knowledge. If he is correctly reported, it seems to us that he might feel himself called upon, as a Commissioner in Lunacy, to urge in season and out of season the instant discharge from asylums of all very insane or very weak-minded persons whom he may believe to be "not insane in the sense of being free from responsibility to the law." There will not then be many insane persons left in Scotch asylums.

PART II.—REVIEWS.

The Lunacy Blue Books.

1. *Thirtieth Report of the Commissioners in Lunacy*, 1876.
2. *Eighteenth Annual Report of the General Board of Commissioners in Lunacy for Scotland*, 1876.
3. *Twenty-fifth Report on the District, Criminal and Private Lunatic Asylums in Ireland.*

The past year was happy in leaving no eventful annals of lunacy behind it in Great Britain or Ireland. The lunatics, the doctors, and the Commissioners all seem to have enjoyed a period of comparative rest and calmness. No great questions in regard to the insane stirred the public mind, and no scandals or abuses roused the indignation or sympathy of the philanthropic world. One or two of the weekly medical journals did admit a paragraph or two directed against the Scotch Commissioners, but as these clearly emanated from some one who was paying off an old score, and only brought charges of doing too much statistical work, they fell very flat. The *Lancet*, ever burning to be the pioneer of progress, it is true, got up an inquiry of its own, dubbing a gentleman "Commissioner," and sending him on a tour round a few of the asylums near London. But when it was whispered that the real object of this proceeding was to educate one of our future masters, and to train his prentice hand to rule with dignity, it was impossible to do other than laugh, with the naughty, uncharitable people who get up such stories, at his "Reports," and to wish oneself a protegé of a journal with a taste for "Commissions."

The same journal taking its cue, as well as deriving its information, from Dr. Bucknill, made a serious attack on

American asylums, their management, and their medical superintendents, and, as usual in anonymous writing, went beyond the proved facts of the case. Dr. Bucknill was placed in a peculiar position. He had received even more than the usual American hospitality and personal kindness, and yet had in honesty to report many unfavourable things in many of their institutions. Especially he pleaded for non-restraint most earnestly but in the kindliest spirit. Then the *Lancet* stepped in with still more serious and sweeping charges, made in a spirit of great bitterness, and from the standpoint of those whose own asylums came up to all that combined philanthropy and science could make them. The *tu quoque* reply was only too readily found in the record of shocking accidents and cruelties by individual attendants recorded in our blue books, and was used at once by our exasperated cousins in their journals. Dr. Bucknill made a gallant fight, and the Medico-Psychological Association backed him up: but are not all these things written in the medical chronicles of the year? The last contribution to the question has been made by Dr. Wilbur, an abstract of whose paper will be found in another part of this journal. His chief objection to the present system in America is, that they have there no inspection of asylums by independent government officials corresponding to our Commissioners and Inspectors. On this point we believe Dr. Wilbur to be entirely sound in his opinion, however much we disagree with the captiousness and sourness of his tone. For the sake of the patients, and for the sake of the medical superintendents, such inspection by competent officials, of proved ability and high professional status, is an absolute *sine quâ non* to the success as a policy of any lunacy system in any country. We would most earnestly press our American brethren to re-consider their views on this question. Could they but know the weight of responsibility that would be taken off their shoulders, both as regards the public and the relatives of their patients, by the existence of an advising inspecting board, composed of such men, they would be the first to seek its formation in the United States. Some of them labour under most erroneous opinions as to the powers of our Commissioners. Are they aware that in Great Britain the Commissioners cannot in any way interfere with the ordinary management of any public asylum, but can merely make and publish a report? We can assure them that, so far from being able to interfere

with the proper independence and authority of a superintendent, there is not an asylum in the kingdom whose committee and physician have not neglected many of their recommendations, and gone in the teeth of their opinions. This, in fact, adds a zest to the carrying out of a man's independent views, and stimulates originality of conception in asylum management, in a way that nothing else could do. We confidently appeal to the facts, whether an able and competent asylum superintendent on this side of the water is not as independent in his position in all respects as in America. If such an official is not very able and not very competent, then, for the sake of humanity, let him be stimulated and guided.

The total number of the insane, so far as they are known to the Commissioners, was 64,916 in England, and 8,225 in Scotland; in all, 73,141.

The new cases for 1875, for both countries, were 14,715, excluding transfers from one establishment to another, but including re-admissions.

5,129 patients died during the year in Great Britain; and 5,869 recovered from their malady.

There was an increase of 1,123 in the total number in England, and 156 in Scotland. The rate of increase was therefore very much the same in each country for the year, and as compared with the past ten years was lower in England than the average increase, while in Scotland there was no decrease.

