

of this sort in the mind of a prisoner does not necessarily prevent him from doing his work or going through the usual discipline—beyond, perhaps, a certain license which is allowed him in retailing the grievance. So long as it keeps in the one groove, a sort of chronic growl, and does not become obnoxious and necessitate the suspension of discipline, and special observation as to the state of the mind, I would include it in the term simple perverted ideation.

These misconceptions refer to a variety of subjects, but they have mostly to do with the events connected with or arising out of their prison life—as that their food is tampered with, their “time” is up, they are “due” for a visit or a letter, and the like—prison matters, upon which the thoughts of the prisoner are most likely to dwell.

(To be continued.)

PART II.—REVIEWS.

The Lunacy Blue Books.

1. *Twenty-Seventh Report of the Commissioners in Lunacy, 1873.*
2. *Fifteenth Annual Report of the General Board of Commissioners in Lunacy for Scotland.**

The annual account of their stewardship rendered by the Commissioners in Lunacy is always interesting, both to those who make Lunacy a study, and to those who make it a living. Many persons go to these reports keenly interested in the facts and figures set forth, and their medical significance; others see only the social and economic bearing of the statistics, while perhaps a still larger number look with anxious eyes at the praise or blame of themselves or their institutions that is published to the world in those volumes. No thoughtful man can take up one of these reports, however, without having some new ideas suggested to him. To see the records of the mere numbers of our poor human kind of every class and in every place affected with the direst of all diseases has a very saddening and humbling effect on most minds. Who can think of 68,145 insane men and women—the number in the United Kingdom at the end of 1872—and endeavour in the

* The Irish Blue Book has not yet been received.

remotest degree to realise the broken hearts, the blasted hopes, the blighted ambitions, the unfinished work, the dead affections of this great army of stricken ones, and their belongings, without feeling very sad at heart? And these things do not half express the true seriousness of the case to the medical mind. The latent and milder cases not included in this list, the vast mass of nervous and bodily disease that has necessarily accompanied so much insanity, the mental eccentricity and obliquity, the degeneration, the immorality, and the crime, which we know must have existed in so many of the families where the insanity occurred—all these things help to darken the picture that rises in one's mind when thinking of the sixty thousand. Two or three bright spots there are it is true. All this misery has roused up a pity that is almost divine, a pity that has assumed a most practical form, and done very much for the care and cure of the disease. Medical science has not been idle in the study of the nature of the disease, and of the best means of its prevention and treatment. Through—as some would say in consequence of, as we would say in spite of—all this disease, we have in every generation a great light rising, a genius among the degenerate, a god among those that are tending to the brutes, to repay all the compassion and care that have been expended on his blood relations by giving new ideas and great thoughts to all the world. The last, and most unquestionably the truest comfort in the matter, though it may seem to the unthinking to savour of the cold heartlessness of pure science, is that all this mass of disease of man's highest organ is one of Nature's ways of keeping the general mass of human kind brain-whole. She cuts off a hand that the whole body may not be destroyed; that the fittest may survive, the unfitting must die.

In noticing these reports this year we shall chiefly confine ourselves to a *resumé* of some of the principal facts contained in them, and a few extracts of general interest.

In the beginning of the year there were 66,539 persons known to be of unsound mind in the United Kingdom (England 58,810, Scotland 7,729); in the end of the year there were 68,145 (England 60,296, Scotland 7,849); thus showing an increase of 1,606 (England 1,486, Scotland 120).

There were, not including transfers from one asylum to another, 12,526 admissions into asylums, &c., during the year (England 10,660, Scotland 1,866), against 12,594 in the previous year, thus showing an actual decrease. The new pro-

duction of insanity during the year shows a considerable decrease, therefore, for the year, taking the increase of population into account.

The recoveries amounted to 5,104 (England 4,228, Scotland 876), against 4,961 last year, being an increase of 143. The percentage of recoveries on the admissions was, therefore, 40 (England 39, Scotland 47). This is an increase of 1·4 per cent. for England, and a diminution of 3 per cent. for Scotland, the general increase for Great Britain being ·6. The percentage of recoveries was 43·6 in English, and 42·6 in Scotch public asylums.

The deaths among the insane numbered 4,115, as compared with 4,361 in the previous year, the death rate on the average numbers resident living in public asylums in England, 9·6, and Scotland 8·5. To institute a fair comparison, however, the mortality in registered hospitals in England should be included with that of public asylums, which reduces the rate to 9·4 per cent. The rate of mortality in England had diminished by over one per cent. as compared with the previous year, while in Scotland it had remained the same.

Looking at those statistics, it cannot be said that they are unsatisfactory. A diminished proportion of new cases of lunacy to the general population, an increase in the recoveries, and smaller number of deaths, are facts calculated to give pleasure to all who have the welfare of the insane at heart.

