

of certified insane (4·4 per cent. of the total number) located in private asylums that so much of an unwarrantable nature is written. Some moral support of a stronger character than the usual apologetic excuse for their existence, yearly contained in these Reports, should, we think, be given to licensed houses by the authorities who are best qualified to know that their management is creditable.

The death in a metropolitan licensed house of a patient by a fall from a roof is recorded, and one suicide (a male) by stabbing, and one casualty (fractured ribs in a general paralytic) occurred in provincial licensed houses.

The number of single patients has diminished from 430 to 410, or a total decrease of 36 since the date of the present Act. Is this diminution not attributable to the fact that the Commissioners refuse to extend to applicants the provisions of Sec. 46 by which they would be permitted the charge and care of more than one patient?

We cannot close our annual review of this Report without expressing our own sense of regret and the regret of all engaged in lunacy work in England and Wales, at the sudden death in September, 1895, of one who had devoted his energies to the cause of the insane, and who combined a genial courtesy of manner with a strictly impartial honesty of purpose in all he did. We allude to Mr. Charles Palmer Phillips. His loss will be severely felt, not only by his colleagues but by us all.

Thirty-eighth Annual Report of the General Board of Commissioners in Lunacy for Scotland. Edinburgh. 1896.

The lunacy record of Scotland for the year 1895 may, on the whole, be regarded as a favourable one, and more especially is it so when it is contrasted with that of the preceding year. The total number of the registered insane on 1st January, 1896, was 14,093, an increase during the twelve months of 241, as compared with 552 during 1894, or, in proportion to the population, an increase of only 3 per 100,000 as compared with 10 in 1894. While the estimated increase each year of population amounts to 0·75 per cent. the percentage increase in the total number of registered lunatics in 1894 was 4·2 and in 1895 only 1·6. And when one refers to the statistics which may be regarded as relating to the *occurring* insanity of the country the record is more

Number of Lunatics at 1st January, 1896.

Mode of Distribution.	Male.		Female.		Total.	Private.			Pauper.		
	M.	F.	M.	F.		M.	F.	T.	M.	F.	T.
In Royal and District Asylums ...	3,907	4,323	8,230	853	8,983	853	938	1,791	3,117	3,385	6,502
" Private Asylums ...	57	87	144	57	144	57	87	144	—	—	—
" Parochial Asylums, i.e., Lunatic Wards of Poorhouses, with unre- stricted Licenses ...	750	864	1,614	—	1,614	—	—	—	759	864	1,614
" Lunatic Wards of Poorhouses with restricted Licenses ...	415	426	841	—	841	—	—	—	415	426	841
" Private Dwellings ...	1,137	1,674	2,811	37	2,811	37	74	111	1,100	1,600	2,700
" Lunatic Department of General Prison ...	6,329	7,374	13,703	947	13,703	947	1,069	2,046	5,382	6,275	11,657
" Training Schools ...	40	17	57	—	57	—	—	—	—	—	—
" ...	220	113	333	101	333	101	55	156	119	58	177
Totals ...	6,589	7,504	14,093	1,048	14,093	1,048	1,154	2,202	6,501	6,333	11,834

favourable still. From Table V., Appendix A, which gives the total number of lunatics registered during the year, who had never been previously registered, it appears that while the proportion of such cases per 100,000 of population was in 1894 59.3, that for 1895 was only 56.0. Stated in another way, the percentage increase of 1894 over the preceding year was 6.25, while in 1895 there was an actual decrease amounting to 4.6.

The distribution of the insane on 1st January, 1896, is shown on the accompanying table (see p. 133), and the changes that have taken place during the year have resulted in an increase of 60 private and 276 pauper patients in Royal and District Asylums, a decrease of 8 in private asylums, a decrease in parochial asylums of 112, and in lunatic wards of poorhouses of 23 pauper patients, and in private dwellings a decrease of two private and an increase of 23 pauper patients. The total increase of 214 registered lunatics is made up of 50 private and 164 pauper patients, and the increased number in establishments is 193 and in private dwellings 21.

The number of private patients admitted to establishments during the year was the same as in the preceding year, while the pauper admissions, amounting to 2,534, were 127 less than during 1894 and 106 more than the average for the five years 1890-94.