There was an increase of 196 in the new cases in England, and of 186 in the new cases in Scotland.

In England the rate of recovery in county and borough asylums was 34·11 per cent. on the admissions (including transfers), which was at the rate of 1·5 lower than the average since 1859. In Scotland the rate was 44·4 per cent. on the admissions (excluding transfers), being more than 4 per cent. above the average.

The death-rate in those institutions in England was 8·7 per cent. of the total number under treatment, and 11·3 on the average number resident. This was slightly over the average rates. In Scotland the death rate was 5·3 on the total number under treatment, and 6·6 on the average number resident.

Regarding the increase of insane patients at present resident in asylums the following extracts are taken from the report of the English Commissioners:—

It, however, seems probable that the pecuniary advantage to unions arising out of the Parliamentary allowance of 4s. per head per week

for every pauper patient maintained in an asylum, has in some counties contributed to increase the number in these institutions, by the removal thereto of many patients who, but for such inducements, would have been retained in Workhouses. It will be observed, by an examination of Table ix., in this Report, and by a comparison of Table xii. in the Reports of this and of last year, that the increasing ratio of the total number of pauper lunatics maintained in asylums has, during the last two years, been accompanied, as a rule, by a decreasing proportion kept in Workhouses, and the percentage of out-door paupers, who are boarded with their relatives or others, has continued to diminish.

From Table xi. it will be observed that there has been in 22 out of the 54 counties an actual diminution in the total number of insane paupers on the 1st of January last, as compared with the 1st of January, 1875; but owing to the fact that an increasing proportion of the total number appears to be located in asylums, there is no sensible diminution in the demand for increased asylum accommodation.

The value of the conclusions to be derived from the statistical information of the English Commissioners may be estimated from what is here quoted:—

The statistical information given in our Annual Reports has gradually increased in bulk and importance, and we have reason to believe that among those interested in the care and treatment of the insane, and the question of insanity in its various aspects, this portion of our Report is considered to possess much value. At no time, however, have we considered it our duty to draw any but the most plain and obvious deductions from the figures which the means at our disposal enable us to present; nor can we deem it advisable or justifiable to offer to your Lordship, or to the public, any speculations or theories of our own based on these statistics. At present we do not think that the recorded experience is sufficiently extensive to warrant many very certain conclusions to be drawn from it, and the official publication of conjectures founded on confessedly imperfect data, and therefore liable to be falsified by the event, would not, we submit, be attended by any public advantage.

The following quotation from the English Commissioners' Report gives the percentage of recoveries and deaths during the year:—

The reported recoveries of the year, as compared with the admissions, were on the proportion of 34·11 per cent.; the deaths, upon the average daily number resident throughout the year, were at the rate of 11·36 per cent., and, calculated upon the total number under treatment, the rate of mortality would be 8·70 per cent.

It will be seen on an examination of Tables v., vi. and vii., that the recoveries have been nearly 4 per cent. lower than those of the pre-

vious year, and 1·5 per cent. below the average of the last 17 years. The mortality has also been somewhat unfavourable, having been about ·5 per cent. higher than that of the previous year, and than the average mortality of the last 17 years.

The larger proportion of chronic cases included among the admissions of last year must be accepted as an explanation of the diminished ratio of the recoveries; whilst to the severe weather at the commencement of 1875, which carried off an unusual proportion of aged patients, must be attributed the higher rate of mortality shown by the figures of the year.

With reference to the weekly cost of insane patients, the English Commissioners make the following statement:—

The weekly cost, per head, of maintenance, medicine, clothing, and care of patients in county asylums, averaged 9s. 9⅞d., and in borough asylums, 11s. 6⅛d., and in both taken together, 10s. 0½d.

The details of the averages of weekly cost are as follows:—

	County Asylums. £	s.	d.	Borough Asylums. £	s.	d.
Provision (including malt liquor in ordinary diet)	0	4	7	0	4	10¼
Clothing	0	0	10	0	0	11⅛
Salaries and wages	0	2	1⅛	0	2	5⅞
Necessaries, *e.g.*, fuel, light, washing, &c.	0	1	1¼	0	1	5⅞
Surgery and dispensary	0	0	0⅞	0	0	0⅛
Wines, spirits, porter	0	0	1½	0	0	1⅞
Charged to Maintenance Account. Furniture and bedding	0	0	5¾	0	0	8⅜
Charged to Maintenance Account. Garden and farm.	0	0	6¾	0	0	4⅝
Charged to Maintenance Account. Miscellaneous	0	0	3⅞	0	0	7¾
Less monies received for articles, goods, and produce sold (exclusive of those consumed in the asylum)	0	0	4¼	0	0	2¾
Total average weekly cost per head	0	9	9⅞	0	11	6⅞

With reference to the visitors' books we make the following extract:—

The whole of the entries made by us in the Visitors' Books of the lunatic hospitals will be found printed in Appendix (E). For several years back they have been thus published, and a perusal of them is sufficient to give a good idea of the general condition and progress of each institution.