The average weekly cost of each pauper lunatic in the public asylums of England was 9s. 10³/₄d., being an increase of 2¹/₂d. over the previous year, while in Scotland it was 9s. 5³/₄d., being a decrease of 1³/₄d. Curiously enough, in Scotland the cost of keeping pauper lunatics in asylums has diminished since the year 1869. Surely they are a happy people whom high prices have not yet reached. We should mention, however, that it is the cost for the year 1871 only that is given in the Scotch reports. Now it is very unsatisfactory and unbusinesslike that such a simple matter as the cost of patients in public asylums should not be given for the year of which this is a report. This lateness of all the statistical information, when the interest of the figures has died out, and the general unsystematic way in which some of the tables and subjects treated of are arranged, are serious blots on the Scotch report. It gives the impression of its compilers having taken a whole year to get up the tables and write the report, doing a table and a paragraph now and again, and throwing them together without much reference to order or arrange-

ment. There are several amusing instances of repetitions and desultory moralizing in it coming in without having the least connection with the context. We would instance that at the foot of p. xxvi. An unusual number of suicides (29) occurred in England, and a still larger proportional number of deaths from suicides and accident (15) in Scotland.

We shall now quote some of the chief passages of interest from each report. The views of the English Commissioners as to the disposal of incurable lunatics are thus expressed :—

The patients in county and borough asylums on the 1st of January last were 30,473, being an increase of 833 upon the number at the corresponding date of 1872.

The extent to which these institutions are from year to year becoming receptacles for chronic lunatics will be evident from the fact that out of the 30,473 patients therein on the 1st January last, only 2,476, or 8·12 per cent. were deemed to be curable.

Although amongst the incurable residue large numbers require, in consequence of their dangerous propensities, excitement, degraded habits, or from other causes, an amount of care and treatment which a well-organised asylum can alone afford, it is equally clear that the patients consist in large proportions of harmless imbeciles, idiots, and epileptics, demented persons, and those labouring under chronic insanity, requiring, no doubt, varying degrees of care and supervision, but who, under proper regulations, might be treated elsewhere.

It is only by eliminating such classes from asylums that the rapid extension of these costly institutions, which has been going on for some years, can, in our opinion, be arrested.

To some extent asylums might, we think, be relieved by discharging to their relatives patients in a fit state for home treatment, and where, upon inquiry, the Visitors have reason to think that they would be properly dealt with. In such cases a liberal weekly allowance should be made by the Guardians; and we look upon it as a matter of the greatest importance that, in all cases of single pauper patients, the relieving officers should be required to satisfy themselves that the relief is adequate in amount, and properly applied; that the diet, clothing, and bedding are sufficient; and the personal condition and treatment of the patients satisfactory.

The risk of placing such patients to board with strangers is so great that, in the existing state of the law, we think it would be unwise materially to extend the practice. The infrequent visitations by the District Medical Officers at present provided for, and the vague nature of their duties, powers, and responsibilities in reference to these patients, are matters urgently requiring amendment by the Legislature.

We are glad to find that the views we expressed in our

notice of these reports three years since as to relatives being the best custodians of the insane, are now the views of the English Commissioners, who have the power practically to carry them out. In fact, it appears to us that in various things both the English and Scotch have been amenable to our humble criticism, which was expressed with much diffidence at the time. When one does venture to make suggestions to persons of great age, experience, and wisdom, whose chief function in the world is to make suggestions to others there is a strong temptation at first to be over diffident, and then, we suppose from catching the spirit that pervades the volumes, to be even over censorious. There is a sort of instinct in our fallen nature that prompts retaliation on those who seem to have it too much of their own way in the world, an instinct that does not always benefit its possessor, but still, there it is.

Their ideas as to the classification of patients in the wards of asylums are stated here :—

From the entries made upon our visits to the County and Borough Asylums during the past year (the whole of which are printed in Appendix C) their condition will be seen, with few exceptions, to have been satisfactory, and very creditable to the governing bodies and superintendents. Progressive improvements are noticed as having taken place in many of these asylums, and there is a more general recognition than formerly of the humanising and beneficial influence which cheerful and well-furnished wards have upon the worst and most degraded classes of patients. These, at one time considered to be fit only to be congregated together in the most dreary rooms of the Asylum, with tables and benches fastened to the floor, and with nothing to interest or amuse them, are now in many asylums placed in wards as well furnished as those occupied by the more orderly patients, with birds, aquariums, plants, and flowers in them, and pictures on the walls; communicating also with such wards are now very generally to be found well-planted and well-kept airing-courts. The less strict classification of the patients is also advantageously followed in many asylums, and in them what are termed "refractory wards" are properly abolished.

Where arrangements for this purpose have been judiciously made and carried out with energy, the best results have followed, in the way of an improved condition and more orderly demeanour of those disposed to be turbulent, whilst the comfort of patients of a more tranquil character has not been prejudicially affected.