Of the discharges as recovered from establishments 203 were private patients, which is six above the number for 1894 and seven below the average for the five years 1890-94, and 1,164 were pauper patients, which is 34 above the number for 1894 and 92 above the average for 1890-94. The recovery-rate for 1895 and the two preceding quinqueniads is shown in the following table:—

Classes of Establishments.	Recoveries per cent. of Admissions.		
	1885-89.	1890-94.	1895.
In Royal and District Asylums... ..	39	39	35
„ Private Asylums	34	38	26
„ Parochial Asylums	42	43	46
„ Lunatic Wards of Poorhouses ...	6	7	6

The death-rate, shown in the following tables, has risen,

the increase being exclusively among pauper patients, that for private patients being under the average.

Classes of Patients.	Proportion of Deaths per cent. on Numbers Resident in all Establishments.		
	1885-89.	1890-94.	1895.
Private Patients	6.6	7.6	6.5
Pauper Patients	8.1	8.7	9.2
Both Classes... ..	7.7	8.5	8.7

Classes of Establishments.	Proportion of Deaths per cent. on Number Resident.		
	1885-89.	1890-94.	1895.
Royal and District Asylums	7.3	8.8	8.4
Private Asylums	8.0	6.3	10.8
Parochial Asylums	8.9	9.6	10.8
Lunatic Wards of Poorhouses	5.5	4.6	5.7

The changes that have taken place during the year result in a slight diminution in the relative proportion of pauper lunatics boarded-out in private dwellings, as compared with those accommodated in establishments. The increase of the former by 23 reduces the percentage from 23.3 to 23.2, the proportion to population remaining unaltered, while in the case of establishments the addition of 141 represents an increase of 2 per 100,000 of population. In other words the percentage increase of those in private dwellings is 0.9, while that for establishments is 1.6. This change cannot be attributed to any change in the relative cost of maintenance in private dwellings and establishments, the figures being identical with those of the previous year, but is probably to some extent due to two factors, the restriction of licenses for more than two lunatics, and the prohibition of any increase in those localities where aggregations of patients have tended to become unduly great. This year it so happens that the reports on lunatics in private dwellings are made by three Deputy Commissioners who are entirely new to the work, and these, in the favourable way in which the system of boarding-out is viewed, differ in no essential

respect from those of their predecessors. That the system, economically and otherwise, and both as regards patients and public, possesses advantages will not be denied, but that it has disadvantages is illustrated by an occurrence which took place in Fifeshire, which resulted in the death of a child at the hands of a patient, and by complaints of a general character regarding the patients in the same locality. The fatality, it is pointed out, is the only one of its kind that has happened during 38 years among an average number of 2,000 patients, and the Commissioners "see no ground for attaching any special significance to the occurrence." Looking over the Reports of the past ten years one finds "sexual accidents" of various sorts recorded almost annually among patients boarded-out, but this year the only occurrence of the kind happened to a "middle-aged demented female who was taken liberties with by a drunken harvester." Accidents of this sort are fortunately absent in reports referring to asylums.

The section of the Report dealing with the causes of death of patients in asylums contains some observations of very great interest. The proposed discontinuance of Table Xa., which deals with the causes of death in Royal and District Asylums, is somewhat to be regretted. It serves a useful purpose by indicating over a period of years, among other points, the geographical distribution of certain factors in the death-rate, and any variations which may be taking place in that distribution, and though the figures upon which this table is based will still be given year by year, we confess we should be sorry that it should disappear completely, and should like to see it continued, say, as a five-year table. There is substituted for this table, which refers to Royal and District Asylums only, one which gives the results shown by all classes of establishments combined from the year 1870.

Dealing with the causes of death for the period 1858-95 the Commissioners point out that, comparing the first 18 years with the whole period of 38 years, the "figures show practically no change between the earlier period and the whole period, as regards General Paralysis and Other Forms of Brain and Spinal Diseases." Thus, in the first 18 years, 18.7 per cent. of male deaths were due to general paralysis, and 19.2 in the whole 38 years, while for females the proportions are respectively 4.8 and 4.7. The deaths from other forms of brain and spinal disease in the correspond-

ing periods are:—For males, 28·8 and 27·7; and for females, 27·3 and 27·4 per cent. of total deaths.

That these figures imply “practically no change,” at least, as regards later years, is an opinion with which we are unable to agree. Nay, when the figures of late years are analysed, the change is by no means even a slight one.