They indicate, moreover, the nature of the inspection formed by us with regard to suitability of the buildings, their condition and repair, and the general arrangements for the care and treatment of the

patients. It should not, however, be supposed that these matters form the only subjects of inquiry at our visits, though they alone appear recorded in the Visitors' Book. In fact, that portion of our work which involves most responsibility, and frequently occupies most time, is the examination into matters connected with individual cases. Special attention is always given to patients admitted since the previous visit, or who at that visit were reported as exhibiting any signs of improvement. Full inquiry is made into complaints either of undue detention, of rough usage, of insufficient diet, or of any other grievance, whether made orally by patients, or arising out of letters addressed to us, and referred to the Visiting Commissioners for examination.

In every case where there is any show of reason for it, a private interview, often of considerable length, is granted to the patient desiring it. This practice is, of course, universal, and irrespective of the legal character of the establishment visited. In County and Borough Asylums, from the nature of the case, the number of patients as to the propriety of whose detention there can be any serious question is extremely small, and the power of discharge is not vested in us, but in the Committee of Visitors. In Hospitals and Licensed Houses, however, the case is different, and the Legislature has here provided a book called the "Patients' Book," for the purpose of recording the result of any special inquiries, and the observations on particular cases which may occur to ourselves, or to the Visitors or Committee of Management.

Generally speaking, the reports will be found favourable to the management of the Registered Hospitals during the past year.

Of illegal detention of patients the English Commissioners say :—

Some few cases of the illegal detention of persons of unsound mind have been brought under our notice, and we have inquired fully into the particulars of each. When satisfied of the absence of neglect or ill-treatment by those having the charge of such persons, and of their having offended through ignorance of the law rather than with the wish of evading it, we have been satisfied by an expression of regret for the offence, and by having the charge of the patient authorised by the statutory order and certificates.

The English Commission advocate strongly, and we think justly, the change of residence for patients to the sea-side dwellings, and their remarks on this topic is well worthy of attention.

The system of removal of patients to the sea-side or elsewhere for a time, for the benefit of their health, as sanctioned by section 86 of the Act 8 and 9 Vict, c. 100, and as extended by 25 and 26 Vict., c. 3, s. 38, so as to authorise leave of absence on trial, for the purpose of

testing the power of self-control and management, continues in full operation.

In several ways it is a most valuable arrangement. To the convalescent the change thus afforded is often of great benefit in re-establishing the healthy tone of the mind, while the relief from the monotony of the asylum is keenly appreciated by a large proportion of the hopelessly insane. At present the law does not, as we are advised, permit us to grant any consent to removal, on leave or otherwise, to any place beyond England and Wales, the limit of our own jurisdiction; but we should be glad if, in any amendment of the law, power were given to extend the license, so as to admit of a trip to Scotland, or elsewhere in the United Kingdom, without involving the lapse of certificates.

We find that the medical proprietors of licensed houses, and others having charge of the insane, enter, as a rule, very readily into our views on this subject, though the arrangements for safely carrying out an annual excursion to the sea are attended with trouble, a certain amount of anxiety, and sometimes with expense to the proprietor.

During the past year we find that we have issued consents for the removal, for health or on trial, of 819 patients. In 1865 the corresponding number was 492. These figures apply solely to the Metropolitan licensed houses and the single private patients throughout England.

The distribution of pauper lunatics in Scotland is contained in the subjoined :—

It appears from this table that the proportion of pauper lunacy to population is far from being the same in all the counties of Scotland. Certain counties steadily maintain a high, and others as steadily a low proportion. The difference becomes very striking if we contrast such counties as Renfrew, Lanark, and Linlithgow with Argyll, Perth, and Inverness. Thus, at the first of January, 1875, the proportion of pauper lunatics per 100,000 of the population was —

In Lanark . .	148	In Argyll . .	337
In Renfew . .	126	In Perth . .	275
In Linlithgow . .	149	In Inverness . .	273

These figures may be regarded as exhibiting the measure of the persistent burden of pauper lunacy in the two sets of counties; but if, instead of dealing with the number of pauper lunatics chargeable on a particular day, we deal with the whole number relieved during the year, we find the position of the two groups reversed. Thus, when we calculate for each of the six counties, the proportion of the number relieved during the year 1875, to the number on the roll on the last day of the year, we have the following results :—

For Lanark . .	130 to 100	For Argyll . .	115 to 100
For Renfrew .	129 to 100	For Perth . .	115 to 100
For Linlithgow .	126 to 100	For Inverness .	112 to 100

In various former reports, but more particularly in our last (Seventeenth Report, pp. ix., and 260-269), we have endeavoured to explain the nature and origin of these important differences, which maintain themselves steadily from year to year.