As we have on more than one occasion before stated our strong conviction that the Commissioners, with the very best of motives, are wrong in thus laying too much stress on

the means taken to benefit the incurable and degraded, and countenancing the notion that curability or incurability, the active treatment of the recent cases individually, and the comfort and welfare of the convalescent are matters that are subsidiary to the appearance of quiet in the wards, thus elevating the boarding house and general management idea, as the great one to be kept in view in the conduct of an asylum, and ignoring the medical and therapeutical idea, we shall not again revert to the subject. The universal instinct of all non-asylum people, and especially of all relatives of patients, as to the disagreeableness, discomfort, and injury to the timid, the recovering, the well conducted, the respectable, and the pure minded, from association with the excited, the violent, and the obscene patients, cannot surely be entirely wrong.

The opinions of the Commissioners as to mechanical restraint are thus expressed, and will be read with interest by foreigners:—

The use of mechanical restraint in County and Borough Asylums, unless for surgical reasons, such as to prevent patients removing dressings or applications to wounds or injuries, or during the forcible administration of food, is, with few exceptions, abolished. In 38 of the 54 asylums visited during the past year, there was no record whatever of its employment. In the cases of 22 patients distributed over 10 asylums it had been resorted to for the above-mentioned reasons, and in six asylums it had been used to counteract violent, suicidal, or destructive propensities. The number of patients restrained for these latter reasons (exclusive of Colney Hatch and Wandsworth), having been one in the Macclesfield; nine in the Glamorgan; six in the Prestwich; and one in the Norwich Borough Asylum.

Dr. Sheppard thus defends the practice in Colney Hatch:—

Setting aside the mere question of expense, manifestly unjustifiable, it is impossible to conceive a more galling and irritating kind of restraint than the ceaseless surveillance of a paid attendant of uncertain temper. A false estimate of the uncomfortableness of 'gloves' and other mechanical restraint is frequently formed by assuming that the condition of the sane (who judge) is identical with that of the insane (who are judged). As a rule, with but few exceptions, the enjoyment of the latter is not in any way lessened by a process which would be as disagreeable and degrading to the former as the habits for which it is the obvious corrective.

The same remarks apply to the subject of "canvas dresses." No one maintains that they are sightly objects to the eye of a Commissioner, a magistrate, or a medical superintendent; but as pinafores

for dirty children, they are useful, and satisfactorily meet the requirements for which they have been designed. If a patient persistently undresses himself, or destroys the ordinary clothing, I should be no more justified in withholding from him a canvas suit than I should be in giving a knife to a patient of ascertained suicidal propensities. It is an utter misuse of terms to call any treatment humane and philanthropic which violates the first principles of decency and safety. It may be as well to mention, that the epileptic patient alluded to as having his hands fastened to his side is frequently visited by his wife, and she declines to approach him unless he is so restrained.

To which the Commissioners reply :—

We felt called upon strongly to protest against opinions in our judgment both erroneous and retrograde, and which, if allowed to prevail, would be subversive of the system of non-restraint now happily so generally followed in the asylums of this country.

A letter was accordingly ordered to be sent to the Committee of Visitors, intimating that we did not propose entering upon the general question as to the employment of mechanical restraint in asylums, further than to observe that as a means of treatment it is liable to the greatest abuse. Our letter proceeded to state that, "if employed at all, it should only be in the most exceptional cases, and its effect should be narrowly watched and tested, so that it might not be unnecessarily prolonged. The experience of the Commissioners for many years past affords, happily, no parallel to such a case as that of the man who had at Colney Hatch been restrained every day for nine months previous to the last visit of two members of this Board ; and I am instructed to observe that such an uninterrupted use of mechanical restraint, if not unjustifiable, is at least indicative of great poverty of remedial resources, which is not creditable to the superintendent of a county asylum. With regard to the use of strong special canvas dresses, I am directed to observe that such dresses must be uncomfortable as well as unsightly, but they are mainly objectionable because they lead to the permanent degradation of the patient by tending to confirm bad habits, and by accepting such habits as incurable, instead of attempting their improvement or correction. Experience has shown the fallacy of the views on this subject expressed in the report of the medical superintendent, and the good results which have, in the best managed asylums, followed persistent efforts at treating and curing, even in the most unfavourable cases, habits of a destructive and dirty character."

The question of seclusion is thus handled :—

Without questioning the utility of seclusion in certain cases of excitement, especially amongst epileptics, we think that in a remedial point of view its value has been much exaggerated, and that in many instances it is employed unnecessarily and to an injurious extent, and for periods which are quite unjustifiable.

By patients themselves, seclusion is no doubt usually regarded as a punishment, and besides being most objectionable on this ground, it is too often resorted to in cases of temporary excitement, which might be readily subdued by treatment of a less repressive character. Upon the attendants themselves also, its frequent use has a most injurious effect, by leading them improperly to seek through its means relief from the duties and responsibilities involved in a constant and vigilant supervision of those placed under their charge.

