

PART II.—REVIEWS.

The Lunacy Blue Books.

1. *Twenty-Sixth Report of the Commissioners in Lunacy.* 1872.
2. *Fourteenth Annual Report of the General Board of Commissioners in Lunacy for Scotland.* 1872.
3. *Twenty-First Report on the District, Criminal, and Private Lunatic Asylums in Ireland.* 1872.

The total number of persons known to be of unsound mind in the United Kingdom at the beginning of 1872 was 84,866, viz., 58,810 in England, 7,729 in Scotland, and 18,327 in Ireland. This is an increase of 3167 over the year 1870, the greatest proportional increase having taken place in Ireland, and the least in Scotland. These numbers give a proportion of one lunatic or idiot to every 371 of the whole population, or one to 386 in England, to 435 in Scotland, and to 300 in Ireland. Year by year this proportion rises, not by any means slowly, and as if with the resistless steadiness of a law of nature. In 1859 it was only one to 535 in prosperous, advancing England; in 1846 it was only one to 661 in unprosperous, receding Ireland. Not only does the number of the insane in asylums increase, but the number in workhouses and those known to be living with their relatives appear equally to augment. The workhouse patients stood at 8,000 in 1859 in England, and they are now nearly 14,000; while in the same time those in County Asylums have risen from 15,844 to 29,641. In Ireland, the numbers in asylums have risen 1,681 in five years, and the numbers outside have risen 996 in the same time. Scotland is, on the whole, best off, for the increase there has only been 1,812 since 1858, and in that country of "lunatic colonies" and "Gheels in the north," where there is a common notion that a large number of the insane are "boarded out," there has actually been a decrease of nearly 300 of those accommodated in "private dwellings." It would seem that the earnest and resolute efforts made there to increase the non-asylum provision for the insane, and to create a public opinion against asylums have, by the satire of events and the contrariness of things in general, only been followed by an increase of 1,000 in the asylum inmates, and this decrease (confined to Scotland) in those who enjoy the free-air system. New lunacy acts, commissioners in lunacy, stately expensive asylums by the

score, psychological doctors by the hundred, a homily on the wonderful effects of early treatment by every one of those doctors every year, printed and circulated at the public expense, teaching on insanity at nearly every medical school—all these seem as powerless to arrest the yearly increase of lunatics reported in the blue books as was Canute's command to stem the rising tide. It is no wonder that we have a deeply rooted popular opinion that lunacy is on the increase, and that professional commentators on these facts, whose power of looking into things is small, and their desire to please the public very great, should not only endorse this opinion, but bring forward most conclusive medical reasons why it should be so. Is not the bustle and strain of modern life quite sufficient to drive nearly everybody mad? Are not the habits of modern society quite inconsistent with the serene enjoyment of the *mens sana in corpore sano*? Do not kettledrums, nips, and late hours manifestly lead to "abnormal cerebration?" This line of argument has undoubtedly a most plausible and likely look about it. Those things ought certainly to be true; we find, however, that nearly all the increase of insanity is found in Dorset, and not in Yorkshire; in Wiltshire, and not in Belgravia; in Conemara, and not in Manchester. The asylums for rural counties have to be every year enlarged, while the private asylums for better-off patients don't fill nearly so fast as their proprietors would like. This is but one of the difficulties in the way of determining the matter off-hand. An examination into the local distribution of the insanity shows anomalies to every rule that has yet been laid down to explain the production of insanity, but no such examination of an exhaustive kind has really been made. In the Scotch Report (pp. 9 and 65) some suggestions are made, and some difficulties stated, but no conclusion is come to. As far as the facts have been brought out as yet, the following are the chief of those that help to determine the question:—1. The wealth of the population of a district. 2. The rate of increase of such a population. 3. Its stationary or migratory character; this, no doubt, causing or preventing the intermarriage of relations. 4. The amount and kind of alcoholic drinks used. Contrary to what might have been expected, the education, religion, morality, or criminality of a district seems to have exceedingly little to do with the proportion of insanity in it. It is much to be regretted that the Lunacy Commissioners do not at once set about the thorough investigation and settlement of this

most important question. The doing so would cover them with glory. One would imagine that the statesmanship of the honorary members, the prying into things in general of the lawyers, and the scientific and medical zeal of the doctors, would all have combined long ago to clear up a matter that so deeply affects the commonwealth.