We give the following extract from the Scotch Commissioners' Report:—

It is too apt to be forgotten that the statutory lunacy of a country is far from being a thing which "human power cannot multiply and modify." In our Fifteenth Report (p. 285) we pointed out that "the existence of lunacy, in so far as it is officially recognised or required to be dealt with by the State, is at present decided by the certificates of two medical men; and indeed must always be determined in that or some similar manner. If there be persons who imagine that a uniform standard of mental soundness is accepted by all medical men, or by any one medical man in all circumstances, they must have little experience to guide them. Such certificates are always signed after a consideration of the social as well as the medical circumstances of each case. And it is scarcely open to doubt that in actual practice the source from which the required expenditure is to be obtained, is, rightly or wrongly, a common element in this consideration.

Speaking of the discharges of the recovered, the Scotch Commissioners say:—

Of 100 patients discharged recovered during the ten years, 1866 to 1875, 22 were private, and 78 pauper. The ratio of recoveries, therefore, among private and pauper patients, is in tolerably close accordance with the ratio of admissions.

The average ratio of recovery is highest in parochial asylums. This is probably explained by the fact that the patients received into these institutions comprise a greater proportion of persons labouring under the ephemeral forms of insanity, than those received into public and private asylums.

The average annual mortality is highest in the parochial asylums, and this the Commissioners think is due to the proportion of admissions, as is shown from the following table and comment:—

Taking the average of the ten years, 1866-75, we find as follows:—

	Parochial Asylums.	Private Asylums.	Public and Dist. Asylums.	Lunatic Ward of Poorhouses.
Proportion of admissions per cent. on number resident.	50·5	50·1	37·8	21·8
Proportion of deaths per cent. on number resident.	10·2	9·5	8·5	7·9

Many things must influence the death-rate in particular asylums,

as well as that which is now under consideration; but it appears to be satisfactorily established that the differences depend, in some measure, on the varying proportions of old-standing to recent cases in the populations of the different asylums.

The Scotch Commissioners give us statistical information regarding general paralysis of a most elaborate and accurate description. Such a numerical account of general paralysis, as occurring in a county, must not only prove of great interest, but also of lasting value to all interested in this disease, and we consider the only way of doing justice to the completeness of their remarks is to quote fully from their Report.

One of the diseases, whose occurrence as a cause of death is least likely to be inaccurately recorded, is that known as general paralysis of the insane; it may, therefore, be useful to present some of the results of an inquiry into its statistics, as taken from the returns received by us from all the asylums of Scotland.

The character and course of this disease are so especially destructive that, before its almost invariably fatal termination, it can fail in few cases to be recognised. It is, therefore, probable that if the inquiry be limited to the cases in which the disease has run its fatal course, no error of great importance in the data will vitiate such general conclusions as might fairly be drawn from them.

But, even with this limitation, it is to be feared that we cannot regard the facts as supplying a basis which is in all respects perfectly reliable. There is evidence in the details which we possess, that some medical men still apply the term general paralysis to conditions in which the name is rather descriptive than nosological; and that others consider the process of cerebal disorganisation which frequently accompanies senile dementia, as entitled to be considered a form of this disease. Such differences as may be caused by those diverse opinions and practices cannot perhaps be entirely prevented in any medico-statistical inquiry; but it is probable that they will not be numerous in this particular instance, and that they will in most cases be somewhat counterbalanced, either by their own manner of distribution, or by the occurrence of other errors of opposite and consequently neutralising tendency.

During the ten years, 1865-74, 524 deaths from general paralysis were reported to us. Of these, 90 referred to private patients, and 434 to paupers.

It is doubtful whether the statistics of the private patients can yield any useful result. The number is too small to afford a valid basis of calculation, and the information which we possess regarding them is too imperfect to be of real value. According to the statements in the asylum documents, 65 of the private patients resided in some parts of Scotland previous to their admission; 14 were resident

in England; 10 in the Colonies and the United States of America; and in one case there is no information regarding the previous residence of the patient.

