

admissions in 1857, exactly 100 of those of Hindoos were attributed to intemperance, and 33 of those of Musselmans to the same cause: intemperance signifying both the abuse of narcotics and of spirituous liquors, the principle narcotics being preparations of Cannabis Indica, rarely of opium.

J. C. B.

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*Report of the Commissioners of Inquiry on the state of Lunatic Asylums and other Institutions for the Custody and Treatment of the Insane in Ireland, with Minutes of Evidence, and Appendices. (State Paper, pp. 718.)*

*Observations on the Report of the Commissioners of Inquiry into Lunatic Asylums in Ireland, in a Letter to the Right Honourable Lord Viscount Naas, M.P., Chief Secretary, &c., by J. NUGENT, M.D., Inspector of Lunatic Asylums. (State Paper, pp. 23.)*

The report of the Royal Commission into the state of the Irish Lunatic Asylums has at length been presented and printed, two years from the date of the commission, and after the period fixed for the report has been extended (as we have been informed) three times by letters patent. We hear that this delay has been occasioned, partly by the inability of the English Commissioners in Lunacy (who were most unadvisedly placed on this commission,) to devote their time to these foreign duties, to the neglect of their own urgent duties at home; and partly to the absence of unanimity in the views of the Commissioners, and especially to the opinion entertained by Dr. Corrigan, in opposition to that of all his colleagues, that Visiting Physicians are a necessary appendage to Lunatic Asylums. The Commissioners assembled in Dublin, October 16th, 1856. From the public institutions and the Constabulary they obtained returns of the number of the poor insane, giving the total number maintained at the public charge in asylums, workhouses, and prisons, 5,934; the number of insane poor at large and unprovided for, 3,352; total, 9,286. The census returns of 1851, give the number of the insane in Ireland, 9,980; while the Inspectors of Lunatics, in their last report, fix the number at 11,452.

The *District Asylums*, which were erected under the 1st and 2nd Geo. IV., c. 33, for the "lunatic poor," are considered by the Commissioners as not limited to the relief of the destitute poor, or persons qualified to be relieved out of the Poor Rates; and the Commissioners state they have found a general opinion to prevail in favour of admitting a class of patients, whose relatives would be unwilling to solicit their residence as pauper lunatics, and yet who would be unable to pay for the maintenance of these afflicted creatures in any private asylum. Great diversity appears to exist in the Irish asylums in the admission or exclusion of patients of this kind; the Commissioners, however, express their opinion, that the admission of paying patients should be distinctly recognised under such restrictions as may protect the rate-payers from undue taxation, and the lunatic poor of the lowest class from unfair encroachment on the accommodation more especially intended for them. The report next proceeds to describe the duties which have been performed in the erection of asylums by the Commissioners of Control, and by the Inspectors of Asylums. It appears that in all that related to the choice of site, purchase of land, approval of plan, and erection of building, all the business has been done by the Commissioners of Control and General Correspondence, "without having among their body any member of the medical profession who might be supposed to be acquainted with the requirements of such institutions." Moreover, no voice was allowed to the rate-payers of the district, either directly or indirectly, in the arrangements for providing the asylums for which they had to pay.

"It thus resulted that, without any communication with the Grand Juries of the several counties, or any other parties representing the ratepayers, and without any specific statement of the probable cost, to the Privy Council, who directed the establishment of these institutions in the several districts, large and expensive asylums have been erected, and the first public intimation of the charge, thereby imposed upon the district, was the warrant for the repayment of the outlay forwarded to the Grand Juries, on whom such repayment was imperative. This has naturally led to a very general discontent, more especially as just cause for complaint also existed of the imperfect manner in which the works had been executed, in the asylums recently erected."

The Commissioners cannot think that the rate-payers, or those who represent them, should be excluded from all voice in the determination of questions in which they are so deeply concerned. The inspection of asylums was first imposed upon the Inspectors General of Prisons, but the Act 8th and 9th Vic., c. 107, s. 23, provided for the appointment of the Inspectors of Lunatics. These officers appear to have an

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amount of actual authority and power far beyond that possessed by the English Commissioners. They are *ex-officio* governors of all district asylums ; a position which the report declares to be quite inconsistent with that of Inspector, whose duty it is to report on the state of institutions, in whose government they are thus personally responsible. We learn from the evidence of the Inspectors, that the Boards of Governors of District Asylums, and also the superior officers, are in fact appointed by them; that is to say, they are appointed by the Executive Government, who always act under their advice. It is not easy to conceive a governing board in any department possessed of more general authority than that which appears to be exercised by the Inspectors of Lunatics in Ireland.

The rules and regulations for the government of asylums appear to have been drawn up so long ago as 1825 by the Commissioners for General Control and Correspondence, but "they have been quite disregarded, and in some asylums habitually violated;" the reason for which appears to have existed in their being unsuited to the existing state of things in asylums, especially in relation to the duties of manager, which were drawn up in contemplation of that officer not being a member of the medical profession. Moreover, the books required to be kept by the regulations were found by the Commissioners to be most irregularly and imperfectly kept, and the forms in use were various, and not in accordance with the regulations.

The Governors of the District Asylums are nominated by the Lord Lieutenant in Council ; their number is unlimited, but the attendance is in many cases very irregular and deficient ; indeed, Dr. Nugent states in his evidence that were it not for the attendance of the Inspectors in their capacity as Governors, the business of asylums would often come to a stand still. The Commissioners recommend a change both in the manner of appointment and in the duties of Governors.

"It has been suggested that these Boards should have more of a representative character, and that Town Councils and other local bodies should have a voice in the nomination of Governors.

"We recommend that in future the number of Governors for each asylum should be limited, and that they should be named, two-thirds by the Grand Juries of the several counties or counties of towns, in such proportions as the Lord Lieutenant shall determine, and one-third by the Executive."

"The Governors meet once a month, but we think more frequent meetings would be desirable, as, where a quorum does not assemble on the appointed day, the whole business to be transacted has to be adjourned for a month.

"By the Privy Council regulations, it is the duty of the Board regularly to inspect the asylum and the inmates, but it will be seen, by the evidence, that in some asylums this is rarely done, and in others, although certain members of

the Board, who take an interest in the institution, are in the habit of visiting it, yet there is no Visiting Committee appointed by the Board for that purpose, and no reports are therefore made to the Board of the condition of the Asylum and the inmates, or the conduct of the officers, except by those officers themselves.

“ We think that either a Visiting Committee should be named by each Board, or some arrangement made by which the Governors would themselves undertake, in rotation, the duty of visitors, and record their observations in a book kept for that purpose.”

