitals 6·3 and 4·7; the percentage for men being from 2 to 4 per cent. in excess of that for women. The Commissioners remark that while, as compared with population, insanity, congenital and acquired, is somewhat more frequent among males than among females, the rate of recovery is higher among females than males, but the mortality is so much higher among the latter than among the former, that the females largely preponderate over the males in the total number under care. The women exceed the men in numbers by 6,519.

The Commissioners state that the weekly cost of maintenance in County and Borough Asylums has not been so low since 1872. It has averaged 9s. 10½d., or 3d. per head per week less than in 1877.

A series of important observations are made by the Commissioners with reference to licensed houses, which are entitled to great weight in the present state of public feeling upon the subject, and are possessed of more than ordinary interest. They say—

A system which places the insane in charge of persons who derive profit from their detention is, no doubt, objectionable in theory, and in practice may be open to abuse. But, as far as regards the licensed houses in England and Wales, we are convinced that, under the strict supervision and the safeguards which the Lunacy Acts provide, no such abuses are possible as have been in some quarters seriously alleged, such as the 'incarceration' of sane persons, or the prolonged detention for corrupt motives of insane persons who have entirely recovered their reason. Nor are the proprietors of licensed houses open to the sweeping charges of dishonesty and self seeking

which have been brought against them as a body. It should not be forgotten that these persons are, to some extent, competing with each other and with the hospitals in a business which, to be remunerative, must be conducted on principles of ordinary prudence and common honesty. Moreover, in the vast majority of cases, the speedy cure of an insane patient is, on pecuniary, if on no higher grounds, an object of the greatest importance to the persons with whom it rests to decide where to place him under treatment, and every cure that can be shown becomes in fact the best advertisement of the establishment in which the cure is effected.

Our own opinion is that the licensed houses supply at present a social want; and that their abolition, without the substitution of other and better establishments, would assuredly multiply cases of illegal charge, and consequent neglect and ill-treatment of lunatics, and would also lead to the clandestine removal of many such persons to foreign parts. Were asylums for the reception of private patients erected at the public cost, we doubt whether such institutions would be more acceptable to the friends of wealthy patients than the hospitals now registered under the Lunacy Acts, which do not receive many patients of large fortune. What these substitutes should be is a matter of more difficulty. Certainly the experience of past years does not show any disposition on the part of the public to increase the number of institutions such as the present hospitals.

The Report naturally deals at considerable length with the recent report of the Select Committee on the lunacy laws; and the Commissioners make a series of suggestions with reference to changes in the laws, which it may not be unprofitable to reproduce here *in extenso*.

In some quarters it has of late become a practice to somewhat repudiate the authority of the Board of Commissioners, and assume that they are so wedded to old habits of thought and to an antiquated *régime*, that their opinion upon any modern question affecting the insane should be viewed with suspicion as coming from a prejudiced, if not an unenlightened, source. It does not come within our province to act as counsel for the Commissioners, but it is a matter of common justice to state that nothing can be less in accordance with a long series of well established facts than this assumption.

The whole existence of the Board has been marked by a persistent endeavour to adopt, and gradually to extend, the more enlightened methods of treating the insane; and the amelioration in their condition, and the improved state of institutions for the insane in this country has been largely due to their persevering and judicious procedure.

To their vigilance and, of course, to the generally high

character of those to whom the more immediate care of the insane is officially entrusted, is, no doubt, due the necessary conclusion of the Select Committee that "allegations of malafides, or of serious abuses, were not substantiated."

The Commissioners remark, with reference to the Report of the Select Committee—

For ourselves we are not disposed to advocate any radical changes in the existing law regarding the care and treatment of the insane, and, in particular, so far as our present experience extends, we are quite satisfied that the present system of certification, both of private and pauper lunatics, and of visitation of the asylums, hospitals, licensed and unlicensed houses, where they are received, affords, in practice, ample safeguards as well against the admission of persons of sound mind as for the discharge of the insane patients without undue detention. At the same time we are far from thinking that no improvements could be made in the existing regulations. On the contrary, our daily experience of the working of the Acts has induced us to note many points where amendments would be useful.