If we take both pauper and private patients labouring under this disease, we find that they present an annual number of deaths amounting to 1·6 per 100,000 of the population, one-fifth being private and four-fifths pauper. The numbers for each of the ten years is shown in the following statement. The series seems to show a tendency to an increased frequency of the disease; but the numbers are not large enough, and the progressive character of the increase is not sufficiently steady, to justify our regarding the existence of the tendency as demonstrated.

TABLE XI.

ANNUAL NUMBER OF DEATHS FROM GENERAL PARALYSIS IN ALL THE ASYLUMS OF SCOTLAND.

	1865.		1866.		1867.		1868.		1869		1870.		1871.		1872.		1873.		1874.		Total.	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Private Patients	7	0	4	0	11	0	8	3	10	3	5	1	9	1	6	4	9	2	4	3	73	17
Pauper Patients	23	8	36	5	30	6	38	7	33	8	45	7	34	13	31	8	42	11	39	9	351	83
TOTAL.....	30	8	40	5	41	6	46	10	43	11	50	8	43	14	37	12	51	13	43	12	424	100

General paralysis of the insane is regarded as being of most frequent occurrence among town populations, though no definite facts have been hitherto brought forward to establish this opinion. We have classified the 434 pauper patients according to the parishes to which they were chargeable, and find the correctness of the opinion fully confirmed. The cases belonging to parishes connected with the localities called town-districts by the Registrar-General yield an annual death-rate of 1·9 per 100,000 of the population; while those belonging to the insular and mainland rural districts present only ·8 per 100,000, or less than half the town rate.

If we adopt the other classification sometimes used by the Registrar-General, and group the cases according as they belong to the Principal Towns, the Large Towns, or the Small Towns and Rural Districts, we find the relation to density of population presented in a more striking manner. For each 100,000 of population we find our annual death-rate from general paralysis in the Principal Towns, 2·1; in the Large Towns, 1·3; and in the Small Towns and Rural Districts, ·7.

It is necessary, in order to appreciate these differences at their proper value, that we look at them in connection with the differences

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which are presented in the statistics of other diseases with the same classification of localities. The following Table gives an opportunity of doing this in regard to the statistics for the ten years 1862-71. The respective rates for general mortality, for death from diseases of the brain and nervous system, and from delirium tremens, have been selected as presenting the most instructive figures.

TABLE XII.

Localities.	Annual Rates of Mortality per 100,000 of General Population of Scotland for the Ten Years, 1862-71.			
	All Causes.	Diseases of Brain and Nervous System.	Delirium Tremens.	General Paralysis.
Insular and Mainland-Rural	1841	21·	1·2	·8
Towns	2565	35·6	2·6	1·9
All Scotland	2131	27·	1·8	1·6

From this it appears that the higher mortality characteristic of town populations manifests itself in a special manner when we look at the statistics of all nervous diseases, but still more remarkably in regard to delirium tremens and general paralysis.

This comes out still more distinctly if we consider the number of deaths in the towns from these several causes, proportionate to 100 deaths from each cause in the insular and mainland-rural districts. Calculated in this way, we find that for every 100 deaths from all causes in the rest of the country, there are in proportion to population 139 deaths in the town. For every such 100 deaths from nervous diseases there are 170 in the towns. For every 100 deaths from delirium tremens, there are 217 in the towns. And the corresponding proportion for general paralysis is 237. We have here a remarkable indication of the special prevalence in towns of diseases of the nervous system. This no doubt results partly from the greater strain which town life makes upon the nervous and mental energy, but probably in a still greater degree from the injurious influences of imperfect sanitary arrangements and hurtful social practices; and it is interesting to find the opinion that delirium tremens and general paralysis are special products of the dissipation and feverish activity of town life so strikingly corroborated by the figures. We have thought it desirable to exhibit the relative proportions of delirium

tremens and general paralysis, because general paralysis is believed by some authorities to be due to excessive indulgence in alcoholic and cognate stimuli, and the parellelism in the geographical distribution affords some countenance to this view.

The Registrar-General adopts for some purposes a division of the country into Principal Towns, Large Towns, Small Towns, and Rural Districts; and if we classify the deaths from general paralysis according to these groups, we merely obtain an additional illustration of the close relation which their number bears to the density of population. The following Table gives the classification, with the general death-rate for the respective districts, and also the annual production of pauper lunacy. The tendencies of the three columns are in the same direction, though the increase corresponding to the density of population is, as before, most marked in the case of general paralysis. In other words, while the death-rate from general paralysis is three times as great in the Principal Towns as in the Small Towns and Rural Districts, the death-rate from all causes is considerably less than twice as great.