The principle of election by Grand Jurors comes very near, we presume, to that in existence in this country, of election by Courts of Quarter Sessions ; but if it is good for two-thirds of the Board, we cannot conceive why it should not be good for the whole number, or what possible benefit can result from the nomination of one-third by the Government. The Commissioners appear to have gone very near to the perpetration of an Irish blunder, in recommending more frequent meetings to be held, because a quorum of Governors cannot always be got together once a month ; for if they cannot be got together once a month, what probability is there that they will attend at shorter intervals ? As for Visiting Committees, certainly they are better than leaving asylums unvisited, but the best visitation is made by the body of men who possess legal power, which a mere committee does not do. The representations of a committee are liable to need confirmation, and their opinions to lead to discussion. Coming between the Board and its officers, like all interposing bodies, they inevitably occasion waste of power. They may impede a zealous officer or shield an indolent one. All that can be said in their favour is, that they are a *pis aller* ; that, because Boards as Boards neglect their duties, the more active and zealous elements in them may thus be utilized to remedy the deficiency.

The recommendations of the Commissioners on the appointment of officers appear to us sound and judicious. They propose that all superior officers should be appointed by the Governors instead of by the Lord Lieutenant ; who, however, should have a *veto*, and the sole power of removal.

“ As a general principle we do not see why the Executive Government should interfere in these matters, or that its interference has led, or is likely to lead to a better selection of officers than would be made by the local authorities. It is true, as has been stated, that the election of these officers may tend to local contentions, and that private feeling may prevail to the prejudice of the institution. We think that there is not a little reason to believe that political influence might lead to an equally injurious result, if the appointments are left to the Executive.”

The subordinate officers and servants, the Commissioners recommend to be appointed and removed by the resident Physician. The Commissioners it appears could not come to an agreement on the question of the medical officers.

"We are of opinion that the resident physician should have charge of the asylum, and be responsible for the treatment of the inmates as regards their insanity. Four of us consider that the resident physician should be solely responsible for the treatment of the patients, both as regards their bodily health and their mental disease; but that he should be assisted, when necessary, by a visiting physician, whose duties, however, should be confined to cases where his attendance may be required in consultation by the resident physician. A very strong opinion is, however, entertained by one of our body, Dr. Corrigan, that there should be a Visiting Medical Officer attached to each Asylum."

We need scarcely say, that we entirely agree with the majority on this important question. The visiting physician is a part of the old effete system of asylum management, when every man shifted as much responsibility off his own shoulders as he could possibly get rid of. The medical duties of a lunatic asylum are such, that they cannot possibly be efficiently discharged by a visiting physician. The only real utility of such an officer is to act as a convenient cushion or buffer in front of his more active colleague. We observe that the main argument advanced in favour of visiting physicians was, that the narrow sphere of practice enjoyed by the resident physician is liable to make him rusty in the treatment of physical diseases, as contra-distinguished from mental diseases. On the same principle every barrack ought to be attended by a visiting physician out of the neighbouring town; and every ship's company if it were possible. This absurd argument assumes that a medical man forgets the knowledge of any department of his art, at which he is not constantly hard at work. Judged by this rule, however, there are some visiting physicians whose value could not be estimated very highly. The two following questions so skilfully put, as to convey the inevitable answer, appear to dispose of the argument, that a visiting physician is necessary, because, in the treatment of bodily disease, the hand of the asylum physician will have lost its cunning.

"Question 619.—Are not medical remedies, in some degree, for ordinary bodily illness, modified by the fact of the party being insane? *Dr. Nugent*: That is a very nice question to answer. I cannot answer that *ex cathedra*; it might or it might not.

"Question 620.—Would not a medical man, having the constant charge of the insane, be a better judge of what medical remedies to apply to them than the general medical practitioner, who has no experience as to insanity? The more experience a man has in a particular disease, *ceteris paribus*, the more competent he is to treat it."

We are surprised that the Commissioners did not directly recommend the medical staff of the Irish asylums to be remodelled on the English and Scotch plan of giving full power to the resident Physician, and affording him assistance by the

appointment of subordinate medical officers also resident in the asylum. We are the more surprised at this oversight as the Commissioners strenuously advocate the utilization of asylums as schools of mental disease, by the admission of medical students or the appointment of clinical clerks. The English and Scotch asylums are, in fact, admirably fulfilling the purpose of schools of mental disease to a select body of young medical men, who are understood to devote themselves to this branch of the profession, and whose services in return are invaluable to the institutions where they labour and study. They acquire a competent knowledge of this difficult and intricate branch of medical practice, in which a smattering of information is of little use, and they render to the patients, services, which it would be impossible to supply by any arrangement between visiting physicians and resident physicians and third physicians called in to act as umpires in cases of dispute.

The following is the conclusion to which the Commissioners come, upon the much debated and litigated question of asylum Chaplains.

“The appointment of Chaplains to these institutions has led to conflicting opinions; and the Belfast Board of Governors have successfully resisted their introduction into that asylum. We have elicited opinions upon this point at each of the enquiries which we held, and the evidence of Governors, Chaplains, and other persons, will be found in the Appendix. Except at Belfast and Armagh, to neither of which asylums Chaplains are attached, it will be seen that the vast preponderance of testimony, almost amounting to unanimity, is in favour of such appointments, and strongly expressive, as well of the consolation thereby afforded to the great majority of the inmates, as of the cruelty of depriving them of the ministrations of their clergy, and the means of attending divine worship. We do not hesitate to say that we fully concur in these opinions, and recommend that Chaplains should be included among the officers whom it shall be imperative to attach to each asylum, and that proper arrangements should be made for the due celebration of religious worship therein. At the same time, as the ministrations of the Chaplain have a necessary connection with mental exertion on the part of the patient, we consider that the duties of that officer will require, on his part, great judgment and discretion in their discharge—so that while the consolations of religion are fully afforded, the peculiar mental condition of the patients will not be lost sight of by the Chaplain; and that, while visiting those of his own communion, he will carefully abstain from anything calculated to excite or disturb the minds of those who belong to a different persuasion. We cannot suppose that these considerations will be absent from the mind of any clergyman entrusted with the pastoral charge of the inmates of an asylum. We cannot, therefore, withhold the expression of our conviction that the State is bound to make provision for such appointments. The rules should give power to the Resident Physician, under ordinary circumstances, to prevent the visits of Chaplains to patients to whom such visits may, in his opinion, at the time be injurious; but in cases of bodily disease, where danger to life is apprehended, special notice of such illness should be given to the respective Chaplains, who should then have unrestricted access to the patients.”

The Commissioners recommended that a separate and dis-

tinct place of worship should, if possible, be set apart for Divine service by each chaplain, in order to avoid the objections which have been made by Protestants and Catholics, to the common use of the chapel by both the Roman Catholic and Church of England sects.