They then proceed to make a series of suggestions, of the principal of which the following is a summary:—

1. That in the medical certificates the names and addresses of the persons furnishing facts indicative of insanity, not observed by the certifier himself, be given.

2. That in all cases where it is possible, the order shall be signed by a relative of the patient, and that, where this cannot be done, there should be a clear statement of the reason for the signature by a person who is not related. The Commissioners to have power to inquire into the circumstances of the signature, and to permit the substitution, as the person entitled to discharge, of some relative, or of the person making the payments for the patient's maintenance. No minor to sign an order. The person signing the order to undertake to visit, either personally or by deputy, once in every six months. In the case of pauper patients the Justice signing the order to see the patient, and to have notice given of any case in which an order is to be signed by an officiating clergyman and the relieving officer.

3. That the prohibition against the admission of private patients on certificates signed by certain relatives of the person signing the order, or taking charge, be extended to connections by marriage.

4. That the "statement," to be sent after two clear days, be made more precise, so as to constitute in fact an addi-

tional certificate; and that a second report be sent at the expiration of a month after the admission of a patient.

5. That any extension of the Registered Hospital system on its present basis should be accompanied by stricter provisions, both as to foundation and management, of which the following is a summary:—

- (a) All hospitals to be registered as at present, but application for registration to contain information as to nature of hospital, names of founders, constitution of governing body, proposed class of patients and their payments.
- (b) Plans of buildings and estate to be deposited with Commissioners.
- (c) Prior to registration, premises to be inspected.
- (d) Registration not to be compulsory.
- (e) Refusal to register to be referred for decision to Secretary of State.
- (f) All registration to be at first provisional for six months, or until the regulations of the hospital have received the approval of the Secretary of State.
- (g) On approval of regulations a complete certificate of registration to issue.
- (h) All existing hospitals, except Bethlem, to deposit plans of land, and to re-deposit on fresh purchases. No building to be considered part of hospital unless situated wholly on land of which plans have been deposited.
- (i) Audited accounts of hospitals to be printed annually, and a copy sent to Commissioners, with list of governors, &c.
- (k) Commissioners to have power, with consent of Secretary of State, in case of wilful neglect of, or disobedience to regulations, to prohibit further reception of patients for six months; and then, if necessary, to close the hospital.
- (l) No person supplying goods to the hospital, and no medical officer thereof, to be a member of the governing body.

6. That the practice of sending patients from licensed houses and hospitals to the seaside and elsewhere in relays be distinctly legalised, notice being always given to the Commissioners.

7. That in the event of the death of a person having the charge of a single patient, power be given to transfer the patient into the care of another person without fresh certificates.

8. That the Commissioners have authority to discharge single patients.

9. That the carnal knowledge of a female patient by an officer or servant be made an indictable offence.

10. That power be given to relax rules as to residence of medical officer, and as to constant entries in case-books and medical journal, in the case of hospitals and houses where only idiot children and congenital imbeciles are kept.

11. That power be given to appoint a temporary substitute for a Commissioner.

The Commissioners "see no objection" to certain other suggestions of the Select Committee which are not embodied in their own, but they lay no special stress upon any of them, with the exception of that which provides that all letters of patients not forwarded by the Medical Superintendent should be sent, unopened, to the Commissioners. To this they take decided objection, for obvious reasons. The superintendents of all large institutions for private patients would doubtless thankfully concur in this arrangement, or in the still more comprehensive plan of sending *all* letters direct to the Commissioners for distribution. But we cannot help thinking that if this has become necessary the Committee would have been justified in recommending much more drastic measures than any which their report contains.