The following table gives the average number of deaths from general paralysis per cent. of total deaths in establishments during the 10 years 1886-95:—

AVERAGE PERCENTAGE OF DEATHS FROM GENERAL PARALYSIS.

Years.	Royal and District Asylums.		Private Asylums.		Parochial Asylums.		Lunatic Wards of Poorhouses.		Total.			Sex Proportion.	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	T.	M.	F.
1886-90 ...	20·0	5·5	22·7	2·9	21·1	5·4	2·0	0·8	19·3	5·1	12·4	4·0	1
1890-95 ...	21·6	4·8	26·6	0·0	24·9	5·5	0·0	0·0	21·4	3·6	12·9	6·6	1
Increase ...	1·6	—	3·9	—	3·8	0·1	—	—	2·1	—	0·5	—	—
Decrease ...	—	0·7	—	2·9	—	—	2·0	0·8	—	1·5	—	—	—

An increase of one-half per cent. in the five years ending 1895 from general paralysis may seem hardly worth consideration, and yet it means a very great deal in reality. This table shows that the increase is one which affects males only, among whom it amounts to 2·1, while among females there is a decrease amounting to 1·5. The altered sex-proportion, too, shows how men are becoming increasingly liable to general paralysis, and women less so. It is particularly striking how the increase in males, and decrease in females, alike attain their maximum among private patients. In Murray's Asylum, which is the only public institution containing private patients only, and in Private Asylums not a single woman's death is returned as due to general paralysis in the second period of five years dealt with. This represents a decrease in the former of 6·6, and in the latter of 2·9, or in both combined 4·1. How different is the case with males. In Murray's Asylum the increase amounts to no less than 21·3, in Private Asylums to 3·9, or in

both combined 12·6. The next greatest increase among males takes place in parochial asylums, whose population, entirely pauper, is drawn from the large urban centres of Glasgow, Greenock and Paisley, and it is these districts solely which are characterised by any increase of this affection among women. How many of the 37 women who died in these asylums in these 10 years, we wonder, belonged to the class of "unfortunates."

Let us carry the investigation of this increase of general paralysis among males somewhat further. The total number of male deaths in all establishments, in the second half of the decennium, represents a percentage increase, when compared with the first, of 26·2; the corresponding increase of deaths from cerebro-spinal diseases is 25·9; from cerebro-spinal diseases, excluding general paralysis, 16·2; and from general paralysis 40·5. On the face of it, this can only mean one thing, namely, that the increase of deaths from general paralysis in men is becoming more and more out of proportion to that from other causes, that general paralysis in an increasing degree is replacing other forms of brain disease.

Further, this increase, in its geographical distribution, presents a noteworthy peculiarity. Practically, it occurs entirely in those institutions which are characterised by a high rate of mortality from the disease, those establishments, on the contrary, which have a low rate showing but very little change, and that in the direction of decrease. Thus, taking a series of establishments in which the average percentage of deaths from general paralysis during the 10 years is 24·8 (the rate for all establishments being 20·5), it is found that in the first quinquenniad the percentage is 22·6, and in the second 26·7, an increase of 4·1, while in the case of another series, in which the ten years' average is 13·8, the proportion for the first and second halves are 15·6 and 15·5, a decrease of 0·1. Generally speaking, the first series represents the urban and industrial communities, the second the rural and Highland population.

It is pointed out that the increase of general paralysis coincides generally with the appearance and course of the influenza epidemic of 1890-92, but we confess we are unable to see that very much weight can be attached to this. If influenza were held to account for the increase—and the same would apply to the argument of increased diagnostic capability—how comes it that the disease should be diminish-

ing in females and increasing only among males? or how should it be that the increase is occurring only in certain districts and certain classes, while others are characterised by a diminution? There must be an explanation other than this, but with the absence of information as to the etiology of this and other forms of insanity it is impossible to arrive at any definite conclusion, desirable as that might be.

There are many other points of interest upon which we would desire to have more definite information. There must be some explanation, for example, why, in 1895, 20 per cent. of the deaths in English Asylums are due to general paralysis, while in Scotland the proportion is only 13·4, and why for every woman that dies from general paralysis there should be in England 3·6, and in Scotland 6·4 men, why Scotland has a pauper-lunacy rate of 330, and England only 314 per 100,000 of population, and why in England 10 per cent. of all paupers are lunatics, while in Scotland it is 19. We look to the Commissioners to devote their attention to such matters of large social and scientific interest.