On the subject of officers and servants, the Commissioners draw attention to the small amount of wages given to attendants, whose duties are "at all times disagreeable and irksome, frequently dangerous and disgusting." They recommend that salaries should be given to resident physicians which will secure the services of thoroughly competent officers, and that they should increase with length of service. They also think that the retiring allowance of these officers should not depend on the same length of service as in the case of other officers and servants, inasmuch as they will generally enter upon their duties after having been engaged for some time in the practice of their profession; and that their retiring allowances should be given in cases of permanent infirmity, as well as for length of service, and should be computed upon the value of rations and other allowances, as well as upon the rate of salary.

In Ireland the District asylums were provided before the passing of the Poor Relief Act. The relief of the general poor is divided between the landlord and tenant, while that of the lunatic poor falls upon the occupier only, upon whom the county rate is levied. The Commissioners do not recommend any change, although they recognise this distinction between the general poor and the lunatic poor as an anomaly.

The admission of patients into asylums is conducted without any uniformity of practice. In some asylums epileptics and idiots are excluded, in others they are admitted; in some, paying patients are received, in others, rejected; in some, contrary to the Privy Council rule, patients are admitted by the physicians and managers. The Commissioners recommend that there should be one rule rigidly enforced for regulating admissions.

The following is the summary of the Commissioners upon the general condition of the District asylums:—

"The District Lunatic Asylums of Ireland have, with one or two exceptions, been erected at two distinct periods—those of earlier date immediately subsequent to the Act 1 and 2 Geo. IV., c. 33, and under the direction of the original Commissioners for Control and Correspondence; the latter buildings for the additional districts, erected subsequently to 1846, when the necessity for increased lunatic accommodation became obvious.

"The earlier asylums are Carlow, Belfast, Derry, Armagh, Waterford, Clonmel, Ballinasloe, Limerick, and Maryborough.

"The more recent erections are Kilkenny, Killarney, Omagh, Sligo, and Mullingar, to which may be added the Eglintoun Asylum at Cork, and the new asylum at Richmond, Dublin.

The plan adopted for the earlier asylums was that of a radiating building of two stories, having the airing courts confined to the irregular spaces between the radii, the front building, and an outer wall, against which sheds were usually erected, or, as in Limerick, low additional wards. In Derry, underground cells had been provided; but, if ever used, they have long since ceased to be occupied by patients. The necessary offices usually occupied a space immediately behind the centre of the front building, in which are the apartments of the Managers and Matrons. These buildings were not provided with any modern improvements: no water was laid on—the patients, as in Carlow, being left to wash in the open courts under shelter of a shed; and, at most, one bad and imperfectly constructed bath being provided for each side of the building. A like want of baths existed at Derry. The kitchens were usually small and inconvenient; and where additional buildings have been erected, these, as well as the other offices, have been found inadequate to the increased wants of the establishment. No places of worship or recreation halls were provided, nor any artificial means of ventilating the cells and galleries; no water-closets in the several wards; neither were there sculleries or store-rooms, nor adequate means for the heating of the building.

“In the more modern buildings a totally different style of construction has been adopted. These are often of pleasing elevation, but of costly construction, having three floors instead of two, and usually of great length, with, in some cases, retreating wings at each end; long galleries, with no means for heating them except small fire-places in the outer walls, so placed, it would appear, in order to add to the beauty of the elevation by a prominent gable; day rooms, forming projections with a like view to architectural effect, with three exterior walls, and frequently cold and comfortless—the cells almost invariably on the northern side of the building, which is not generally the case in the older asylums. Improvements are perceptible in the provision of lavatories and bath rooms, with a proper supply of water, of recreation halls, chapels, and vastly superior kitchens and offices, as well as infirmaries, and arrangements for ventilation.

“In almost all the asylums, however, whether of the earlier or more modern date, the airing courts are situate on the northern side of the building, cold and cheerless, the sewerage imperfect or ill-planned, and the supply of water frequently defective, as well from insufficiency of power to raise it as absolute deficiency during some parts of the year.”

The Commissioners comment on the various departments of arrangement, cleanliness, ventilation, recreation, &c., administering a great deal of blame and very little praise. There is one point in these comments of such great and general importance, that we deem it necessary to dwell upon it, namely, that the dietaries said to be in use in some asylums, did not correspond with the actual consumption of the articles of food.

“Copies of the dietary tables of Asylums, and of Returns showing the consumption of the principal articles of food in the several Asylums, will be found in the Appendix. These Returns, however, differ widely from the allowances specified in the diet-tables of some Asylums, and we cannot reconcile the apparent discrepancy. If the Returns of consumption are correct, the patients cannot receive the amount of food professed to be allowed to them.”

This is a point worthy of the serious attention of the medical officers of county asylums in this country. We have known a marked instance in which the patients in an asylum on a fixed dietary of great liberality, were for a time stinted by the caprice of the steward of more than one-third of the allowance



of meat. This serious injustice to the patients was effected by the utterly inadequate allowance made for the loss of weight in cooking. Every dietary ought to be founded upon an allowance of cooked meat free from bone, and every patient ought to have his ration weighed to him. The injustice of favouritism, which is practiced in asylums in the distribution of food, can only be prevented by a stern adherence to the use of the balance. We have for many years advocated and practised this, though we are sorry to feel that our advocacy has not gained many converts. It is urged that one patient sometimes needs a larger ration than another. This, no doubt, is true; but surely the exigencies of a great frame or a large appetite ought to be met by an allowance of extra diet, and not by abstracting from the rations of others. We maintain that each individual patient has an absolute right to the full amount of the fixed dietary, and that in meat and bread at least, it ought to be distributed not according to the judgment or caprice of the attendant, but by the impartial arbitration of the balance.

The Commissioners condemn the treatment of the sick in single rooms, and reprobate the disuse of the special infirmaries which have been provided in most of the asylums.

“The practice of treating the sick in their own cells prevails in many of the asylums, even where separate infirmaries have been provided, and we cannot too strongly express our opinion as to the injudiciousness of this course, in cases of serious illness. The cold and confined cells occupied by the patients are quite unsuited for the treatment of disease which confines the invalid to his bed; and it is impossible that the same care, attention, and comforts can be bestowed on patients scattered in distinct apartments over a large building, as in the dormitory of a comfortable and well-heated infirmary. In some instances, cases of severe illness were, from being scattered over the institution, not even brought under the notice of the Visiting or Resident Physician. In other instances, cases of loathsome disease were kept in an associated dormitory, necessarily neglected during the day, and offensive to all around them during the night.”