The Commissioners conclude an able report, which affords unmistakable evidence of a year's earnest, practical work, by recording the appointment of Dr. Williams and the resignation of Messrs. Wilkes and Campbell, by whose continuance at the Board, as unpaid Commissioners, "their colleagues and the public will continue to enjoy the advantage of their long experience in all matters relating to the care of the insane."

The report of the Commissioners in Lunacy for Scotland is, as usual, a thoughtful, careful document, following much in the lines of the English report, but departing widely from it in certain respects, notably in the absence of very voluminous statistical tables. It also gives evidence of a year's honest work, and generally of a state of asylum management and treatment of patients which is creditable to the sister country.

The report opens with a tribute to the memory of Sir James Coxe, to whom the lunacy system of Scotland is under deep obligation; and it records the appointment of Dr.



Sibbald as Commissioner and of Dr. Lawson as Deputy-Commissioner.

The number and distribution of the registered insane in Scotland on the 1st January, 1879, are shown in the following table:—

Mode of Distribution.	M.	F.	Total.	Private.			Pauper.		
				588	571	1156	2144	2352	4496
In Royal and District Asylums	2729	2923	5652	588	571	1156	2144	2352	4496
In Private ditto	72	130	202	72	130	202	—	—	—
In Parochial ditto	522	617	1139	—	—	—	522	617	1139
In Lunatic Wards of Poor houses	294	363	657	—	—	—	294	363	657
In Private Dwellings .....	603	905	1508	43	67	110	560	838	1398
Lunatic Department and General Prison .....	4220	4938	9158	700	768	1468	3520	4170	7690
Training Schools	40	17	57	—	—	—	—	—	—
Totals .....	109	62	171	63	47	110	46	15	61
Totals .....	4369	5017	9386	763	815	1578	3566	4185	7750

The total number of registered lunatics on the 1st January is thus seen to have been 9,386, of whom 1,578 were private, 7,751 pauper, and 57 criminal patients. The total increase during 1878 was 272, consisting of 7 private and 265 pauper patients.

Upon these figures the Commissioners remark that—(1). “There is no evidence of any tendency to rapid increase in the number of private patients. (2). The population of private asylums has slightly decreased. (3). The rapid increase in the number of pauper lunatics which characterised the previous three years shows no abatement. (4). The pauper patients are all provided for in public establishments. (5). There has been a slight increase in the number both

of private and pauper lunatics provided for in private dwellings.”

It seems that the number of registered lunatics has increased since January, 1858, from 5,823 to 9,386, which, after making some necessary deductions, is a net increase of 2,563, or 61 per cent., the increase of population having been only 19 per cent.

It is a curious fact that during the last triennial period the increase in registered lunacy was 76 per cent. above the increase in registered lunacy in the preceding three years, and that this was entirely due to an increase in pauper lunacy. This is directly opposed to the statistics of the English Report, which shows an increase in a decreasing or stationary ratio. The ratio of lunatics to population has increased from 1 in every 523 in 1858 to 1 in every 392 in 1879, as compared with one in every 360 in England and Wales. The Commissioners, however, observe with truth that an increase of registered lunacy does not necessarily imply an increased amount of mental disease, but may be due in large measure to an increasing readiness to place patients in establishments. While the proportion of paupers to population has increased this year in England, it has still gone on decreasing in Scotland, whereas the ratio of pauper lunatics to paupers has increased considerably in Scotland, and decreased as considerably in England.

The percentage of pauper lunatics to paupers has increased in Scotland from 6·8 in 1861 to 12·6 in 1879.

The Report deals at some length with the question of the topographical distribution of nervous diseases, and the Commissioners, in the result, express their opinion that the figures which they have examined show that insanity exists to a much larger extent among urban than among rural populations.