The admissions, not including transfers, for the year 1871, amounted to 10,758 in England, 1,836 in Scotland, and 2,409 (this does not include the *new unregistered* lunatics for the year) in Ireland; making in all 15,003 for the whole kingdom. This is an increase for the two former alone of 407 over the admissions for 1870; the increase of the population would account for 200 of these, so that in reality the real increase of the new cases for the year is only about $1\frac{1}{2}$ per cent. on the preceding year. The production of lunacy is, of course, better represented by the number of new admissions for the year than by any other set of figures.

The recoveries in asylums and elsewhere during the year amounted to 6,009 in the three kingdoms, viz., 4,151 in England, 810 in Scotland, and 1,048 in Ireland. This gives a percentage of 40 as the rate of recovery for the whole kingdom, England standing at 38,* Scotland and Ireland at 44.

There were 4,973 deaths among the insane population during the year, viz., 3,822 in England, 539 in Scotland, and 612 in Ireland. The English death-rate on the average numbers resident was, as usual, the highest, 10.38; the Scotch next, 8.9; and the Irish the lowest, 8.2. If the diet was the only thing to be taken into consideration in accounting for this, the matter could be simply put. The better the diet the more deaths. But, of course, we know that this is incorrect. The comparative prevalence of general paralysis and epilepsy in England, as compared with Scotland and Ireland, in reality accounts for by far the greater part of the difference in the mortality.

A great deal of most valuable information is given in a tabular form in all three reports, but, unfortunately, there is not a single table in any of them that is uniform with a table in either of the two others. Much ingenuity must have been spent in carrying out this divergence even to the minutest matters. It need scarcely be remarked how much this takes away from their value as imperial statistics. Each report has

* As calculated in table 4 of the English Report, it is put at 33.87, but in this the transfers from one asylum to another are included among the admissions—an obviously incorrect method.

tables that convey information not to be got in the others, and each has its special good points in the matter of tables. We would instance Tables 2 and 7 in the English Report; those on pages x., xxxi., xxxii., xxxviii., xli., and lxvi., in the Scotch Report; and the series of tables from 1 to 24 in Appendix C in the Irish Report. All the information given in the English tables is very compact and to the point, and they are very systematically arranged; that in the Scotch tables is far fuller, refers to far more points of medical, scientific, and general statistical interest; while the Irish that are of any value at all are abstracts of the statistical information usually given in English and Scotch Asylum Reports. It would be a most undeniable improvement if in each report the tables of the Medico-Psychological Society were used, and all the financial information as to salaries, &c., in the Irish blue book was given. It is unfortunate that this is almost the only thing worthy of commendation in the Irish Report, except its brevity.

By far the greater part of the English Report is occupied with an account of the additions, alterations, and general state of the asylums, public and private, and the entries by the Visiting Commissioners are given in full in appendix C. These show that on the whole the state of the asylums is considered satisfactory. We could wish that the reports were made on a more systematic and less desultory principle. If all the reports for one year—and this plan would make an agreeable variety in what must come to be rather a dull occupation for the Visiting Commissioners—contained in order the information to be obtained on the following points:—

1. The changes during the year, with any special observations required as to the admissions, discharges, or deaths.
2. The exact procedure that takes place on the admission of a patient into the asylum; who receives him; who takes him to the ward; what sort of ward he is at first taken to; what means are taken to get all the information possible about him; who bathes him, who examines him, and how this is done; the time taken to do it; how it is recorded; what is then done to the patient; how long he is allowed to be in bed; what he usually gets to eat first and when; if he is put under the charge of any special attendant or not; where he sleeps at first; what means are taken to find out his mental peculiarities and bodily symptoms and report them to the doctor; what is the general mode of treatment adopted, what drugs are most in vogue, on what principles excitement, depression,