There can be little doubt that a special and separate infirmary is, under the extraordinary occasion of epidemic or endemic disease, of essential service in an asylum; but to insist upon infirmaries being kept always in use in asylums, and to condemn the treatment in single rooms of the ordinary dropping cases of illness which take place in the wards of an asylum, is so contrary to all that we know of the manner of treating such illness most comfortably and indulgently to the patients, that we are at a loss to conceive upon what principles the Commissioners arrived at the strong opinion they have expressed. It is entirely prejudging, or rather, perverting the question, to assume that single sleeping rooms are necessarily cold and comfortless, and that their inmates are abstracted from the needful attention of nurses. They

may be all this, but they may be the very reverse. It is well known that the single sleeping room is the greatest comfort and luxury that can be bestowed upon those patients who are most alive to the appreciation of such things. How, then, can it be assumed that such a room is necessarily comfortless? A single sleeping room with a good bedstead and bedding, a curtained window, a carpeted floor, and a small locker to act as seat cupboard and table, with a free opening into a well warmed and lighted gallery, is infinitely more comfortable than it is possible to make a large infirmary room. But the relative amount of comfort to be found in a single room or dormitory is not the real point upon which the question hinges. The fact which determines against the infirmary is, that the ordinary cases of illness which occur in an asylum are not of a nature to be treated to their own advantage in an associated room. In proof of this position, we shall run the risk of being thought tedious, by stating the nature of the illnesses which now confine patients to bed in the asylum containing some 575 patients from whence we write. In the men's wards only two patients are at the present confined to their beds; No. 1, an epileptic idiot with scrofulous disease of the ankle joint; No. 2, a case of chronic mania admitted with scabies. This fact, though exceptional, tends to prove how unnecessary is the constant maintenance of an infirmary and an infirmary staff. On the female side the following patients are confined to their beds:—No. 1. A case of acute melancholia, with great weakness and restlessness; is excited during the whole night, and a special night watch is employed to sit by her and attend to her alone. No. 2. A woman, eighty years of age, a cripple, and very feeble, a bed-lie for many years; thinks herself Jehovah; appreciates the comfort of a single bed-room, and would be very unhappy in a dormitory. No. 3. A woman convalescing from an attack of hepatitis; might have been treated in an associated room. No. 4. A case of rheumatism with imbecility and melancholia; whenever this patient is awake she moans aloud in the most distressing manner. No. 5. A patient with gangrene of the feet and melancholia; constantly repeats, in a monotonous chant, "what shall I do?" "where shall I go?" No. 6. A chronic bed-lie with mesenteric disease and dropsy, very feeble, very quarrelsome; is tolerably tranquil in a single room, but is known by experience to be quite the reverse in an associated room. No. 7. A case of ovarian dropsy, who is tapped once in six weeks, and lies in bed a few days afterwards, then goes about the ward.

It is quite obvious that if these patients were put together in an associated room, their influence on each other would be destructive of all comfort and tranquility.

The most unexceptionable arrangements would appear to be, first, distinct buildings for epidemic disease, which should be so used that they might readily be converted into infirmaries when need arises; second, ordinary wards with a large supply of single rooms and extra nurse power for common illness.

On the subject of restraint, the Commissioners notice the culpable disregard with which the Privy Council rule has, in many instances, been treated. This rule requires that all instruments of restraint shall be under the charge of the manager, and all use of them carefully recorded in the daily report. The most painful instance of the disregard of this rule, came under the notice of the Commissioners, in the Maryborough District Asylum, which, for the credit of our order, we are happy to say has no resident medical officer. Dr. Nugent has published an exculpatory letter from the visiting physician of the asylum, but the facts which Her Majesty's Commissioners state that they observed with their own eyes, cannot be doubted as simple painful facts.

"As an instance of these omissions, we may state what came to our knowledge in Armagh Asylum. On our visiting it we found several of the inmates under restraint. A patient, on the female side, was strapped down in bed, with body straps of hard leather, three inches wide, and twisted under the body, with wrist-locks, strapped and locked, and with wrists frayed from want of lining to straps; this patient was seriously ill. There was no record of her being under restraint in the Morning Statement Book, as required by the order of the Privy Council. Another female was in the day room, without shoes or stockings, with strait waistcoat and wrist-locks; she had been two years in the house, and almost continually kept in that state day and night. Wrist-locks and body straps were hung up in the day room, for application at the pleasure of the attendants. A male patient, in Ward No. 2, was found, at our visit, strapped down in bed; in addition, he was confined in a strait waistcoat, with the sleeves knotted behind him; and as he could only lie on his back, from a contrivance we shall presently describe, his sufferings must have been great; his arms were, moreover, confined with wrist-locks of hard leather, and his legs with leg-locks of similar kind; the strapping was so tight that he could not turn on either side; and any change of position was still more effectually prevented by a cylindrical stuffed bolster of ticken, of about ten inches thick, which ran round the sides, and top, and bottom of the bed, leaving a narrow hollow in the centre in which the lunatic was retained, as in a box, without power to turn or move. On liberating the patient, and raising him, he was very feeble, unable to stand, with pulse scarcely perceptible, and feet dark red and cold; the man had been under confinement in this state for four days and nights, being merely raised for purposes of cleanliness.

"When examined as to this case, the Manager stated he was aware of the man being in bed, but not having all those instruments of restraint upon him. No record of this case of restraint appeared in the Morning Statement Book.

"We feel it more necessary to notice this particular instance of disregard of rules, of neglect and cruelty, because we find it stated by the Manager (*vide* the Eighth Report on the Lunatic Asylums in Ireland, Appendix, page 61), that

when mechanical restraint is employed it is under the direction of the Manager or Physician; while it appears from the evidence given before us in this case, that neither the Manager nor Physician had seen or visited this patient while under confinement, or even been aware of his state. It is further stated by the Manager, that the only instruments of restraint in use were a "muff or vest," although we found patients confined in wrist-locks, leg-locks, and body straps."

The condition of the lunatic poor in workhouses, of whom there are 1707, is thus described.

"It appears to us that there can be no more unsuitable place for the detention of insane persons than the ordinary lunatic wards of the union workhouses. The unfortunate creatures have commonly no one to attend them but some of the other pauper inmates, who are but little capable, or little inclined, to concern themselves with looking to their wants or necessities. The result is, that the condition of these wards, and the lunatics detained therein, is usually most unsatisfactory. In many cases the bedding is ill-attended to, the persons of the lunatics were often most filthy, their clothing bad, and no effort at cleanliness was observable, in this apparently condemned division of the workhouse. In some workhouses, however, the bodily condition of these afflicted beings was as carefully attended to as in an asylum, though we cannot say that in any, their moral treatment was much studied. The cases are, however, generally, chronic or idiotic."

The medical officers have power to regulate the dietary of the sick, but that of other insane inmates is that of the house; and the Commissioners on this point state broadly their opinion that "the ordinary workhouse dietary is unsuited and insufficient for any class of the insane."