They give a useful note of warning with reference to statements as to the comparative prevalence of insanity in different countries. “Such statements,” they say, “are necessarily based on statistics such as we are now examining. And it is evident, from what we have seen of the differences in the numbers referring to localities where the statistics are gathered under the same laws and the same administration, that when the statistics have been gathered under various laws and various administrations they afford no proper basis for comparison.”

The English and Scotch Commissioners appear to be in

practical accord with reference to the Parliamentary grant and its effect upon the increase of registered lunacy. The report under consideration thus alludes to it:—

Though the statistics show that there has been an exceptionally rapid increase in the number of pauper lunatics since the Parliamentary grant came into operation, we cannot prove that the greater rapidity has been wholly due to the grant. The fact is, however, of sufficient importance to be carefully noted; and there can be little doubt that one of the effects of the grant has been to produce a certain amount of increase. There has also come under our observation a tendency to take an undue advantage of the grant, by the placing of persons on the register of pauper lunatics whose mental condition is not such as to fairly justify this step.

On the other hand, the Commissioners think that the grant has been useful in enabling them “to insist much more effectually on the regular supervision of those pauper lunatics who are resident in private dwellings, and on the provision for their care and treatment being made satisfactory.

The rate of recoveries upon the admissions during the year, among all classes in asylums has been 40 per cent. as against 33·8 in the 10 years between 1869 and 1878. The death rate, 9·7, as compared with 9·05 in the 10 years already specified. With reference to the death-rate, the Commissioners remark, “though we should be cautious in drawing inferences from a comparison of the death rates in different establishments, we regard the rate presented in each Institution as worthy of careful attention. A notable and persistent fall in the death-rate suggests that some improvement has taken place in the administration of an establishment, or that the class of patients of which the inmates consist has been undergoing a change. A notable and persistent rise in the death-rate, on the other hand, suggests a deterioration in the administration, or change in the class of patients of which the population of the establishment is composed.”

In a useful table, in which the history of those patients who were admitted into the Scotch Asylums in 1868 is traced, it is shown that the annual death-rate among patients who have been less than four years inmates of asylums is, on the average, from 12 to 17 per cent. of the number resident, and that, among those who have been more than four years and less than 11 years inmates of asylums, the annual death-rate is only from 3 to 8 per cent. of the number resident. As

the Commissioners observe, "this shows the importance in considering the death-rate of any establishment of taking into account the average length of residence of the inmates."

The Commissioners make a series of interesting and suggestive observations upon "the general nature of the changes which have taken place during late years in the structure and management of Scotch Asylums, and in the manner of treating the patients, which we will give in their own words.

In our last report we indicated the general nature of the changes which have taken place during late years in the structure and management of Scotch Asylums, and in the manner of treating the patients. We showed that these changes had been chiefly in the direction of removing, both from the structure of the buildings, and the mode of life of the inmates, some of the more distinctive features which were deviations from the conditions of ordinary life. In regard to the buildings we had to record the decreasing use of walled airing-courts as places of exercise for patients. Many asylums were then unprovided with such arrangements, and there were others in which, though they still existed, they were never used. In several instances the airing-court walls had been pulled down; and in the case of no recently-erected establishment had any walled airing-courts been provided. The practice of surrounding the general grounds attached to asylums by high fences was also stated to be decreasing in frequency, in some cases the ground which had been thus enclosed having been opened up, and no new fences having been recently erected for this purpose.

We also drew attention to the fact that the practice of keeping patients while indoors always under lock and key had been undergoing important modification. In some asylums the key scarcely required to be used during the day, and in most the necessity for its use had greatly diminished. Great liberty was also accorded to the patients by a larger number being permitted to go about on parole; and in the medical treatment of the patients the use of stimulants and narcotics was not so much resorted to as it had previously been. All these changes are in the direction of substituting moral for physical restraint, and of relaxing the discipline of asylums in its prison aspect, and introducing in its stead a greater amount of intelligent supervision and guidance.