The frequent resort to seclusion in the treatment of the insane we can only attribute in most cases to defective organisation or management of the asylums, more especially as regards an adequate staff of properly-trained and diligently supervised attendants, and we think that in all such instances persevering efforts should be made by improved arrangements to diminish its employment, and keep it within the narrowest possible limits.

Great importance is properly attached by them to *post mortem* examinations:—

We are glad to state that there continues to be an increase in the number of post-mortem examinations which are made in these asylums, after notice to the relatives of the deceased. During the year 1871, 3,139 patients died in these institutions, and in 1,576 cases post-mortem examinations were made, being in the ratio of 50·20 per cent. During the past year the total number of deaths was 2,901, and there were 1,618 such examinations or 55·77 per cent.

There is still, however, the greatest variation in different asylums in the practice of making post-mortem examinations; in some the omission to do so being the exception, while in others the reverse is the case. We continue to attach the greatest importance to this subject, considering that post-mortem examinations, apart from their great value in a scientific point of view, and in reference to detecting fractures or other injuries, are in many cases absolutely essential, in order to enable the medical officers of asylums accurately to certify the precise cause of death. In too many instances, when these examinations are not made, some general cause of death is assigned, such as "exhaustion."

The night watching of the epileptics is strongly insisted on:—

The number of epileptics found dead in bed during the past year has been very considerable, and must continue to be so until suitable arrangements are made in every asylum for the proper supervision and care during the night of this large class of patients.

So satisfied are we that in a large proportion of these cases the fatal result is preventable, that we endeavour constantly to press the subject upon the medical officers and visitors of asylums, and in many instances with good effect. When special personal supervision during

the night over the epileptic and suicidal patients by trustworthy attendants shall have become the rule in asylums, we may hope that accidents amongst these classes will become very rare.

Turning to the Scotch Report, we find the following very satisfactory discussion of a fact which is often lost sight of:—

We shall see as we proceed that the results afforded by the individual asylums vary greatly according to the manifold influences which affect the condition of the patients before admission, or which react on their bodily and mental health after admission. The operation of these influences is illustrated by the different rates of mortality which prevail in different asylums. For instance, on an average of many years, the mortality in the Dundee Asylum, when calculated upon the average numbers resident, is only about one-half of that which occurs in the Glasgow Asylum. But it does not on this account follow that the patients in the Dundee Asylum are placed in more favourable circumstances than those in the Glasgow Asylum. Before this conclusion could be adopted, it would be necessary to determine, not only that the condition of the patients on admission was identical, but also that the numbers admitted stood in an equal relation to the numbers resident. A community which receives a large accession of unhealthy members must, it is evident, suffer from a higher mortality than a community of similar size which admits a smaller proportion of unhealthy members. Dundee and Glasgow are both manufacturing towns, and the physical condition of the population, from which the patients sent to the public asylums of each are drawn, may be assumed from the figures given in the Eighth Decennial Census of the population of Scotland, to be pretty much alike. From these figures it appears that there is a remarkable coincidence in the proportions of the lower, middle, and upper classes in the two towns. This is shown in the following Table:—

COUNTIES.	Proportion per cent. of Families occupying Houses of		
	One or Two Rooms.	Three or Four Rooms.	More than Four Rooms.
Glasgow . .	78.46	16.03	5.51
Dundee . .	79.46	14.44	6.10

From the social position of the population of the two towns being so nearly alike, it may be fairly assumed, on general and physiological grounds, that their sanitary condition will also be nearly the same. And in accordance with this supposition, we find that the annual percentage of deaths among the population during the ten years,

1858-1867, was 3·032 in Glasgow, and 2·916 in Dundee.* Supposing, now, that the admissions into the Asylums of the two towns stood in the same relation to the numbers resident, we should have reason to expect an identical rate of mortality in each. But a comparison of this kind is inapplicable; for while on an average of the ten years 1862-1871, the admissions into the Royal Asylum of Glasgow amounted to 53 per cent. on the average numbers resident, those into the Royal Asylum of Dundee reached only 27 per cent. In this difference lies, we are inclined to think, the main cause of the comparatively low mortality, which, when calculated on the numbers resident, characterises the Dundee Asylum. And this view receives confirmation from the results which present themselves when the mortality is calculated, not upon the numbers resident, but upon the admissions. It is then found, on the average figures of the same ten years, that the mortality in the Dundee Asylum amounts to 23·01 per cent., against a mortality of only 20·12 per cent. in the Glasgow Asylum.