TABLE XIII.

	Per 100,000 of Population.		
	Annual Death-rate.		Annual Production of Pauper Lunacy.
	General Paralysis.	All Causes.	
Small Towns and Rural Districts	·7	1915	35
Large Towns	1·3	2524	41
Principal Towns.....	2·1	2703	62
Scotland	1·3	2222	45

The recorded ages at death, and the numbers of each sex at each period, are given in the following statement. It corroborates broadly the opinions generally received in regard to the respective frequency of the disease according to age and sex. There is reason to believe, however, that a considerable number of the cases of death at the more advanced periods of life have been what most physicians would have considered more accurately named as senile dementia. Any attempt, however, that we could have made to eliminate this error would have deprived the Table of its value.

TABLE XIV.

Sex.		Age and Sex of those who Died of General Paralysis in Scotch Asylums during the Ten years 1865-74.						
		Ages.						Total.
		21 to 30	31 to 40	41 to 50	51 to 60	61 to 70	Over 70	
Males	Absolute Numbers.	26	164	132	63	29	10	424
Females	Absolute Numbers.	8	26	31	15	15	5	100
Total		34	190	163	78	44	15	524
Males	Percentage for each Decade.	6	39	31	15	7	2	100
Females	Percentage for each Decade.	8	26	31	15	15	5	100
Total		6	36	31	15	8	3	100

TABLE XV.

	Duration of Residence of those who died of General Paralysis in Scotch Asylums during the Ten Years, 1865-74.													
	Under 1 year.		From 1 to 2 yrs.		From 2 to 3 yrs.		From 3 to 5 yrs.		From 5 to 10 yrs.		Over 10 years.		Total.	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Private.....	36	10	22	3	9	1	6	1	...	1	...	1	73	17
Pauper.....	160	37	104	22	47	13	29	6	8	...	3	5	351	83
Total.....	196	47	126	25	56	14	35	7	8	1	3	6	424	100
	243		151		70		42		9		9		524	
	Percentage for each Period.													
Males.....	46		30		13		8		2		1		100	
Females.....	47		25		14		7		1		6		100	
Total	46		29		13		8		2		2		100	

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The remarks made in regard to Table XIV. are applicable also to Table XV., in which the duration of the residence of the patients in asylums is given. It has also to be observed here, that in those cases in which there may have been more than one period of asylum residence, it has only been possible to take account of the final period. In 75 per cent. of the cases, the death appears to have taken place within two years of the admission of the patient to the asylum.

The Report of the Inspectors of Irish Asylums for the year 1875, late as its issue undoubtedly was, we find to have this year appeared before the corresponding Blue Book of the Scotch Commissioners. In their abstract of the copious Tables of Statistics accompanying their report, the Inspectors notice the gratifying fact that while 2,132 patients were admitted to district asylums during the year, 939 were discharged cured, a proportion of over 44 per cent., a result which will compare favourably with that obtained in similar institutions in either England or Scotland. In addition to these, 236 were discharged improved, while 355 of the cases admitted were relapsed cases, so that the proportion of cures to new cases admitted reached over 52 per cent. It is well-known that a large number of these relapsed cases, indeed by far the greater proportion, consists of patients formerly discharged, or, rather, almost invariably removed by their friends, before their recovery was complete, and generally against the wishes and advice of the medical superintendent, the patients being usually brought back, after a short sojourn at home, in a more hopeless state than at first, often becoming a permanent burden on the asylum. We would suggest that a Table bringing out this fact in the full light of statistics might very advantageously be added to those at present given. The rapidly decreasing proportion of discharges among these relapsed cases is shewn in Table 14, where the numbers 242, 73, 27, 7, and 1, are given as those of relapsed cases admitted after previously sojourning in the asylum once, twice, three times, four times, and five times respectively. The figures might of course be held to imply that patients had a smaller tendency to relapse the more frequently they were discharged, but experience shows that this is not the case, and that our interpretation of the figures is the true one, viz., the patients were not re-admitted, because they had not been discharged, *i.e.*, they had become permanent inmates of the asylum. Of course, if a patient is removed he ought to be discharged, even though there may be reasonable grounds for apprehending a relapse, and

such cases there always are, though, we maintain, they are few in comparison with the numbers who relapse in consequence of too early removal by their friends. This is the point we should like to see brought out by a Statistical Table.

On the important question of relationship or hereditary tendency Table 17 shows that more than 10 per cent. of the inmates of the District Asylums have, or have had, relations insane.