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*The Forty-Fifth Report of the Inspectors of Lunatics, Ireland
(for the Year 1895).*

The Report opens, as usual, with a summary of the relative numbers of insane in establishments on the 1st January, 1895 and 1896 respectively:—

	On 1st Jan., 1895.			On 1st Jan., 1896.		
	Males.	Females.	Total.	Males.	Females.	Total.
In District Asylums ...	7,002	5,769	12,771	7,287	6,045	13,332
„ Central Asylum, Dundrum	140	21	161	140	23	163
„ Private Asylums ...	223	353	646	305	358	663
„ Workhouses	1,686	2,390	4,076	1,724	2,388	4,112
„ Prisons ... ..	...	1	1	1	...	1
Single Chancery Patients in Unlicensed Houses ...	...	...	...	47	39	86
	9,121	8,534	17,655	9,504	8,853	18,357

The Chancery patients are included in this table for the first time, so that in calculating the increase for the year

1895 these 86 patients must be deducted from its total. There were, then, including uncertified patients in work-houses, 616 more patients under care on 1st January, 1896, than on the same date of the previous year. This increment, mildly described as "above" the average increase for the preceding ten years, 348, was largely in excess of it, in fact not far from double, but was not due to any increase in the number of admissions, which (excluding those into work-houses, of which there is no record) were less by 7 than those of 1894, but to a reduction in the number of discharges and deaths, which were fewer by 70 and 169 respectively.

Confining our attention to the District Asylums we find that the increase in the number of patients under detention at the close of 1895 amounted to 561. The total admissions were 3,216, being less by 13 than in the previous year. The first admissions numbered 2,458, and the readmissions 758. The latter were fewer by 23, and the former more by 10 than in 1894. The first admissions were, however, identically the same as in 1893. The proportion per 10,000 for the three years 1893, 1894, 1895, were 5.37, 5.32, and 5.32 respectively, so that the return of lunacy, when taken in relation to the sane population, was practically the same for each period. 1,264 patients were discharged as recovered, and 447 as unrecovered, making a total of 1,711 discharges. The recovery-rate (average of all the District Asylums) was 39.3 per cent. on the admissions, but, like the death-rate, differs widely in individual institutions, ranging from a minimum of 32.5 in Armagh to a maximum of 56.4 in Killarney. But even in the same asylum fluctuations in the recovery-rate occur, Killarney being an instance, as in the years 1890 and 1891 the ratios were only 22.1 and 21.3 respectively, which are probably amongst the lowest on record. (Cases occur at times in which there is some difficulty in deciding under what heading to place a discharged patient. One who has been epileptic for years, for instance, without being insane becomes maniacal, and is sent to an asylum. The attack of mania subsides and he reverts to his former condition. He has recovered from his insanity but not from his epilepsy. Is he to be entered as "recovered" or "relieved"? A more rigid judgment would incline to classing him under the latter heading, a more lenient one under the former.)

There is a remarkable constancy in the general recovery-

rate of insanity. The ratio to admissions averages always in or about 40 per cent., and this has been maintained for a long period of years. English statistics show a similar constancy in this respect. For the ten years 1879 to 1888 the average recovery-rate in County and Borough Asylums was 40·16, and for the last decade, 1886 to 1895, 39·19. In 1895 it was only 37·71, but this is under the average and exceptionally low. It is a distinctly discouraging fact that with the enormous advance in the treatment of the insane, moral and physical, hygienic, dietetic, medicinal, and even surgical which has been such a marked feature in lunacy history for the past thirty years, the great aim and end, presumably, of all the costly measures which have been taken for the bettering of their condition—the increased curability of insanity—has not as yet been reached. And Ireland, which is on the whole far behind the sister country as regards provision for the scientific treatment of insanity, in respect of her recovery-rate can show just as good a record as England, if not a positively better one, although, of course, allowance must be made for the difference in the nature of the cases received.