It is thus seen that any arguments which might be founded on the low rate of mortality in the Dundee Asylum, when calculated on the average numbers resident, and without reference to the number of admissions, would be apt to mislead. In themselves, they afford no adequate evidence either of good accommodation or of good management. Indeed, the condition of the establishment might, notwithstanding the lower mortality, be far from satisfactory. When we find from the figures quoted in the Table on page lxxvii., that of the patients who die in the Glasgow Asylum, 46·7 per cent. of the males, and 47·4 per cent. of the females, die within the first year; while of those who die in the Dundee Asylum, only 36·2 per cent. of the men, and 39·9 per cent. of the women, die within the same period, we have reason to think that the condition of the Glasgow patients on admission was worse than that of the Dundee patients; and yet, as we have seen, the total mortality on the admissions is lower in the Asylum of Glasgow than in that of Dundee, being 20·12 in the former, against 23·01 in the latter. Does this fact indicate that, notwithstanding the worse condition of the Glasgow patients on admission, the scale is afterwards turned in their favour by the more satisfactory circumstances in which they are placed?

The comparatively low mortality of the Dumfries Asylum disappears before a similar scrutiny. Besides, the pauper patients in this establishment are furnished by a community in much better physical circumstances than that from which the inmates of the Asylums of Glasgow and Dundee are drawn.

We direct attention to these speculations, not because we attach any great weight to the results brought out, but because they convey a warning against the too ready adoption of the idea that the accom-

* Fourteenth Detailed Annual Report of the Registrar-General for Scotland, p. xxix.

modation of an asylum, and the management and treatment of the patients, must of necessity be satisfactory whenever the mortality, when calculated in the ordinary manner, presents itself as low.

This would seem to show that the mode of calculating the mortality in the Medico-Psychological Association's tables is not quite satisfactory. To indicate the whole truth, it would require to be calculated separately on the average numbers resident, and the admissions. Is not the old method of calculating it on the total number under treatment a better one than that now almost universally adopted? By this means we would get the general population and the admissions taken into account in fair proportions.

The influence of poverty and overcrowding in cities is referred to.

In previous reports we have inferred, from the preponderating numbers of the insane maintained at the public expense over those maintained from private resources, that insanity is essentially a disease affecting the less affluent classes. We pointed out that a healthy condition of the nervous system affords protection at one and the same time against pauperism and insanity; whereas an unhealthy condition of the nervous system leads directly to pauperism by destroying the capacity for useful employment. The number of pauper lunatics will thus, we stated, always largely exceed the number of the private insane, for pauper lunacy is in a very large proportion of cases the expression of incapacity for independent productive labour. The tendency of those whose brains are abnormally constituted, if without hereditary fortune or friends willing to assist them, is to sink step by step through the various grades of society, until they reach the final sedimentary deposit of pauper lunacy. The conditions which promote this descent are simply those which destroy health; namely, abuse of the passions, intemperance, unhealthy habitations and occupations, improper diet, overwork, and deficient exercise and recreation. The increase of insanity is not, we maintained, a result of modern civilization, save in so far as modern habits have led to a departure from the conditions of healthy existence, by overcrowding in cities, by exhausting labour, by breathing vitiated air, by over-indulgence in stimulants, by inappropriate food, and by neglect in the training of children. The unhappy results thus produced are recognised by the Legislature, and our lunacy system is one of the consequences of this recognition.

But although adhering most fully to the physiological views here expressed, we are nevertheless doubtful whether, in our comparisons between the numbers of the private and pauper insane, we formerly made sufficient allowance for the small proportion which the independent or affluent classes bear to those which must necessarily sink

into dependence whenever they are struck by such a calamity as insanity. In the Report of the Eighth Decennial Census of Scotland, to which we have already referred, it is stated (p. xxxiii) that "very nearly a third of our population lives in houses of one room. Much more than two-thirds, viz., 69·54 per cent. of our population live in houses of one or two rooms, while 82·11 per cent. live in houses of three rooms and under; and if we reckon all the persons living in houses of one, two, three, or four rooms, it is seen that 88·05 per cent. of the population live in such houses. Few, if any, of the class of population who inhabit such houses pay national taxes; so that from the above statement it may be inferred generally that the remaining 11·95 per cent. of the population constitute the wealth and support of the country, while the 88·05 per cent. constitute the artisan, labouring, and pauper classes."

These details show how difficult it must be to improve the condition of the lower orders through the instrumentality of philanthropic associations or police regulations. Indeed, agencies of this kind not infrequently serve but to increase the evils they were designed to palliate. No doubt, the improvement of dwellings is calculated to ameliorate the condition of a population. We see this fact illustrated in our own special experience by the manner in which the condition of the insane is modified by the nature of their accommodation. Nevertheless, we are satisfied that, in order to achieve permanent success, improvement should begin with the training and education of the people, and not with the size and arrangement of their dwellings. In the Census Report, from which we have been quoting, the question is raised whether the building of tenements divided into houses of three or four rooms with light closet, for the accommodation of the labouring and artisan classes, is effecting the purpose for which they were provided. "They were built with the idea that the sexes would be better separated, and the decencies and moralities of life would be better observed; but, on the other hand, hard stubborn facts prove to us that very nearly a third of the families living in houses of three and four rooms let their spare apartments to strangers, and thus, within the door of the same house, the sexes of two different families meet, instead of each house being inhabited by one family alone. Nothing will stop this but building houses to meet the real wants of the class for whom they are intended. They will not spend on house rental anything like the proportion of their income which is spent by the middle and upper classes; and in order to spare money for dress and better food and drink, they never hesitate to crowd their families into as confined a space as possible, that they may sublet one or two rooms. . . . The new style of houses does not seem to have had the effect of diminishing the overcrowding; and more evil effects must follow when the sexes of different families are crowded in the same house, than when one house contained only the sexes of one family" (p. xxxvi). The result is that in Edinburgh, of 12,521 persons who