There is much unoccupied workhouse accommodation in Ireland, and the Commissioners propose to utilize this for the benefit of the insane in a manner deserving our best attention in this country, on account of the sound and wise principles it advocates, namely, that of placing the care and treatment of the insane poor who are in workhouses, under the control of the Governors of the District Asylums. It is the same principle which we have elsewhere advocated, that all insane paupers, whether in asylums or out of them, ought, in this country, to be placed under the guardianship of the magistracy, and not under that of the Poor Law officials, whose constant and primary object is the direct saving of the poor's rate. The Commissioners recommend that one or more workhouses in each district should be made available for the reception of chronic lunatics, by placing in them all the proper internal fittings required in asylums, by providing proper airing courts, by appointing a resident medical officer and proper paid attendants, and especially by enacting that "the Board of Governors [*i. e.*, the Governors of the District Asylum] shall have the same control over them as over the District Asylum;" the Board of Guardians being empowered only to visit and inspect.

They recommend, indeed, that to all intents and purposes, they should be made auxiliary asylums.

A well deserved eulogy is passed upon the Central Criminal Asylum. The principle of admissions is discussed, namely, whether preference should be given to cases of serious crime rather than to those of aggravated lunacy, and the Commissioners come to the conclusion that "a distinction must be drawn, having reference to the moral stain resting on the patient." We cannot concur in this opinion, except in so far as the obvious distinction exists between those persons who have been acquitted on the ground of insanity, and those who have been convicted of crime and have subsequently become insane. There can be no moral stain on a wretched being whose crime has been the result of insanity, however fearful that crime may have been. The degree and kind of insanity, rather than character of the crime, is the true criterion of moral stain. A madman, who immolates the dearest object of his love in obedience to the supposed commands of the Almighty, has no moral stain; whilst another committed to gaol for mere want of securities may be not only a dangerous lunatic, but a thoroughly vicious bad man.

The Commissioners next proceed to indicate the system under which, in their opinion, the control of lunatic asylums in Ireland should henceforth be conducted, namely, that they should be placed under the superintendence of a Central Board, consisting of three salaried members, of whom two should be of the medical and one of the legal profession; with a secretary and clerks. They do not propose that there should be any unpaid Commissioners as in England and Scotland, because they do not believe that unpaid members would give any additional weight to the authority of the Board, or that their attendance would be regular; and because the Commissioners in whom the management of affairs ought to be vested, should not be persons merely sitting at the central office, but persons actually conversant, by inspection, with the condition of the asylums and the lunatics under their control. They propose that each public asylum shall be visited twice every year, and that on one of these visits the legal Commissioner shall be associated with one of the medical Commissioners. They propose that the Commissioners shall have power to enter and visit the asylums at all times, to attend and take part in the proceedings of the governors, but not to vote. At present the Inspectors of lunatics are required to visit not only asylums but workhouses and gaols; the number of institutions

they are required to visit being 219, and imposing upon them an amount of duty which the Commissioners justly regard as excessive. They propose that hereafter the duties of Inspector shall be limited to District, Private, Charitable, and Auxiliary Workhouse Asylums, and to private patients. The Commissioners recommend that the whole existing code of law relating to asylums shall be repealed, and that one general enactment shall be introduced for the government and regulation of all asylums, public and private. The Commissioners state that it is "our wish to limit the authority of the Board as far as is consistent with the efficiency of the institutions, and securing the proper operation of the law in regard to lunatics." They nevertheless would give them the power to insist, through the Lord Lieutenant, on the erection or enlargement of any asylum they thought fit; to make their consent requisite to all plans and buildings, to all purchases of land, and to all contracts. They would impose upon the Central Board the duty of preparing proper forms of admission and discharge from asylums, and of rules for the government of asylums, both as regards the duties of each officer, and the meetings and proceedings of the governors; they would also give them power to regulate the dietary of any asylum. Private lunatic asylums in Ireland are licensed by the Justices in Quarter Session. The Commissioners propose to place them entirely under the control and government of the Central Board both as to licensing and inspection, the latter to be done four times a year; the revocation of licenses to rest with the Lord Chancellor on the recommendation of the Board. The Commissioners pronounce a sweeping condemnation upon the private asylums generally. They remark upon the fact "how limitedly the patients wants are observed, where they are not positive necessities, how little the agreeable is studied where it is not the essential, and how strong the tendency must be to restraint, since the opposite system, if carried out, will necessarily require an increased number of attendants at increased cost, and therefore diminished profit." "Where profit is the aim," they observe, "it will too generally be pursued to the prejudice of those from whom it is derived." On these grounds, they confess, that although private asylums appear a necessity, they "should gladly see the existing establishments of this class in Ireland, give place to institutions of a self-supporting character." If such institutions are to be self-supporting, we do not see the necessity for the appeal to the remarkable charity of the inhabitants of Dublin, and the hope expressed, that "the tide of benevolence may one day, turn

in this direction." If the institutions for private patients, by which the Commissioners hope to see private asylums supplanted, are to be self-supporting, what need will there be of the tide of benevolence?

*Chancery Lunatics* appear to be placed under much the same regulations as in this country. The inquisitions are conducted before Mr. Henn and Mr. Brady, who discharge the functions in this country committed to the Masters in Lunacy, Mr. Barlow and Mr. Winslow. It would appear, however, that juries are resorted to in every case.

"It appears to us that the present mode of inquiry is not satisfactory. The juries are spoken of as not being generally the most competent parties to judge of the sanity or insanity of the person brought before them. We fully concur in that view, and consider that such a question would be much better determined by persons experienced in the observation of lunatics, and whose familiarity with cases of diseased mind affords them greater facilities for detecting whether the mental faculties are so far impaired as to render the person before them incapable of managing his own affairs.

"Juries, we think, should only be resorted to, in special cases, where it is considered desirable by the Commissioners, or is demanded by the alleged lunatic, or where he is not within the jurisdiction of the Court."

We cannot reconcile the opinion of the Commissioners, that juries should still be resorted to in special cases, that is, in difficult and balancing cases, while they condemn the system of juries generally for this purpose. It is a curious *non sequitur*, that juries not being the most competent persons to judge the question of sanity or insanity, therefore, intrust these inquiries to persons versed in the observation of lunatics; but when a special and difficult case arises, let it be sent to a jury. The Commissioners propose to absorb the Chancery business of the country in relation to lunatics, into their proposed Central Board.

"We propose that in all cases the proceedings should originate, as at present, in a petition to the Lord Chancellor; but we think that the Commission *de Lunatico Inquirendo* should issue from the Central Board of Commissioners, whose appointment was recommended in the former part of this Report, or to any two of them, and that they should have power to sit in any part of the country as occasion might require. They should hold their inquiry without the intervention of a jury, except in the special cases above adverted to. They should make a return to the Lord Chancellor in the same manner as the Commissioners have hitherto done, which finding should be liable to traverse. If the return be unopposed, or the traverse fail, the lunatic should thenceforward be placed, as regards matters connected with his person, under the guardianship of the Central Board."