The percentage of deaths on the daily average was only 7·1 as compared with 8·8 in 1894, the diminution in fatality being most noticeable in the case of consumption, especially as regards the female sex. In 1895 the deaths from this disease were 128 males, 129 females, total 257; while in the previous year the corresponding numbers were 139, 185, 324. The amount of phthisis mortality, which remains constant for the whole of Ireland, forming from 11 to 12 per cent. of the whole mortality, varies greatly in the several asylums, as a reference to the statistical tables in the annual reports of the Medical Superintendents will show. Armagh and Waterford, for instance, enjoy a remarkable exemption from this disease, death being attributed to it in only two cases in each of these asylums, being a proportion of only $6\frac{1}{2}$ per cent. of the deaths from all causes. In Killarney, on the other hand, the proportion is over 35 per cent., in Cork over 36, in Limerick 38; while Downpatrick, Carlow, and Kilkenny take an unenviable lead with ratios of 40, 43, and 47 per cent. respectively. These variations are within much wider limits than might reasonably be expected in the case of aggregates of patients belonging to much the same grades of society, and subjected to not very dissimilar surroundings and *régime*. It would be interesting to know whether the

mortality from phthisis varies to at all the same extent amongst the sane population in the several asylum districts; or whether the phenomenon can be regarded as due to any differences in the general treatment of patients in such matters as diet and clothing, heating and ventilation, indoor or outdoor life, overcrowding, etc. The low dietary in use in the Kilkenny Asylum, coupled with the fact that it has the highest mortality from phthisis, certainly suggests a relationship of cause and effect. With reference to this dietary the Inspector remarks: "The existing diet-scale in this asylum is certainly very inferior to that in force in other similar Irish institutions;" and when, on reference to the scale, we find that bread and butter and cocoa constitutes the patients' *dinner* on four days of the week, the comment seems amply justified.

General paralysis would appear to be increasing. The average number of deaths assigned to this disease for the five years preceding 1895 was 25. The return for that year gives 39, of which 16 were in the Richmond Asylum. Whether the disease is really gaining ground in Ireland, or whether the increase is only an apparent one, the result of more accurate diagnosis, is not an easy matter to decide.

The total number of deaths was 933, in 231 cases of which post-mortem examinations were made, scarcely 25 per cent. Some of the asylums, notably the Richmond, have a very creditable record in this respect, and merit the commendation of the Inspectors: "At some of the asylums the investigation of the cause of death and the scientific study of disease are being carried out with great energy, and every praise is due to the medical officers for the zealous manner in which their time is devoted to this important object." On the other hand "at Castlebar, Clonmel, Ennis, Enniscorthy, Kilkenny, Letterkenny, Monaghan and Waterford, no examinations of this kind were made." At two of these asylums, Enniscorthy and Waterford, no Assistant Medical Officer has as yet been appointed, notwithstanding the Privy Council Rule LV, which enacts—"there shall be appointed in every District Asylum in Ireland at least one officer to be called the Assistant Medical Officer." The Governors of these asylums appear to have ignored the existence of this rule up to this, but in the interests of the patients they should be called upon to comply with it. Pathological research is almost out of the question with a medical staff so under-manned. In Ireland there are certain difficulties

as regards post-mortems due to the peculiar prejudices of the people, and also to the practice of "waking" the dead so generally prevalent among the rural population. Until this custom becomes obsolete, which is not likely to occur for some time to come, it will continue to be a formidable obstacle to the performance of autopsies in country districts.

In the urban districts, on the other hand, where the population are more instructed, the ill-conceived and worse worded regulation in the rules of the Privy Council, to which we recently drew attention, heightens prejudice and suggests the sacred right of opposition.

Of 3,216 admissions, 2,451, or 76 per cent., were committals on warrant, precisely the same number as in 1894. This highly objectionable mode of admission, whereby insane, that is sick, patients are treated as criminals has frequently been made the subject of adverse comment both by the present Inspectors and by their predecessors. In this Report they write to the same effect:—"As we have pointed out in previous Reports we are strongly of opinion that the procedure for authorising admission to public asylums in this country should be assimilated as far as possible to that which obtains in England." But beyond the expression of pious opinions of this sort nothing appears to have been done to obtain the desired result. Surely pressure, and strong pressure, should be brought to bear in the proper quarter to have this anomalous mode of procedure abolished.

But three deaths resulted from suicide, and two from accidents. This fact in itself testifies to the care and efficiency of the various staffs of attendants. The three suicides do not appear to have been due to any negligence on their part.