sleeplessness, and ~~exhaustion~~ are treated; how often records are made about him and by whom; what control the medical superintendent exercises over individual treatment; who orders him to be put to work, and who selects the work he is to do; what means are taken to overcome obstinacy about working; if he is changed to other wards when improved or getting worse; and, finally, how long after or before complete recovery he is discharged, and if any means are taken to report on him after his leaving the asylum. 3. Means of employment in the asylum, the numbers engaged in the different occupations and the estimated profit or loss. 4. The means of amusement, the numbers enjoying them, and who sees that the recent cases are encouraged to take part in things that will divert their minds. 5. How long the doctors spend in the wards, and what they do when there. 6. How many attendants, how placed, how the work of each is arranged, and what training a new attendant gets on his first appointment. 7. What offences on the part of attendants are invariably followed by dismissal and which are not. 8. The exact principles on which seclusion, restraint, shower baths, strong neurotic sedatives, strong dresses, and such things that are liable to abuse are ordered. 9. How long all the patients are out in the open air every good day. 10. Clothing and bedding. 11. Classification or no classification in wards, its principles, and who carries them out. 12. Furniture and decorations of wards. 13. Night nursing, how done, how reported, what sort of cases get most attention—the dirty, demented, incurable who wet the beds; the epileptic, suicidal, or the recently admitted cases. 14. The means taken to discharge unrecovered but harmless cases. 15. The ordinary dietary, the amount of nourishment contained in a week's allowance for a patient, the average weight of food not eaten every day, the favourite dinners. 16. The mode of nursing the sick and paralysed, and the treatment of bed sores. 17. *Post-mortem* examinations, how performed, how recorded.

In case of anything unusual under any one of these headings, the reasons given by the doctor why this is so should be given. We believe that one year's reports, made on some such uniform principle, would be most valuable to the superintendents of asylums, and could not fail to bear good fruit.

The plans of new asylums given in the English Report are most valuable. This year the plans of the Metropolitan Asylums for Imbeciles are given.

The question of attendants is the last one discussed in this report, and we are glad to see that the Commissioners add the weight of their authority to the opinion that attendants are utterly underpaid. This is, in the main, a simple money question, and will have to be faced in all asylums soon. Some systematic mode of training attendants, too, is very much needed.

The Scotch Report, as usual, is strong on the subject of the removal of harmless, unrecovered patients from asylums. It appears that the amendment to the Scotch Lunacy Acts, providing for the discharge of a patient after being in an asylum three years, except the Superintendent certifies on the first of each year that his detention is "necessary and proper, either for his own welfare or the safety of the public," has been almost entirely inoperative. This certainly seems an unpractical and obscure law. Asylum doctors are often puzzled enough about the sanity or insanity of their patients, but when one of them has to determine the social problem as to whether the "welfare" of, say each one of his 1,000 patients, is best promoted by the (to him) known conditions of asylum residence, or the entirely unknown conditions outside, he may well feel that the indefiniteness of such a statute is ample justification for its neglect. Who can imagine the consternation of the inspectors of poor of a county, where the superintendent of the asylum, newly converted perhaps by certain articles in the "Scotsman" and "Edinburgh Review," which make the welfare and happiness of a lunatic synonymous with his complete liberty, had thought it his clear duty not to certify any of his patients, with the result of them all being suddenly turned adrift?

There are some admirable observations in the Scotch Report on the mortality among the insane (p. xxvii.), and especially in regard to the well-known prevalence of consumption as a complication of insanity. As this has been lately questioned on most insufficient grounds, we quote the passage:—

"It may, however, be well to point out that the mortality of an asylum can only be properly compared with that of another asylum. In comparing it with the mortality of the ordinary population, there are too many sources of error to permit of any very trustworthy results being arrived at. This fact will be at once apparent, if instead of an asylum we suppose the comparison to be made between the mortality of a fever, small-pox, or cholera hospital, and that of the general community. The circumstances of the two things compared are so totally different that the comparison becomes absurd. Even

the prevalence of an epidemic may engender such different conditions as materially to influence the relations towards each other of the inmates of establishments and of private dwellings—by the measures adopted in the one case or the other, for averting or facilitating the propagation of the epidemic disease.