This proposition, to supersede the lunacy department of the Court of Chancery, is a singular corollary of the intention the Commissioners express to limit the authority of their Central Board. So far from any desire to limit its authority being observable, it would appear that it is their object to

constitute a triumvirate invested with something very like absolute power, in all matters relating to lunacy in Ireland. Should it ever be established, we can only hope that its members will be able satisfactorily to discharge the great extent and variety of its duties, and that their remuneration will be in some degree commensurate with their responsibilities. At present, the salaries of the members of the Lunacy Board in Ireland are unjustly and invidiously low, namely, only £900, while those of the members of the English Board are £1,500, and those of the Scotch Board are £1,200.

The concluding paragraph of the report expresses an opinion that any interference with patients treated at home, is undesirable.

“In regard to those lunatics whose cases have not been provided for in the foregoing recommendations, and who, whether in poor or affluent circumstances, may be well treated at home, it cannot be expected, nor would it be reasonable, that there should be any interference by public officers. It may be that their mental condition would be improved, possibly their reason restored, if removed at an early period from the scenes and society in which their aberration of mind first exhibited itself; but, as long as they are not ill-treated or neglected, there does not appear to us any sufficient ground for the interposition of official inspection, which would be an intrusion on domestic privacy, and an unveiling of secret afflictions, would give pain without any corresponding benefit or advantage, and be as offensive to the feelings of the family as uncalled for and unnecessary.

There is much to be said on this point *pro* and *con*. Every man's house is his castle, and ought not to be entered by public officers—even though he has a mad relative in the donjon: at least this is the obvious legal opinion founded on one of those constitutional principia which form the basement of English law. But the liberty of the subject is another principle of equal force and sacredness, and it does not seem quite reasonable that a man should be able to shut up a mad relative absolutely without authority, inspection, or control—even although it be in his own home. Moreover, it is not always easy to say what is a man's home! Is a lodging taken by the week a man's home? The English Commissioners say not, and require papers as for a single patient kept for profit if he is treated in such a place. It is true, indeed, that this rule or regulation, or whatever it may be called, is as often broken as observed; and it is probable that the Commissioners would find it difficult to establish their interpretation of the statute in the Court of Queen's Bench, in any case where the lodging-house keeper had only derived the ordinary profits of his calling, from the accommodation of an insane patient; the meaning of the words “kept for profit” being, obviously enough, directed to the custody of an insane patient, as such; and not to the



usual and legitimate gains upon house-room, furniture, and attendance, which form the profits of a lodging-house keeper, as such. If a lodging is not a man's home, is a furnished house? And if not, what is, and what is not? In judging of this question it should be remembered that by far the greater number of instances of cruelty and neglect, in the control and imprisonment of insane persons, have taken place where the patient has been, what is called, treated at home. There is a passage in the report which indicates that the Commissioners do not apprehend this danger, or at least that they think with complacency of the affluent insane "being placed as single patients where funds as well as friends will not be wanting to ensure their comfort." Of course we agree with the Commissioners, that when patients are *well* treated at home, any interference by public officers would be unreasonable. But who is to judge whether they are well or ill-treated, if there is absolutely no power of obtaining information on the point? There is surely some middle way between the unnecessary violation of domestic privacy, the unveiling of secret afflictions, and that absolute neglect of all protection which leaves an insane person to be dealt with according to the malignity, or the still more mischievous greed of a relative, so long as he is kept within the walls of what is called his home.

In a separate report the Commissioners express the strong sense they entertain of the zealous services of their secretary, Mr. Michael J. Barry; and they append a large number of carefully drawn statistical tables, and nine coloured plans of the Belfast and Sligo Asylums, to illustrate the two varieties of arrangement on which the District Asylums are built.

The important document which has been the subject of the above analysis has a prevailing tone, which, we fear, will prove a great impediment to its usefulness as the foundation for legislative enactment, by exciting the antagonism of all the persons who are now engaged in the management of asylums and the treatment of the insane in Ireland. Doubtless there was much to find fault with in this department of public service in the sister country, or the appointment of a Royal Commission of Inquiry would never have been made; although it was made, as we are informed by Dr. Nugent, with the full concurrence, or rather at the suggestion, of the Inspectors of Asylums themselves. But if there were great defects calling for inquiry, surely there must also have been much that was deserving of approbation, or that at least might have tended to moderate the general censure of

the report. The first fruits of this severe judgment passed upon the Irish asylums, have been the publication of a letter by Dr. Nugent, addressed to Lord Naas, Chief Secretary for Ireland, for the purpose, not as he says, of attempting to palliate defects whose existence had been well known to him, but to shew "that in the Commissioners' report, a fair equipoise has not been regarded, in other words, that it has the appearance of being one-sided."

"I must confess," says Dr. Nugent, "that I was disappointed on observing that the Commissioners, whose office might be regarded as judicial, had overlooked the merits of, and confined themselves to depicting, and in no weak colouring, such faults and imperfections as they could discover in Irish asylums; and whilst losing few opportunities of stating facts that could tell against them even by implication, had withheld explanations which, if given, would have modified, and in some cases perhaps imparted a totally different aspect to their representations."

The point of view from which the management of the Irish asylums has been taken in the report, is obviously and remarkably, that of the English Commissioners in lunacy. The great majority of the suggestions made, are in accordance with the just and enlightened views known to prevail at the English Board; but as we learn from Dr. Nugent's letter, that Mr. Wilkes and Mr. Lutwidge were only able to afford the benefit of their attendance during the period of five or six weeks, it seems probable that they indoctrinated the other members of the Commission with their general views on the requirements of asylum management, without being able to assist in the examination of details, or to investigate the differences existing between the requirements of the lunatic poor in the two kingdoms, by which they might have been led to modify the judgment passed upon the defects of the Irish asylums.

The composition of the Commission appears to have been singularly unfortunate, namely, two men of experience who were not able to attend to its duties, and three men of inexperience, who were able. We are not aware which of the Commissioners Mr. Nugent points at in the following paragraph, which he assigns as one excuse for the non-attendance of Governors at Board-meetings, but it furnishes a curious illustration of the principle upon which the Commissioners were selected.

"No doubt many of them are not as assiduous as they might be in their

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attendance; and even an influential member of the Commission, without wandering beyond his own personal experience, could testify to the fact that a gentleman of acknowledged public talent and high social position, might reside for years within easy access of an asylum of which he was a Governor, without ever finding himself inside its walls, until he visited it in another capacity to report upon its defects.