The changes which have taken place during the past year have been in accordance with the spirit which dictated those of previous years, and we regard them as having conduced to the well-being of the inmates of the establishments in which they have been carried out. The practice of secluding patients in single rooms is resorted to in some asylums more than in others. It is still regarded as the most judicious mode of treatment for a certain class of cases, though it appears to be received by medical officers generally with decreasing

favour. In some asylums it is seldom used, and its disuse is chiefly to be observed in those where mechanical restrictions have in other ways most notably diminished.

The system of unlocked doors, and the absence of airing-courts and fences to grounds, thus referred to by the Commissioners, are elements in the treatment of insane persons the importance of which can be scarcely overstated, but with reference to which, to some extent in Scotland, and certainly in England, a wide diversity of opinion prevails.

The idea, in its full sense, suggests an Utopia in asylum life, but, if unlocked doors and the entire absence of fences mean what they seem to mean, to an outsider it would naturally occur either that classification and constant supervision must be impossible, accidents frequent, and the comfort of quiet, harmless, patients scarcely attainable, or that the number of attendants and average cost of maintenance must be largely increased; unless the Scotch character and education have so modified lunacy that it is altogether different in its manifestations from the same disease in England.

The Commissioners, however, tell us unmistakably that the unlocked doors, &c., are a fact, and that none of the consequences we have suggested have ensued, and we find that the cost of maintenance of pauper patients in Scotch asylums only exceeded that of England by 5½d. per head per week.\*

It is, of course, customary in all asylums to modify restrictions upon liberty according to the condition and habits of patients; and in an asylum for patients of one class, it would be easy enough to do away with the locked doors in certain parts of the house, or with selected patients, but it would be both interesting and instructive if some competent person would give us the benefit of a narration of detailed observation upon the system of unlocked doors and absence of enclosures, as applied to all classes of cases, and all ranks of patients—specifying more clearly than has been done the limitations of its use and its practical possibilities.

The number of pauper lunatics in private dwellings in Scotland was 1,398 on the 1st January, and represented 39 per 100,000 of the general population, the proportion of such patients in England being only about 25 per 100,000. In Scotland they constitute 18 per cent. of the total number of pauper lunatics, and in England only 10 per cent.

In Scotland the Parliamentary Grant is given in respect of

\* The Scotch rate in the Royal Asylums includes interest on buildings and the repairs of fabric.

the maintenance of all pauper patients whom the Commissioners certify to be adequately provided for ; while in England it is only given for those who are maintained in asylums. This difference results in Scotland in a very obvious benefit to the ratepayers, and a probable advantage to a certain class of patients, and it seems difficult to suggest any very practical objection to the extension of the Scotch system to England.

The report, to which we have not space further to refer, contains, as usual, the entries made by the Commissioners at their several visits to the various asylums, and other receptacles for the insane, most of which indicate an enlightened and progressive treatment and general management.

A curious entry appears with reference to one asylum, in which a very unequal and unnecessary combat seems to have been proceeding :—“ A disagreement of a serious character, which may injuriously affect the patients, exists between the medical superintendent, the matron, the head male attendant, and the steward, *on the one side*, and the gardener *on the other*.”

There may be some difference of opinion as to the desirability of so much attention to minute detail on the part of the Scotch Commissioners, as is evidenced by this report, but there can be none as to the collective ability which it indicates, and the care taken of persons of unsound mind in Scotland, of which its pages give assurance.

The 28th Report on the District, Criminal, and Private Lunatic Asylums in Ireland, is, as usual, of very moderate dimensions, when compared with the Blue Books of Scotland and England, containing, as it does, but 98 pages, while that of Scotland fills a volume of 197, and England of 443.

The Insane in Ireland, according to the Inspector, were thus distributed on Dec. 31, 1878 :—

	M.	F.	T.
In District Asylums .....	4,550	3,857	8,407
In Central Asylums .....	140	37	177
In Lucan Government } Asylum.....}	4	18	22
In Private Asylums .....	257	385	642
In Poorhouses .....	1,320	2,017	3,337
Total.....	6,271	6,314	12,585

On the corresponding date of 1877, the total numbers of those similarly classified amounted to 12,380, giving an increase for the year of 205.