“As the facts which are here broadly stated are occasionally lost sight of, and comparisons are instituted, with erroneous conclusions, between the mortality of asylum patients and of the general community, we shall go a little more minutely into this question. The inmates of an asylum are all affected with a deviation from the normal condition of the organism, inducing such abnormal mental manifestations as have led to their being separated from the rest of the community, and detained in special establishments. In some cases, however, this deviation can scarcely be reckoned as disease. In many imbeciles, for instance, all the organic functions are normally performed, and it becomes necessary to restrain their liberty, only from their deficient intelligence, or their deficient moral perceptions rendering them dangerous to themselves or others. Between the mortality of such persons and that of the general community a comparison might perhaps be fairly instituted; but their number in asylums is comparatively small. Far greater is the number of those patients whose bodily health is so feeble that their death follows within a short period after their admission.

“From the returns made to us it appears that of the patients admitted into public asylums 42·3 per cent. die within the first year. The inference from this fact is that a large proportion of the patients admitted into asylums are already affected with some incurable form of organic degeneration. But in order to give the necessary qualification for admission into an asylum, such organic degeneration must be accompanied by abnormal mental manifestations; and in the very nature of things the organs affected must be principally those of the nervous system. Consequently it would be only natural to expect a much higher proportion of deaths from disease of the nervous system among the inmates of asylums than among the general community. That this is really the case we shall now proceed to show. Among the population of Scotland there occurred in 1868, 8,154 deaths from consumption, and 5,460 from diseases of the brain and nervous system. As the total mortality was 69,416 these figures make the percentage of deaths from consumption 11·7, and that from diseases of the nervous system 7·8. But among the restricted community of the insane, the case is far otherwise. On an average of several years the percentage of deaths in the public asylums of Scotland was 17·3 from consumption, and 34·9 from diseases of the nervous system.*

“Thus while in the general community the mortality from consumption was considerably higher than the mortality from diseases of the nervous system, in the asylum communities the mortality from

* It should be kept in mind that these percentages are calculated on the total number of deaths.

diseases of the nervous system was double that from consumption. Such facts show, we think, very clearly the fallacies of comparisons between the total mortality of asylums and of the general population, and also of comparisons between the different causes of mortality among the sane and insane. The percentage of deaths from consumption in asylums does not greatly exceed that which takes place among some sections of the general community, and from facts of this kind it has been maintained that consumption is not more prevalent among the insane than among the sane. But no argument could be more fallacious. This will be at once apparent when it is kept in view that the mortality of 17·8 per cent. from consumption in asylums takes place among a class selected on account of diseased mental manifestations, and that this selection involves, as we have shown, an abnormally high mortality from lesions of the nervous system. If, then, among the remaining patients the deaths from consumption are still sufficiently numerous to give a percentage of deaths surpassing that from the same cause among the general community, it necessarily follows that consumption must occur in a much higher ratio among the insane than among the sane.

“There is, however, another point which, unless taken into account, must vitiate all comparisons between the mortality of asylum patients and that of the general population; that is the age of the communities between which the comparison is made. It is very clear that if an equal percentage of deaths from consumption were found occurring among an asylum community which contains very few persons under the age of puberty, and among the general community which embraces persons of all ages, there must be a fallacy in the comparison. Supposing the population of asylums to consist entirely of persons between the ages of 30 and 60, the annual mortality among them from consumption, according to the returns made for the entire population of Scotland, should amount to 3·3 for every thousand resident; whereas the actual mortality of asylum inmates from consumption, on an average of the five years, 1866-70, was equal to 16 for every thousand resident.

“But there is still another fallacy which has to be guarded against in such comparisons. The annual mortality of asylums is 8·2 per cent. on the numbers resident; the mortality of the general population, however, is only about 2·1 per cent., or a fourth of that of the asylum population. Consequently, even upon the view that the proportion of deaths from consumption to the total number of deaths from all causes was not higher among the asylum community than among the general community, there would still occur among the latter four times the number of deaths from consumption which occur among the former, simply from the higher rate, at which, as a class, asylum patients die. That is, population for population, four times as many deaths would occur from consumption among the insane as among the sane.