Dr. Nugent supports his accusation, that the report is one-sided, that is, we presume, declining to the side of censure alone, by pointing to the very important and legitimate subjects of approbation which are ignored in it. He says

"Had the Commissioners made three simple acknowledgments, which in justice to Irish Asylums might have been conceded, I should be quite contented, for the faults enumerated might then be regarded as exceptional; but when nothing favourable is said, such faults may be looked upon as indications of a system of bad management.

1st. Had they stated (which in truth they might have done) that Irish Asylums were eminently successful as curative establishments, as evidenced by the number of recoveries and paucity of deaths in them, thus, to say the least, placing them on an equality with any similar establishments in Europe—superior, perhaps, to most—as appears from returns furnished by the Commissioners themselves, one of which gives the number of patients in Irish Asylums on 1st January, 1852, at 2,700, to which were added during the quinquennial period ending with 1856, 6,197, raising the whole number under treatment to 8,897. Assuming that the curable cases bore to the incurable the same proportion as the numbers of these denominations at present in asylums bear one to the other (a very legitimate analogy), the number of the former under treatment must have amounted to 2,717, while no less than 2,436 were discharged cured in the period referred to.

2nd. Had they stated that, in their scrutinies into the various details of District Asylums, into the mental condition of patients, whether in public or private establishments—into the mode and practice of restraint, and into the manifold complaints and accusations which, no doubt, must have been addressed to them by letters signed or anonymous (but each requiring notice, however disagreeable the task)—not one instance of defalcation was discoverable, not one inmate out of 4,000 unjustly deprived of liberty, not a single case of violence, cruelty, or abuse came under their notice, with the exception of one of restraint at Armagh, the necessity for which is maintained on authority to which I shall refer hereafter

3rd. Had they stated as indications of the unceasing care and attention bestowed by subordinates on the inmates of public asylums, the wondrous immunity in them from accidents and deeds of violence, considering the excitability of our race, doubly developed in the maniac; as a striking instance of which I may observe that only four cases of suicide, and not one of a homicidal nature, are recorded as having taken place within five years, notwithstanding that in that period no less than 2,000 lunatics, committed to gaols on sworn depositions as "dangerous" to themselves or others, had been transferred thither, and that at the date of their statistical returns there were 551 of this class still remaining.

"Were these admissions made, I should not, perhaps, feel it necessary to trouble your Lordship with the present communication.

Dr. Nugent defends the practice of making biennial instead of annual reports, on the ground of the excellency of these reports.

"That the five biennial Reports of the Inspectors contain more materials for the advancement of mental science, as is testified not alone by writers and reviewers familiar with the subject in this country, but also in England, than the

ten *annual* reports of the Commissioners there; notwithstanding that in Ireland there are but two Inspectors, whose duties are relatively more extensive, and the total annual cost of whose office does not amount to £2,500, whilst in England, besides the unpaid, there are six paid Commissioners, with a large staff, the aggregate of whose expenditure is six times greater.

We by no means agree with all Dr. Nugent's views, either as expressed in his evidence before the Commission, or in the report, but we feel we are judging of the facts at a distance, and from an English point of view, without any practical knowledge of the working of the Irish asylums system, or of the state of society upon which it is founded. Dr. Nugent does not think the proposition judicious, that two-thirds of the governors of asylums should be appointed by the grand juries, and one-third by the Executive. We do not understand how "it would lead, in great part, if not wholly, to the exclusion from the board of the *hierarchy* and the nobility;" nor, with our English prejudices, are we inclined to think that the hierarchy is a useful or desirable element from which to select the governors of these institutions. We entirely agree with Dr. Nugent, that the "duties required of a governor, render essential an acquaintance with matters which can only be acquired by frequent attendance at the Board-room," and that the annual election of *new* governors would prove detrimental to the interests of the insane. This opinion is so just, that in England, the governors of asylums, who are annually elected at the Epiphany Court of Quarter Sessions, are, with rare exceptions, not new governors, but re-elections, a fact which, while it supports Dr. Nugent's view, proves also, that it does not form an objection to the annual election of governors by the county constituency.

Dr. Nugent points out that the Commissioners "have fallen into a misconception on the frequency of Board Meetings, and the non-existence of Visiting Committees." It is strange that the Commissioners should have thought that the absence of a quorum should necessarily postpone business for a month, since the obvious remedy exists in an adjournment—a remedy which is the common and lawful practice.

Dr. Nugent "coincides with the views of Dr. Corrigan regarding the propriety of having Visiting Physicians," but he incidentally furnishes an additional argument against the retention of these officers. The Commissioners wish to see the office of apothecary discontinued in small asylums, an office which we apprehend corresponds with that of the dispenser employed in the larger English asylums; to this Dr. Nugent replies that the apothecary is "a necessity so long as the office of visiting physician is retained, as the resident

physician is prohibited from making up any prescriptions but his own, under the penalty of a heavy fine." Irish medical law we presume. Now the apothecary's place must be a mere sinecure since Dr. Nugent shews (page 8) that in the Limerick and Cork Asylums, containing an aggregate of over 800 patients, the total sum paid in the year for medicines, medical appliances, wine, porter and beer, was only £60. Dr. Nugent also dissents from the recommendation that the "resident physician should not perform civil duties," particularly if the number of patients does not exceed 250, as he "does not see [if aided by a visiting or consulting physician] what employment the resident can have, unless he superintends the general domestic economy of his establishment; the sub-division of duties, with an unneeded multiplication of persons to perform them, materially increases expenses without producing any equivalent benefit." These arguments we think tell forcibly against the opinion that a visiting physician is necessary. A visiting physician entails the appointment of an otherwise needless officer, namely, of an apothecary. It takes from the resident physician his legitimate employment, leaving him nothing to occupy his time, except the superintendence of the domestic economy of the establishment. We by no means think that a resident physician ought to omit such superintendence of domestic economy. In a well conducted asylum domestic economy is a subsidiary ally to medical treatment; but there is a distinction between such superintendence and the performance of civil duties, by which we apprehend that the Commissioners mean the duties of a fiscal nature, which in English asylums are discharged by the clerk.

Dr. Nugent readily admits the structural defects which exist in the District Asylums, and the absence of baths and lavatories. The Inspectors, he states, have been unremitting in their endeavours to remedy this state of things; but the prospect of impending legislation, the uncertainty about the new arrangement of districts, and the pecuniary arrangements likely to ensue thereon, retarded improvement.

On the Central Board and its proposed powers, especially the one to compel Boards of Governors "to provide additional accommodation in such manner as the Commissioners may have set forth." Dr. Nugent remarks

"It may be gratifying to the pride of the Central Board to be armed with such power as that proposed, over the hierarchy, nobility, and gentry of Ireland, from whose ranks Governors of asylums are selected; but I apprehend, so far from working well, it would be the means of producing endless embroilments, which, in case of the Governors offering any determined opposition, must inevitably end, as ended the recent discussions between the English Commissioners

in Lunacy, and the Visitors of the Colney Hatch and Hanwell Asylums, by the Commissioners being obliged to give way at the eleventh hour. Nor does this proposition of the Commissioners appear consistent with a complaint uttered in a previous part of their Report, where they dwell on "the injustice of excluding rate-payers, or those who represent them, from a voice in the determination of questions in which they are so deeply concerned."