Table 16 gives the deaths during the year as 742, out of a total under-treatment of 9,717, or less than 8 per cent., a favourable result, when it is remembered how many patients are brought in in a state of extreme exhaustion, whether from refusal of food or from a general break down of the system in old age, of which insanity is only a prominent symptom.

Table No. 4, giving the ages of patients admitted, is, we observe, classified in periods of ten years each from birth. This is, of course, the usual method, and for the mere numerical statistician is all that is wanted; but we would suggest that for the purposes of the medical statistician a better arrangement would be to classify together all patients under the age of 15, than to give two periods of five years each, corresponding to the periods of the development of puberty in the female and male sexes respectively; after this two periods of 10 years each would afford material for general observations, and would include the periods of greatest activity of the sexual system in both sexes; and after this two periods of five years each would embrace the periods of comparative decline of these powers in the female and male sexes respectively, while two succeeding periods of 10 years each would bring up the observations to 75 years, and would afford material for examining the bearing of old age on the development of insanity. We think that to practical men the value of such a modification of the Tables relating to the age of patients will be at once manifest.

We observe in Table 11 that the number of unmarried insane is 5,303, viz., 3,038 males, and 2,245 females, against 1,674 married persons, viz., 813 males, and 861 females. To the former number may also be added 441 widowed persons, viz., 118 males, and 323 females, and probably the majority of the 323 returned as unknown, viz., 153 males and 170 females. When we remember that marriage is the almost universal condition among the peasantry of Ireland during the ages at which insanity is most prevalent, we cannot but

be struck with the great preponderance of insanity among the unmarried. To give full point to the disproportion brought out by this Table it would be necessary and highly desirable that the numbers of single, married, and widowed persons in the whole community for the ages during which insanity is prevalent, say from 15 years upwards in five year periods, should be correlated with the numbers of Table 11. Materials for this correlation could of course be readily obtained at the Registrar General's office.

On Table 15 we would observe that without abrogating the present classification, a valuable resumè of it might be given by classifying patients as out-door workers and indoor workers; also as labourers and artizans, meaning by the latter term those who employ their brains to a marked degree in the guidance of their manual labour; then the educated classes, or those who practically employ their brains only, might be grouped together. Any trades known to have a special tendency to produce insanity might be specially referred to, if such should be discovered; at present we are not sure that any such exist, the popular prejudice against hatters notwithstanding, for the insane population of Ireland is stated in this table to contain only four members of this maligned class, while there are no fewer than 112 shoemakers. The absence of any employment would appear to have a remarkably serious effect, for we find 161 mendicants, though mendicancy has very much disappeared in Ireland of late years.

We observe that the salaries and wages of officers and attendants alike still continue very much below those of English and Scotch Asylums, though the duties are no less onerous; indeed, the Medical Superintendent in Ireland has responsibility in many matters of which his brother in Great Britain knows nothing; while the requirement which obliges him to serve for 40 years for a 2s. 3d. pension, as against 15 years in England, still remains unamended, and the consequent injustice unredressed. Further, the absence of efficient medical assistance absolutely prevents his devoting that amount of attention to the purely medical consideration and study of insanity that his English and Scotch brethren can find time and strength for; a great reform would, in our opinion, be effected by appointing one or more assistant officers in every asylum, according to the number of its inmates. At present only five asylums in Ireland have an assistant medical officer, and one of these, the Richmond,

has over 1,000 inmates. The salary of the assistant would be saved by making him discharge the present duties of the apothecary, and dispensing with the obsolete office of visiting physician, which is unknown in England, and in Ireland was formerly introduced only because the Governor was a lay official.

Commenting on the slight increase in the mortality of 1875 as compared with 1874, about ·8 per cent., the Inspectors remark, that it may be in part attributed to the number of hopeless or indeed moribund cases transmitted under magisterial warrants as being dangerous or violent. This may no doubt be the case; but our experience goes to prove that this is the very class of cases on behalf of which every point ought to be strained, and every possible irregularity overlooked, in order to compass their immediate admission to an asylum. For, indeed, our experience is that these patients are almost invariably moribund, simply from want of food, their friends having been utterly unable to induce them to take anything, and indeed ignorant of the kind of food, beef-tea, &c., which ought to be administered, and unable to administer it. Many of these patients die, no doubt, after admission, but a larger proportion are saved by immediate artificial feeding; and more still would be saved were it not for the delays, sometimes of two or three days, imposed by the necessity for first obtaining and afterwards filling up the necessary forms imposed by the law. To obtain the form of application from the asylum involves in itself a delay of two days in country districts, and two days in such cases simply means all the difference between life and death. The magistrates' warrant can no doubt be obtained from the nearest petty sessions clerk, but there is every difficulty in the way of filling it, unless the patient has committed overt violence against others. That the patient's mania is dangerous to his own life ought to be, but is not, considered sufficient to bring him under the category of dangerous lunatics. The Act by which two governors can authorise immediate admission, in accordance with certain engagements, nevertheless involves the delay of obtaining the necessary forms.