As regards accommodation we find the too familiar announcement that "the various district asylums throughout Ireland are without exception fully occupied, most of them to a degree amounting to overcrowding." In 19 out of the 22 asylums new works for extending accommodation and improving existing structures are either being carried out or are in contemplation. A new asylum is in process of construction at Antrim for the county of same name, which is expected to be ready for use in 1897. At Londonderry, it has been decided to abandon the old asylum, which is situated in the midst of the city, an undesirable site, and erect a new asylum about two miles off in a good

position. A similar project is also under consideration at Belfast for similar reasons. The "Plenum" system of heating and ventilation has been introduced in Mullingar and Letterkenny Asylums, and will probably be adopted in others at no very distant date. Much needed sanitary blocks are being added to many of the existing structures, new dining-rooms are being provided in several, with improvements in the kitchen and laundry departments, while detached hospitals, the absence of which is one great defect in nearly all Irish Asylums, are now about to be erected in quite a number of them. The necessity for these improvements the Inspectors have not failed to discuss with Boards of Governors for some years past, who in turn have in most instances shown a generous desire to further such improvements. Rarely in the history of asylums has there been such a widespread acknowledgment of defective provision or such universal wish for reform in this important department.

An exception is to be found, we regret to say, in the case of the Richmond Asylum. Here affairs have been for a long time, and are still in evil plight. The overcrowding which is fast becoming unbearable, and the general insanitary condition which prevails, the amount of dysentery and diarrhoea which occurs, and the recrudescence lately of that exotic disease *beri-beri*, have become a by-word, and are little short of a disgrace to a metropolitan county. In 1890 it was decided to erect another asylum, but six years have been allowed to elapse and hardly a commencement has been made. This delay has been in the opinion of most persons unnecessary, and in the eyes of many, who are best qualified to judge, little short of culpable. The Governors lay the blame at the door of the Board of Control, which is stated to be the body legally responsible. Resolutions condemnatory of its action, or rather inaction, have been passed at their meetings, and outspoken censure of the Board of Control has been expressed in articles and correspondence in the public press, sometimes going so far as to imply that that body is more of a hindrance than a help where energy and despatch is needed to meet circumstances of urgent difficulty. We have reason to believe that this dilatoriness on the part of the Board of Control is the cause of vexatious delays in the carrying out of projects recommended long previously by Boards of Governors of other asylums, who, however, have not made their grievances as public as have the Governors of the Richmond Asylum. This condition of things is probably in great part due to another of the anomalies of the Irish Lunacy system,

namely, that under which the control and administration of the affairs of this great public department, a department rapidly growing in extent and importance, is in the hands of an unpaid Government Board, a mere buffer-board, designed only to receive and diffuse blows from all sides: irresponsible to the public, because it is unrepresentative, and irresponsible to the Government, because it is not paid. This cardinal error should be rectified. If the transaction of local affairs in Ireland cannot be handed over to local bodies, as it is everywhere else, it behoves the Government to see that the machinery which they themselves supply will work, and that the management and control of lunacy business be placed in the hands of thoroughly trained and competent men, adequately remunerated in proportion to their responsibilities.

The Inspectors' reports on individual asylums are on the whole favourable, Downpatrick, Londonderry, and Mullingar receiving special commendation. The following extract from the report on Downpatrick Asylum reflects the highest credit on Drs. Nolan and O'Flaherty:—

“It is impossible to visit this asylum without carrying away a most favourable impression of the zeal and efficiency with which it is conducted. One of the best features in the institution is the marked effort which is made to accentuate its hospital character, and to treat the patients individually. Every patient on admission is most carefully examined, and any organic or functional disorder diagnosed, and suitable treatment prescribed. This is shown by the large number of patients—often one-fifth of the whole—under special medical treatment; and apart from any direct therapeutic good which the drugs prescribed may exercise, the knowledge that something besides kind treatment and the provision of comfortable surroundings is being done to promote recovery, influences most favourably the mental state of many patients. The reproach sometimes levelled, that many asylum physicians leave physical as well as mental symptoms to time and nature to cure, the ‘*vis medicatrix naturæ*,’ certainly does not apply to Downpatrick.” O, si sic omnes!