Dr. Nugent's opinions on the composition of the proposed Board are well deserving attention; especially his opinion that the services of a lawyer are by no means desirable for the duties of inspection; and his recommendation that the legal paid member or members of the Board should be composed of barristers not debarred from practice. A barrister in practice is one thing; a barrister of four years standing, whom circumstances of whatever kind have induced to submit to the official shelf, is quite another; as a ship who walks the waters like a thing of life is a different thing from those drab-coloured witnesses of ship-building *fiasco* which encumber the waters of Hamoaze. A paid commissioner in lunacy, being also a leading barrister or a judge, and whose official duties only called upon him to sit once a week for a few hours at the Board, would be, or at least ought to be, not only a man thoroughly learned in the law, but a shrewd able man of the world, whose opinion, both on legal matters and questions of common sense, would be of the utmost value to the Commission; a man also known by the world, and able to give the Board the benefit not only of his opinion, but the support of his name. If Boards of Lunacy are to be invested with the great powers and responsibilities recommended in this report, they become *quasi* courts of law, and they ought to include men of such name and authority as may suffice to ensure the fullest confidence of the public. We see not how this can be done in a more feasible manner than by the appointment of paid Commissioners, whose only duties shall be to attend the Board meetings, and who shall be selected from among the leading men in the legal, if not also in the medical profession. To insist upon all paid Commissioners being also Visiting Commissioners, and men excluded from all interest in their profession, is to exclude all those leading men whose very name carries confidence to the ear of the public.

"In thus submitting to your Lordship my views generally on legislation, I have restricted them to the propositions as published by the Royal Commissioners, but the subject may be envisaged under a totally different aspect; and though I may be opposed to the constitution of a Board of three—two physicians and a lawyer—one on a larger and more influential basis may be worthy of much consideration by your Lordship. I allude to a Central Board, of which the Lord Chancellor would be Chairman, with four unpaid Commissioners, one

of whom might be a Judge of the Court of Queen's Bench (for criminal lunacy) and two others members of the Privy Council, with three paid Commissioners, two of them to be physicians, the third a barrister. A Board so constituted must, *per se*, command full control, and an unquestionable authority throughout the kingdom.

"I do not agree with the Royal Commissioners in thinking the services of a lawyer necessary for the object of inspection—it strikes me rather as the reverse—although it might be very useful to have one permanently on the Board, but who would not be debarred from practice. The more particular duties of this legal Commissioner would be to take cognizance of and sit on all important cases "de lunatico inquirendo" with one of the medical Commissioners, when the question of insanity was mooted; in other and minor cases, as suggested by the Commissioners, the assistant barrister of the city or county could adjudicate. I throw out the suggestion of *this* Central Board with diffidence and briefly, feeling that it involves matters not immediately within my province, but mainly appertaining to the Lord Chancellor's jurisdiction, and the more particularly in regard to committees and the supervision of lunatics under the Courts.

The measured opinions of Dr. Nugent on private asylums shew in contrast to unmitigated the censure, which the Commissioners have passed upon them in their desire to see them all *superseded*.

"Stringent, however, as the clauses of an Act should be to prevent abuse, I cannot in justice subscribe to the implied doctrine of the Commissioners, or to their unqualified censure of all the private asylums in Ireland. They would seem to think that an undertaking not founded on philanthropic motives would induce the parties embarking in it to act unjustly or dishonestly for the sake of private profit. If this be true, professional men, of every denomination, come more or less under the same category. The professional owner of a private asylum devotes "his time, his labour, and his skill," furthermore, his means and his anxieties, to a particular object; and I see no reason why he should be debarred from deriving a livelihood from the prosecution of an honest industry. If lunatics who, residing with their families, would probably become a perpetual burthen, sources of anxiety and danger, (often too, I fear, objects of gross neglect,) return home from private asylums restored to health—and the recoveries in them average a very fair proportion, whilst the mortality is less than half what is usually considered favourable—surely the professional man under whose care they are placed, and who assumes the responsibility of their charge, deserves remuneration. Knowing besides that some medical proprietors, at the desire of the Inspectors, have expended large sums in additions and alterations—one case I might adduce in which an entirely new asylum was erected at a cost of £4,000—and also aware that patients have been supported for years by the charity of others, I deem it but a matter of justice to state as much."

Dr. Nugent shows that the Commissioners have fallen into an error as to the "insignificant amount" arising from the fees derived from the licenses in asylums, by mistaking the minimum for the maximum. So far from abolishing these fees he would prefer to increase them, charging £10 for the stamp and £1 for each patient *admitted*, not charging for every person *proposed* to be received, as at present.

"If proprietors wish to establish private asylums, it is altogether of their own free will; and the greater the preliminary outlay, the less probability of needy adventurers. And it further appears to me, that all the expenses incidental to the visitation and control of private asylums should be liquidated by their owners, who cause the necessity thereof."

We are not quite prepared to agree with Dr. Nugent in the assumption of his concluding paragraph, that he has introduced nothing into his letter which could possibly give umbrage to the gentleman who signed the report. He has accused them of inaccuracy, and of a decided bearing to censure, which was not to be expected from persons in their high judicial position. It is the more to be regretted, that any room was left for such an accusation, inasmuch as there was no necessity to apply strong terms to facts which spoke for themselves. Of course no one likes to be found fault with, even in a conciliating manner; and Paddy himself could not persuade his friend to relish a broken head because his shellalah was made of rose-wood. But the shellalah of the Commissioners is a black thorn, with the thorns on it; and at Killarney they certainly omitted to salute that blessed stone which sheds the influence of honied speech on the lips of Irishmen. In this respect the report contrasts remarkably with the Scotch report, whose measured and quiet tone moved the public so strongly two years ago. We trust, however, that the utility of this report, as a basis for sound legislature, will not be damaged by any defects in the smoothness of its style, or the suavity of its tone, which have really very little to do with the important questions at issue.

J. C. B.

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*The Twelfth Report of the Commissioners in Lunacy, to the Lord Chancellor, (ordered by the House of Commons to be printed, 15th June 1858.)*

This, the Twelfth Report of the Commissioners in Lunacy, though less voluminous than many of its predecessors, contains, nevertheless, many facts of value to those interested in the care of the insane; and not a few to challenge the attention of the political economist and the philanthropist.

As usual, we gain from it the best statistical information relative to the prevalence of insanity in our population, and are made acquainted with the movements—the number of admissions, discharges, and deaths—which have taken place