

The feeding of a starving person, whether insane or suffering from temporary aberration, due to emotional debauchery in political excitement, is certainly legitimate medical treatment; the method is warranted by scientific knowledge, and the intention of its use has the sanction of the highest benevolence, which cannot be affected by any circumstances of a political character.

Part II.—Reviews and Notices.

The Sixty-Third Report of the Commissioners in Lunacy, 1909.

The Report opens with a succinct summary of the recommendations made by the Royal Commission on the Care and Control of the Feeble-minded (1908), on which numerous remarks and suggestions are made.

The suggestion is made that provisions similar to those contained in Sections 14, 16, and 18 of the Lunacy Act of 1890 will need to be retained to prevent "an unnecessary increase in the number of cases requiring the order of a judicial authority to be made on petition supported by two medical certificates."

The Commissioners express their concurrence in regard to the examination into the mental condition of persons in whom, whether convicted or acquitted, any question of mental defect may be raised.

If the Chancery Division of the High Court of Justice becomes the authority relating to the management and administration of mental defectives, the Commissioners express the hope that some attempt should be made to cheapen the procedure.

The amalgamation of the Chancery Masters with the Lunacy Commissioners is also supported, and it is urged that the recommendation for the immediate appointment of two additional medical commissioners should be carried out. The necessity that the Commission should be predominantly medical is insisted on.

The suggestions for increased facilities for the treatment of incipient and unconfirmed insanity and for the advance of scientific investigation are also warmly supported.

The Commissioners state that the recommendation that an architect should be appointed in connection with the Lunacy Board has been already carried out. This would seem to indicate that the treatment by bricks and mortar still takes precedence to that by medical science in the opinion of the Treasury. The delay in appointing the additional medical commissioners is a scandal, which should overwhelm with confusion and shame any representative body that possessed the faintest perception of responsibility or the least glimmering of a moral conscience.

The Commissioners also recommend that the "present disqualifi-

cations should be relaxed to enable leading members of the medical profession to become honorary commissioners." The fact that such persons are specially disqualified reads like an extract from *Alice in Wonderland*. What mental perversion or obsession could have induced the original framers of these regulations to arrive at such an absurd and irrational decision?

The Commissioners strongly support the extension of the boarding-out system, and the placing it under proper supervision. They warmly endorse the proposal for the establishment of observation wards, reception houses and mental hospitals for incipient mental disorder. They recommend the extension of the clauses in the Lord Chancellor's Bill of 1900, relating to the notification and registration of cases of unconfirmed insanity, to cases received in such observation wards, etc. This would be a large question, requiring very careful consideration and adjustment.

Finally, the Commissioners very properly protest against their body, however modified, being made a sub-department either of the Home Office or of the Local Government Board. This is a position that should be strongly defended by all who care for the welfare of the defective minded.

The statistics of the Commissioners show a total of 128,787 persons certified as insane in England and Wales, this being an increase of 2,703 during the year 1908. The increase is 333 in excess of the average of the decennium, and 386 in excess of the quinquennial period. The result is that at the close of 1908 there was one insane person to every 278 of the population—the highest ratio that has ever been recorded.

This depressing fact is to some extent ameliorated by the statistics of first admissions; these were 5·10 per 10,000 in 1908, which is considerably lower than the 5·52 of 1902, although contrasting unfavourably with 5·02 in 1907, and is only a fraction lower than the 5·11 of 1906.

The admissions were 384 in excess of 1907, the ratio per 10,000 being 6·29 as compared with 6·26, and being lower than the same ratio in any year since 1901.

The recovery-rate on the total of admissions was 35·38, being 1·31 lower than 1907, and 1·84 below the average for the ten years 1899 to 1908 inclusive. The death-rate was 9·53 on the daily average number resident, being ·46 below the average for the decennium. These two factors are important elements in the increase of the insane population during the year.

The mortality, for males 107·5 and for females 88·2 per 1,000, when contrasted with that of the general population (16 and 14·1 respectively), show that there is still a large possible accumulation from further diminution of the death-rate.

The Report draws attention to the new tables in connection with causation, and, while insisting on its value, wisely abstains from drawing conclusions on so complex a subject from the results of a single year.

A diagram of the relationship of the forms of insanity to each age-period is of distinct interest, and will form a valuable means of comparison with the occurrence of insanity in future years.

An analysis, with chart, of the causes of death shows that malignant

diseases and bronchitis are nearly three times, and apoplexy half, as frequent in the insane as in the general population, while fatty and valvular disease of the heart, epilepsy, pneumonia and phthisis are largely in excess.

Allusion is made to Dr. Maudsley's munificent offer of £30,000 to be applied to the establishment of a hospital for incipient and unconfirmed insanity. The suggestion is made that the clauses in the Lord Chancellor's Bill, previously referred to, should apply to the inmates of such a hospital. It must be regretted that this piece of legislation has not been effected, in anticipation of the establishment of such institutions.

Model rules (pp. 36 and 37) are given for the taking of stock and the auditing of accounts in asylums. These should materially aid in the prevention of the "scandals" that have from time to time vexed committees of management.

Dysentery and diarrhoea receive very considerable attention, as in previous years, but the statistics for the year do not show any marked general amelioration.

Dr. Mott's summary of the conclusions of his study of the incidence of tuberculosis in the London County Asylums is quoted in full. The general adoption of his recommendations should lead to considerable reduction in this source of mortality.

The Commissioners again report that several of the registered hospitals fail to adequately discharge "their primary function of receiving and maintaining at low rates of payment patients of education and refinement, but of limited means, who would feel acutely the surroundings and association of a county asylum."

Does the hope expressed, that these institutions would "voluntarily" bring themselves up to the "high standard of liberality" attained by some of them, imply a possibility of other means being employed to attain this very desirable end?

The supplement on scientific research work in asylums gives a record of very satisfactory progress in this respect. The good results of this supplement will, however, become more obvious in the next year or two.

The new statistical tables must have added largely to the work of the already over-burdened Commission, and this will not be lessened as time goes on. It is sincerely to be hoped that before the next report is printed the Commission may have been strengthened by additions to its *personnel*, which will enable it to grapple with some of the many forms of work that are needing attention. The recent Royal Commissions ought to have impressed even a British House of Commons with the desirability of giving much greater attention to the national health.

The Fifty-first Annual Report of the General Board of Commissioners in Lunacy for Scotland, 1909.

On January 1st, 1909, there were in Scotland 18,197 registered insane persons of whom the Board had official cognizance. Of these, 2,682 were maintained from private sources, 15,464 by parochial rates,