On the other hand the condition of Castlebar receives some severe handling, and the Medical Superintendent does not himself escape a meed of censure. The dietary especially is condemned in no measured terms, not alone the bad quality of the provisions, but also the slovenly manner in which the meals are served:—

“We feel strongly on this subject, because every visit we

make to the institution impresses us more and more with the miserable character of the patients' dietary. It is bad on paper, but it is far worse as actually served to the patients. . . . The dinner on three days in the week consists of oat-meal and barley gruel, and on three other days of, what is called, meat soup, but which, whenever we have seen it, would be more fitly described as greasy broth, with the addition of a small portion of inferior and indigestible meat. On the first day of our visit, gruel was served for the day's dinner. This gruel was so unpalatable and badly made as to be almost unfit for human consumption, and we saw very many of the patients dining on that day on a piece of dry bread. On the second day of our visit we again saw the patients at dinner, which consisted of broth made by boiling fresh beef and fat bacon together in a cauldron with some cabbage leaves. The portions of meat served with the greasy broth were cut up one hour and a half before the dinner was served, and the meat was so stringy and tough as to be, we should say, quite indigestible."

There is some room for improvement in Castlebar.

The average annual nett cost of maintenance was £22 9s. 6d., or 8s. 8d. per head per week, the Richmond Asylum showing the maximum rate of £30 18s. 8d., an amount to which the Inspectors call unfavourable attention, and Castlebar the minimum of £18 10s. 9d. The latter does not occasion surprise after perusal of the Inspectors' report. Mullingar comes second in point of expense, with £26 12s. 9d., a moderate amount having regard to the admirable arrangements for the care and comfort of the patients in that asylum. An excellent arrangement is in operation at Mullingar by which the Board of Control advances small loans from time to time to be expended by the Governors, at their own discretion, on minor building and repairing works. Elsewhere in Ireland all upkeep is charged, under the head of repairs and alterations, to the maintenance account. Maryborough and Enniscorthy come next (£24 17s. and £23 14s. respectively), while the rest of the asylums tail off towards the minimum, Cork, Downpatrick, Kilkenny, and Sligo being all under £20 per annum !

The reports on the condition of the insane in workhouses are not cheerful reading. In some, improvements have been introduced as regards dietary, bedding, baths, etc., but in the large majority the arrangements are anything but creditable. Some Boards of Guardians have made praise-

worthy efforts to better the condition of this hapless class, while in the case of others both their eyes and their consciences would seem to be slumbering. And in their case, when glaring faults are brought under their notice, as in previous Reports of the Inspectors, negligence in taking any measures to correct them must be held inexcusable, inasmuch as *they* are not dependent, even in part, on the activity of the Board of Control.

The Reports on private asylums are on the whole favourable and contain nothing which calls for special comment.

Pauper Lunacy in its Statistical and Social Relations to Ordinary Pauperism. By T. W. L. SPENCE, Secretary to the General Board of Lunacy for Scotland.

This is a short paper—reprinted from the *Scottish Review*, January, 1895—but it is a mass of statistics, and close reasoning. Mr. Spence claims that non-lunatic or ordinary pauperism is of a nature radically different from that by virtue of which our asylums are filled. We say our asylums, for as far as we can collate his Scottish figures with those of England the same arguments appear to apply. He shows that (1) from 1873-1893 total pauperism in Scotland has decreased from 31 to 23 *per mille*; (2) from 1868-1893 ordinary pauperism has decreased in actual numbers 38 per cent., while lunatic pauperism has increased 90 per cent. The numbers in the latter class are so much smaller than in the former that in spite of the increase therein the net decrease is as stated in (1). (3) In proportion to population ordinary pauperism has decreased 50 per cent., while pauper lunacy has risen 52 per cent. in the same period. (4) In actual total cost in the same period ordinary pauperism has decreased 9 per cent., while pauper lunacy has increased 126 per cent. (5) In cost *per caput* ordinary pauperism has increased 46 per cent., while pauper lunacy has increased 19 per cent.

In relation to the cost we note that the calculations are founded only on maintenance. Apparently no consideration is made of capital charges for the erection and furnishing of the new asylums which are springing up on all sides. The interest and redemption instalments on these charges should be reckoned in the cost of pauper lunacy, and in comparison with the cost of workhouses, etc., which should be high stationary in view of the net decrease in pau-