The Medical Superintendent, though authorised to admit cases as urgent, can only do so on the production of these forms duly filled. The Scotch plan of a "medical certificate of emergency" might be advantageously adopted in Ireland, on which a patient could be detained for three days.

The Inspectors remark that practical arrangements have

not yet been effected for the removal of chronic and quiet patients to workhouses. We think that a great deal of discretion will be necessary regarding the removal of these patients. Chronic and quiet patients are just those who render most assistance in carrying on the daily routine of house-cleaning and other work in the asylum; and if they are removed it will be necessary in most cases to hire wardsmaids of a class much below that of the ordinary asylum attendant or nurse to replace them. These poor creatures may in general be considered fully to earn by their work the greater comforts of asylum life as compared with that of the workhouse. Of course, if they are very infirm this argument will no longer hold, but, as the Inspectors remark, workhouses have many drawbacks which make it a matter of doubt how far they may be suitable for the accommodation of these essentially sick inmates.

The Inspectors comment strongly on the disposition manifested by some Boards of Governors to endeavour to reduce asylum expenditure to a level with that of workhouses, and that notwithstanding the subsidy now granted by Government with the very reverse object. It is only to be regretted that the Inspectors have no further power than simply to embody such remarks in their report. We think that when Governors refuse to provide beds and bedsteads for their increasing numbers, and keep patients lying during a hard winter on straw placed on the floor, as we have known them to do, notwithstanding the urgent and repeated remonstrances of the Medical Superintendent, the Inspectors ought to possess a definite power of interference. But indeed we should be strongly inclined to suggest that these institutions should be removed altogether from local control, and constituted essentially a State service, their expenditure being entirely provided for out of the Consolidated Fund, at least until the surplus funds from the Church Disestablishment should be forthcoming. The relief from local taxation would probably compensate country gentlemen for the disuse of their services as Governors. The audit might be effected as hitherto, the control of expenditure being entrusted to the Medical Superintendent under the supervision of the inspectors. This system has been found satisfactory in Criminal or State Asylums, and has just been introduced into the Prison department of Ireland by Sir M. H. Beach's recent Act, these institutions having been thereby removed from local control, and placed entirely under that of a Central Board. We think

it would be highly desirable that a similar measure should be applied to Asylums, the medical element being strongly represented in the Central Controlling Body. This measure would, we venture to think, be preferable to swamping the Asylum's office altogether in the Local Government Board, as at present talked of. Asylums are hospitals, and a central body governing them ought to be essentially medical; the Local Government Board is essentially lay.

The Functions of the Brain. By DAVID FERRIER, M.D., F.R.S. Smith, Elder & Co., London, 1876.

This work may fairly be considered as representing the latest additions to our knowledge of cerebral physiology. The opening chapter is devoted to a brief sketch of the structure of the brain and spinal cord. Then follows a description of reflex action as observed in the lower animals and in man. A very ancient drawing of an ascidian, which here does duty, as it has done in other works for the past forty years, leads one to enquire whether it is not possible to make a more faithful illustration of this interesting creature. The function of the *Medulla oblongata* are fairly described, but in all these descriptions there is not much that strikes one as being fresh or worthy of special attention. Dr. Ferrier having led the way up from the lowest nervous function to the highest, proves not only by his own, but by the experiments of others, that the cerebrum is the sole seat of volition. For whilst an animal may exist, if fed, and even perform combined movements without any cerebrum, that is, with only the basal ganglia, it is incapable of originating active manifestations of any kind. Consciousness also has its seat, not in the mesencephale, but in the higher nerve centres. The nerve faculty of adaptation to circumstances, which an animal without any cerebrum may be capable of, is no proof of consciousness, and, therefore, though the lower nerve centres may have this faculty of adaptation, they do not necessarily possess consciousness, or even sensation. Under the impression that many erroneous ideas arise from confusion in respect to these terms, Dr. Ferrier suggests the term *æsthesis*, to signify a new physical impression on the centres of special sense, and the term *noesis* to signify a conscious impression, but he does not use these terms much himself.

Equilibration, the loss of which is so prominent a fea-