occupy houses of two rooms, 8638 are members of the family, and 3883 lodgers; and that of 10,593 persons who occupy houses of three rooms, 7181 are members of the family, and 3412 lodgers. In Glasgow, again, of 62,705 persons who occupy houses of two rooms, 42,173 are members of the family, and 20,532 lodgers; and of 26,557 persons who occupy houses of three rooms, 17,259 are members of the family, and 9298 lodgers. Indeed, this system of receiving lodgers is a common practice even with families living in houses of no more than one room. For instance, in Glasgow, of persons occupying houses of this kind, 12,143 are members of the family, and no less than 7638 are lodgers.

The more these details are considered, the more hopeless will appear the task of remedying the evils which they shadow forth, until measures be adopted for raising the character of the masses, and training them to higher aspirations. And success in this object would involve, not merely an extension of school teaching to every member of the community, but a radical change in our ideas of the nature of education. The important fact must be recognised and acted upon, that the moral faculties of the human mind require to be as carefully trained as those of the intellect; and that without moral training, intellectual training may but serve to increase the aptitude to do wrong.

The last remark is a truism which we think we have seen in the Scotch Reports before—not that it can be too frequently repeated, or too widely known—but how is the moral training to be done? According to what code of morality are the children to be educated? Looking merely at the production of insanity in its relation to moral training, and accepting the simple facts of the case, as we are surely bound to do, we find that in savage and Mahometan countries there is little insanity at all. Have the children received a better moral training than those of Britain? And on the other hand, is not insanity of common occurrence in families that have not only been morally trained themselves, but whose ancestors for many generations have been so? We find that by far the largest number of persons in this country would deny that moral training could be carried out except by calling in the aid of religion. It is exceedingly questionable whether even a half-truth or any part of a truth is expressed in the definition that “pauper lunacy is in a very large proportion of cases the expression of incapacity for independent productive labour.” Does this really teach us more than saying it is the expression of incapacity for common sense, or the incapacity for seeing all things as the majority of men see them? Such definitions are to many minds very tempting things to construct, but in a report so practical as

this is, they are as much out of place as an epigram or a poem.

In regard to the mortality among private and pauper patients the following remarks occur:—

The general result is 1·4 per cent. in favour of the private males, and 1·9 per cent. in favour of the private females. But the comparison shows much greater differences when it is restricted to individual asylums. The mortality of both classes, and of both males and females, is highest in the asylums of Edinburgh, Glasgow, and Montrose. In the asylums of Dumfries and Glasgow, the unusual phenomenon presents itself of the mortality of the female pauper lunatics exceeding that of the male pauper lunatics. The causes of this departure from ordinary results were considered in our last report.

From the statistical returns of English and Scotch Asylums, it appears that the mortality in the former is on an average considerably higher than in the latter. In our Tenth Report we showed that the average percentage of mortality, on the average numbers resident, in the five years, 1862-66, was in Scotch asylums, 8·84 for males, 7·69 for females, or 8·24 for both sexes; and in English asylums, 12·51 for males, 8·50 for females, or 10·39 for both sexes. Again, for the 12 years, 1859-1870, the average rate of mortality in the English County and Borough Asylums was 10·85 per cent. for both sexes, on the average numbers resident, while in the Public Asylums of Scotland, the corresponding rate for the ten years, 1861-1870, was 8·33. These figures show that the mortality in English asylums is about a fifth higher than in Scotch asylums.

It is usually supposed that the strong opinions of the Scotch Commissioners on the subject, together with the special provisions of the Scotch lunacy law, have had the effect of increasing greatly the number of discharges of unrecovered, harmless patients from asylums. This appears not to be the case, taking the three years, 1869, 1870, and 1871. 1,727, 1,632, and 2,455 were in these years respectively so discharged in England, and 318, 290, and 377 in Scotland. It may seem a hard thing, but we think that few who take all the tendencies of our modern civilization into account can doubt that instead of keeping those whose mental state is that of disease, weakness, and abnormality more in its midst, the tendency must go on strongly in the opposite direction of segregation and seclusion. Modern society and modern life will not tolerate them in its midst. The old barbarous society killed some and petted the rest; the new will lavish all that money can buy on them, but it will not

live with them, and will in time no doubt prevent them from propagating their kind.