There thus appears to be an increase of inmates in the above Institutions amounting to 205, of which increase District Asylums, in consequence of additional accommodation, have most largely participated, while there has been a small decrease of 35 in Poorhouses. The increase of residents in asylums is not altogether owing to the admission of primary or acute cases; other causes have tended to it.

It appears from the above classification, that account is only taken of the insane under the immediate supervision of the Inspectors. No mention is made of private single patients, or out-door paupers, but, on turning to the 26th Report, we find that in the year 1876, the numbers of the insane at large in Ireland amounted to 6,607, and though this number showed a tendency to decrease from year to year, it cannot as yet be supposed to have entirely disappeared. In order, therefore, to find the proportion of the insane to the general population, allowance must be made for this very numerous class, under no public supervision. The Inspectors give the proportion of insane to sane in Ireland as 3 in 1,200, but they do not state whether this embraces only those under control or the total number of insane in Ireland. This is a pity.

With regard to the authority for admission, an important consideration ought not, perhaps, to be omitted here. The more correct practice, *as in England*—that by order of a Board, has in great measure been superseded in Irish asylums—ninety out of a hundred cases being taken in as urgent by resident physicians or through magisterial committals.

What does this mean? There is no authority for admission to English County Asylums, except the order prescribed under Act 16 and 17 Vic., c. 97, in which no reference is made to any Board whatever, and which is generally supposed to be applicable to the requirements of every case. In Ireland, on the other hand, with three different forms, we have complaints from year to year of the defective information given as to chargeability and past history, and of the delay in the admission of the patient. We cannot understand why this state of things, condemned by all, should continue; why the different forms of admission should not be abolished, and a simple and comprehensive Order of Reception introduced.

The Inspectors state that but little variation has occurred during the last decade in the percentage of cures in district asylums—ranging from 44 to 47 on recent cases—a proportion which does credit to all engaged in the management of these Institutions.

With reference to the mortality the Inspectors state—

It may be here remarked, with respect to the mortality in Irish asylums, that, generally speaking, it is lower than in like Institutions elsewhere by nearly 1 per cent. In 1878 the deaths, 817, upon the total under treatment, were  $7\frac{3}{4}$  per cent., being somewhat less than in the preceding twelve months.

On comparison, however, we find the death-rate for England to be 10 per cent., and for Scotland 7·3. If we take into consideration the large proportion of deaths which occur in English asylums from general paralysis of the insane, a disease which is said to be of very rare occurrence in Ireland, the average mortality in the three countries will be found not to vary to any very great extent.

According to the statement of the Inspectors, it would appear that the proportion of patients with suicidal tendencies reaches a much lower average than in England.

Very nearly 7 per cent., or 572 patients in confinement at the close of the year, were deemed suicidal.

During the whole year the number who succeeded in committing suicide was only two.

According to the Report of the English Commissioners, the proportion per cent. of the number with suicidal propensities to the whole number admitted was 28·6.

Referring to the objection so often brought against asylums that they are overcrowded with incurable patients, the Inspectors remark—

It should be remembered that incurables from physical and incurables from mental affection are not altogether in the same category, though the identity of terms tends to place both before the public in the same light—the lunatic being irresponsible for his actions both morally and legally, must be judged of by his peculiarity of temperament, equally as it affects himself and society. Hence, when it is said, and truly said, that an asylum is crowded with patients not likely to recover, the question should be asked—Are the individuals safer and better circumstanced, both personally and socially, than if they were located in a less guarded establishment?"