“We may here call attention to the fact that consumption is much

more prevalent in some asylums than in others. The deaths from this disease, for instance, are seen from the table on p. lxvi., to amount in the Inverness Asylum to 21.4 per cent. for males and 36.3 per cent. for females of the total mortality. In the Elgin Asylum this percentage is 33.6 for males and 30.6 for females. On the other hand, in the Aberdeen Asylum the percentage of deaths from consumption is 3.5 for males and 17.5 for females; in the Asylum of Dundee 9.7 for males and 3.8 for females; and in the Royal Asylum for Perth 4.3 for males and 6.2 for females. It deserves to be noted that in those asylums which are most remarkable for their low mortality consumption is least prevalent; and we are again confronted with the question whether this fact is dependent on conditions affecting the general community, or on conditions affecting the asylum inmates only. It may, however, be well to bear in mind the possibility of something being due to the different degrees of care bestowed by different medical men in ascertaining the causes of death. Has any marked difference in the reported causes of deaths in an asylum ever been observed to follow the appointment of a new superintendent?"

In the table on page 31, there is an admirable continuous history of 1297 patients who constituted the new admissions into Scotch Asylums in the year 1858, down to the end of the year 1869. Such a table is a real addition to our knowledge of insanity, and is the most valuable contribution to the vital statistics of the insane, since Dr. Thurnam, in his "Statistics of Insanity," traced out the continuous history of 244 cases who had been patients in "The Retreat."

The average cost of a lunatic in a public asylum was, in England, 9s. 8½d. per week, being an increase of 3d. per week on the previous year; in Scotland it was 9s. 7½d., being 1½d. less than the previous year, and in Ireland 9s. ¼d., being about ¾d. more than the previous year. This varies more on the whole in England than in Ireland or Scotland in different institutions, the greatest difference in the former being 7s. 5d., and in the two latter rather under 5s.

There were twelve suicides in asylums in England, six in Scotland, and seven deaths from suicide and violence in Ireland. It seems most probable that the high comparative number in Scotland results from the present tendency there to give greater liberty to asylum patients. Strong efforts are evidently being made by the English Commissioners to prevent the occurrence of suicides in asylums, by increased supervision by day and night, and they seem to have adopted the principle that all large asylums should have a special dormitory and a few single rooms for epileptics and suicidal patients, where a special attendant is on duty all night. The

wonderful thing certainly is, not that there are so many suicides in asylums, but that there are so few, when we consider that there are over two thousand in the United Kingdom every year out of asylums.

These reports show that on the whole there is an immense amount of thought, and care, and effort exercised in the treatment of the insane by all who have to do with them. Year by year the efforts towards a more perfect system of treating and managing them seem steadily to increase in all but one direction. That spasmodic and individual efforts are made in this direction is true, but on the whole the medical treatment of the diseases which are comprised under the term insanity, stands still, as compared with the asylum building, general managing, &c. So far as these blue-books go (with some exceptions in the Scotch report), they might be about any other evil that afflicts humanity than a well-marked disease arising from disordered function of one of the organs of the body. Three books about a disease with nothing medical in them! Everything that concerns the treatment of those labouring under this disease professedly gone into, and not a word about medicines! Talk of modern scepticism, the Reports of the Commissioners and Inspectors in Lunacy are the finest examples of medical scepticism extant, for they don't deny, deride, or damn with faint praise, they simply ignore the whole science and art of physic and all its professors. It may be that this will be better in the long run for the study and the medical treatment of insanity as a disease, but it is hard to see it, if its practical effect is to encourage asylum doctors to ignore the medical aspects of patients, and sink into a state of lethargic indifference to the unsolved problems in brain pathology, diagnosis, and therapeutics that daily come before them. Every year physiology shows some closer connection between brain and mind, every year psychology admits a closer dependence of mind on brain, every year medicine proclaims the increased importance of the agents that act on the nervous system. No one can doubt that the discovery of any agent that would cut short an attack of any one form of insanity, would do more good to humanity than all the lunacy blue-books ever written; that any mode of treatment which would prevent the occurrence of any form of insanity, would be worth all the money ever spent on Lunacy Commissions. And yet all the persons who have to study and treat this most common but most mysterious disease, the elucidation of which might solve the problem of the connection of mind