The following is one of many partial attempts in the report to throw some light on the difficult question of the different lunacy rate in different parts of the kingdom:—

The proportion of pauper lunatics to registered paupers varies materially in different counties, but in all Scotland it is in the ratio of 8,189 to 100,000. The counties in which, in proportion to the population, the largest number of pauper lunatics is placed in establishments, are those of Argyll, Edinburgh, Kinross, Forfar, Perth, and Peebles, in which the proportion is respectively 193, 189, 236, 205, 211, and 227 per 100,000 inhabitants. This proportion is 112 in Ayrshire, 122 in Lanarkshire, and 93 in Renfrewshire. It is lowest in Orkney and Shetland, where it is respectively 64 and 70. These results are not altogether what might *à priori* have been expected. This remark is especially applicable to the high proportion of patients sent to asylums in Argyllshire and Perthshire, which are both back-going counties so far as population is concerned. Reasons have been already given on p. xiv. to account for the large amount of their pauper lunacy; but with a poor and sparse population it might have appeared natural to expect a high proportion of patients placed in private dwellings, and a low proportion in asylums. But, on the other hand, the poor character of the accommodation in the houses of the peasantry of Argyllshire and Perthshire, and the small allowance generally made for the maintenance of extra-mural patients by parochial boards, might, by adding to the difficulties of home-treatment and diminishing the interest of relatives in its success, have appeared adequate causes for the greater accumulation of patients in asylums, had not similar causes been in operation in Orkney and Shetland without producing a similar result. But there is this difference between the counties thus compared, that recourse to asylum treatment is, for geographical reasons, a much easier matter in the two first named than in the two last.

It must, however, be kept in view that in contrasting the lunacy of an active, busy, and increasing population with that of a community which is less busy, standing still, or perhaps even decreasing, two different things are brought into comparison. There can be little doubt that active and acquired insanity is more prevalent among the former, and idiocy or imbecility among the latter; and while acquired insanity may be curable, idiocy once established remains for evermore. Besides, it has to be considered that the great centres of business attract the more energetic and pushing members of back-going communities, who, by transferring their domiciles, at once increase the ratio of lunacy among those they leave behind, and decrease it among those they join. The one community gathers strength from the infusion of new and healthy blood, the other deteriorates from the

inferior material left behind for its propagation. Thus, as a rule, the proportion of lunacy will be less in a new community than in an old one; and on this principle we should look for a higher ratio of lunacy in Midlothian than in Lanarkshire, and in Perthshire than in Forfarshire. But again, it has to be taken into account that the increase of manufacturing towns is largely caused by an influx of the lower classes, whose health, bodily and mental, is apt to give way under the unsatisfactory conditions in which they are placed. The explanation of the reason, why different degrees of lunacy should be found in different localities, is thus seen to be a very difficult and complicated problem.

The fact that pauper lunacy has a double origin, in pauperism and in lunacy, adds greatly to the difficulty of determining the conditions which lead to the intimation of pauper lunatics, and renders comparisons of their number in different counties without a full knowledge of all the concurrent circumstances of but little practical value; in one county pauperism may be the predominating element, and in another lunacy.

It has further to be kept in view that insanity is not a simple disease, like pneumonia or hepatitis, but that it is the indication of a disturbed or abnormal action of the brain which may have its origin in a hundred different conditions. Accordingly, the insanity of a large town represents a very different state of matters from the insanity of a rural district. The former comprises a larger proportion of those fatal forms which are the result of the manifold influences comprehended under the general term of fast living, and of which general paralysis is the type; and the latter a larger proportion of those forms which depend on imperfect development and imperfect training, but which are not incompatible with long life. Of these idiocy is the type. Comparative statistics in which these differences are overlooked cannot fail to be utterly misleading.

They say in regard to the accumulation of patients in asylums:—

One of the main causes of the less rapid increase in the number of patients in establishments which is now taking place, is the growing conviction among superintendents of asylums and inspectors of the poor, that no extraordinary appliances are required for the proper care of patients whose mind is merely enfeebled, or who are affected with harmless delusions. Accordingly, there is among the former less disposition to regard asylums as the only satisfactory method of providing for the insane; and among the latter greater inclination to grant adequate alimentary allowances to those who are placed in private dwellings.