The erroneous impression induced by dividing the insane into curable and incurable, cannot be too strongly deprecated, as tending to suggest to the public mind the idea that those deemed incurable (who form the great proportion of the insane), require nothing more than merely to be clothed and fed, and that all the labour and skill displayed by medical



men in their case, is thrown away. Much has been said against asylums of late, as being merely repositories for harmless imbeciles, and as to the waste of public money in their multiplication for the accommodation of incurable idiots, ignoring the fact that the chief advances made in the treatment of insanity during the past century were not confined to curable cases only—that every public asylum is an evidence, not, perhaps, of the success of the medical profession in effecting a greater number of cures from year to year, but in raising the condition of our fellow-creatures from one lower in many instances than that of the animals, to be respectable members of the community in which they may happen to be placed. Who can compare the description of the condition of the insane a hundred years ago with their present treatment, without being convinced that a great work has been done, even though the greater number still continue incurable?

We cannot, therefore, too strongly recommend this part of the Inspectors' Report for perusal, showing, as it does, how impracticable it would be to remove the incurably insane to workhouses, as regards their safety and cure, and how doubtful as regards any saving of public money.

With reference to workhouses, the Inspector state that—

The total number mentally affected of all denominations, as obtained through the Local Government Board, was 3,335 on the 31st Dec., 1878, being 37 less than in 1877.

They consider that the treatment of the insane in these institutions has improved, so far as the restricted capabilities of workhouses permit; but that a material benefit would result were paid attendants employed. On the vexed question of providing accommodation for the harmless and incurable insane, scattered through these various institutions, they suggest—

The best solution of the difficulty might probably be found by allocating wholly or partially, one or more workhouses in each district according to its size, to the reception of harmless idiots, epileptics, and the utterly demented or fatuous, who are now diffused through no less than 163 unions in most unequal proportions. Many years ago, and subsequent to the inquiries of a Special Committee of the House of Lords, the erection of four provincial hospitals for idiots, imbeciles, and a certain class of incurables, was adverted to in a report to Parliament. In our opinion provincial depôts would not prove so successful as might be wished; the number of counties attached to them, as for example, twelve in Leinster, would cause much embarrassment in

their working, while unavoidable expenses and inconveniences consequent upon the conveyance and return of patients from remote localities, perhaps from 100 to 120 miles distant, must constitute very serious objections. It appears to us more feasible that lunatic districts should have each its own receptacle for chronic cases.

The Central Criminal or Dundrum Asylum is reported to progress in the same satisfactory manner hitherto noticed, but additional provision against growing pressure may soon be urgently needed, for which two alternatives are given, either to discharge the old, decrepid, harmless, and inoffensive—Government paying for their maintenance elsewhere—or to allocate a portion of a prison to convicts who become, or pretend to be insane while under confinement.

On turning to the tables, we cannot but reiterate our feelings of extreme disappointment at finding that no attempt whatever has been made to assimilate the statistics on the subject of insanity in the three divisions of the United Kingdom. It must be evident that nothing would add more to the usefulness of these Reports, compiled with so much care, than to have the corresponding information of the causes, the results of treatment, the increase or decrease of insanity in the three divisions of the United Kingdom uniformly arranged. Nor can it be said that to present the information given in these tables, in the same form, would add to the labour of compiling them. No difficulty could be experienced in giving a comprehensive view of the statistics of insanity for the past ten or twenty years in the Irish, as in the Scotch or English Reports, showing the distribution, the ratio of persons of unsound mind to the general population, the percentage of pauper lunatics to paupers, the number of recoveries, discharges, and deaths amongst the insane, or in assimilating many of the other tables by giving the returns for the number admitted, and not for the total under treatment. On the other hand, we would recommend some of the tables comparing the dietary and expenditure in Irish District Asylums to the consideration of the English Commissioners.

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*Handbuch der Physiologie. (Encyclopædia of Physiology.)*  
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We wish chiefly to call the attention of the readers of this Journal to the appearance of the second volume—the Physiology of the Nervous System. Since the appearance of Wag-