and matter, the cure of which would be the most blessed boon to humanity which ever the angel of mercy bore to earth, and the prevention of which would cut away the roots of untold crime, and sin, and social misery—those persons are chiefly encouraged to look at the matter from the point of view of the comfort and quiet that can be produced in lunatic asylums by good arrangements well carried out. It does not seem to be realized that we now have good enough asylums for all useful purposes, and that we ought to have passed into a further stage of the care and treatment of the insane than mere asylum management, or even lunatic colonies and the boarding-out system. There seems every probability that this further and more advanced stage will be carried out under different auspices from those of the present Lunacy Commissions. With the alternative of a more popular management and control of public asylums, or some practical effect being given to Sir Massey Lopes' resolutions; the probability that on the death of the eminent philanthropist, who at present presides over the English Lunacy Commission, it will be absorbed in the Local Government Board; the imminence of great changes in the whole private asylum system;—it well becomes the medical officers of asylums to look ahead and prepare for what is coming. The probability is that they may find their positions anything but improved in many ways. They will have another set of masters to educate. They probably will be better able and be more encouraged to cultivate and turn to good account their medical instincts. The final shape in which the lunacy affairs of the kingdom will be regulated may probably depend much on the accident of political parties. The best that can happen will be that we should have some statesman as well qualified to give definite shape and form to the present and future requirements of medical science as Lord Shaftesbury was to control and mould the philanthropic movement that resulted in the present lunacy acts and lunacy system. Many things will have to be provided for in the lunacy laws of the future that now are wanting. Provision for the establishment of small adjuncts to county and town hospitals for the early and proper treatment of recent cases of insanity without any legal order of incarceration. The extension of the present power of one lunatic being received as a boarder into an ordinary family to four or five, so long as they are treated as members of the family, making the discharge of all patients, public and private, on

recovery, a purely medical matter. Provision for the separate treatment of dipsomaniacs. Elastic provision for the establishment of lunatic colonies, lunatic-worked farms, payment of lunatic labour, &c. Some sort of provision that the men who inspect and find fault with others shall themselves have had the responsibilities and the opportunities which actual superintendence can alone give. Some provision that the medical officers of asylums shall not be entirely debarred, as hitherto, from ordinary practice, but rather shall be compelled to keep up a general knowledge of, and interest in their profession, by a certain amount of hospital, or union, or private practice. The appointment of deputy inspectors to visit the single cases frequently, so that the present anomaly of those patients who most require looking after being least seen to, shall be remedied. The disjunction of the legal and medical elements, and their relegation to their own separate spheres, the former to decide all legal matters, the latter to do everything that implies personal contact with the patients. The whole question of criminal lunacy needs settlement: what it is, how it is to be determined, &c., and according to the universal opinion of the medical profession this implies provision for taking the opinion of experts in a rational way in regard to doubtful cases of insanity before the courts of law. Some provision for middle-class insane patients, who are at present incomparably worse off than any other class. The whole subject of the management of the property of lunatics needs statutory overhauling. All this and more than this is required, for every enactment that affects the insane should make provision for the full exercise and encouragement of voluntary philanthropic effort and help, for the widest scope being given to the requirements and advance of medical science, and for interesting and enlightening the public mind on the whole subject.

The true significance of the facts recorded in these lunacy blue-books is very far from being exhausted by looking at them from the mere lunacy point of view. We shall some day be in a position to look at them as one of a series of phenomena all bearing a very close relation to each other, and together affecting the happiness of mankind more than anything else. If we had accurate information as to the mental and bodily diseases that had affected a population, and could then accurately correlate that with reliable data as to their food, occupations, education, crimes, morals, and religion, how vastly our knowledge of Man would be extended!