We have been led to think that one cause which exercises con-

siderable influence on the accumulation of chronic and incurable cases in asylums lies in the impediments placed by asylum authorities in the way of the removal of patients. When difficulties are experienced by friends and by Parochial Boards in regulating the disposal of those in whom they are interested, an unwillingness naturally arises to denude themselves of the power of control; and they accordingly hesitate to have recourse to asylums, until either through a failure of funds, or through other circumstances, they are compelled to adopt this step. In this way, an inducement is held out to put off having recourse to asylum treatment; and the delay no doubt frequently involves incurability. Indeed, complaints by medical superintendents are not unfrequent that patients are not placed under their care while the disease is still in its early and curable stage; but it would be well for them to consider how far this result is owing to the power of control which they assume, and the difficulties they place in the way of removal. The proper policy, in our opinion, would be to facilitate equally the admission and removal of patients. Detention in an asylum is at the best a grievous calamity, which necessity alone can justify; and the necessity of the step should be determined, not solely, or even mainly, from the point of view that it can be justified by the existence of some form of mental aberration, but from the conviction that it is really required, either for the good of the patient, or for the safety of the public. It is only in very clear cases that the wishes of friends or of Parochial Boards to remove their patients should be withstood. The behaviour of a patient in an asylum is by no means a safe criterion of his behaviour under other circumstances, and it has to be kept in mind that detention may have a prejudicial as well as a beneficial effect; and most superintendents will recall instances in which, contrary to their expectations, removal was followed by excellent results.

It is, therefore, we think, by no means a matter of regret that the removal of unrecovered patients, with the view of disposing of them in private dwellings, is being more systematically and extensively carried out than formerly, and in some districts to a very considerable extent.

Their opinion as to the size of Asylums is very decided:—

A great difference of opinion exists, among those who have given attention to the subject, as to the limit in size which asylums should not surpass. Our own experience leads us to give the preference to small establishments, as being more tranquil and home-like than those in which large numbers of patients are congregated together. But we do not forget that the condition of a large asylum is greatly dependent on management and classification. Where it is the rule to bring

all the noisy and unmanageable cases together in so-called refractory wards, a large asylum almost necessarily presents great difficulties in its administration; and it then becomes almost impossible to secure to the patients of these wards that degree of comfort and tranquillity which is readily attained under other circumstances.

It has often been suggested that there is a great difference between the forms of insanity received into urban asylums and those admitted into rural establishments. But, granting that to a certain extent this is the case, we are not inclined to attribute the difference in the condition of the patients in urban and rural asylums nearly so much to the former being drawn from a more excitable and degraded class of the population, as to the latter being generally grouped together in smaller numbers; and our opinion is accordingly very decided, that if our larger asylums were so arranged that each ward should become as it were a small independent establishment, admitting its patients in rotation as they presented themselves, a very great increase of tranquillity would be likely to follow. It is not meant, of course, that a mere change of classification would effect this result. The wards must be regularly visited by the superintendent, in whom all authority centres, who should show himself to be in reality, as well as in name, the friend and guardian of the patients, and their shield and protection against the roughness and caprice of the attendants.

It has frequently been argued that large asylums are able to secure to their patients advantages which smaller asylums cannot afford—such as medical attendance of a higher order, the services of a chaplain, and more extensive and more varied means of amusement. These advantages are certainly not to be contemned, but they seem to us to be more than neutralized by the baneful results of the association of large numbers of the insane—results which are due, partly to the increased risk of neglect to which the patients are subjected by the difficulty of individualizing them, and partly to the tendency of large establishments to become mere places of detention instead of hospitals or places of treatment. The argument that economy is promoted by the association of large numbers is shown by experience to be fallacious. The difficulty of efficient supervision increases with the extension of the establishment, and the waste which follows in the wake of increased accommodation and increased numbers more than counterbalances any saving which might result from the expenses of the medical staff being thrown upon a larger proportion of patients.

The suggestion that each ward of a large asylum should in turn receive so many of the new patients does seem a very retrograde one, and the notion that acute general paralytic or epileptic excitement would at once disappear if placed in small wards is inconsistent with pathological fact. The tradition among Commissioners in Lunacy that “tran-

quillity" is the one grand aim in an asylum is very strong. We confess that we should like to see the idea of active individual medical and moral treatment more spoken of and believed in. Is it not possible to apply discipline, order, amusement, and work scientifically to each case? If mere liberty and home life would cure insanity the patients would never be sent to Asylums at all. It ought to be the next amendment of the Lunacy Acts that each Commissioner should himself have the entire charge and treatment of at least twenty cases every year.

The Scotch Commissioners throw cold water on inebriate asylums and Dalrymple's Bill.

One of the most original and interesting parts of this report is the following able and careful discussion of the question of the connection between the lunacy of a county and its wealth, by Dr. Sibbald:—

The amount of pauper lunacy varies greatly in the different counties. In the year 1871 the total number of registered pauper lunatics in Scotland was 6,286 or about 187 in every 100,000 of the population. In the county of Renfrew during the same year it amounted to only 101 per 100,000; while in that of Inverness it reached 262 per 100,000. Had the country generally been in the condition of Renfrew, the total number of pauper lunatics in Scotland would consequently have been about 3,392; while a general condition similar to what is found in Inverness would have presented an aggregate of 8,800. Equal diversity is exhibited by the proportions in which the different modes of provision for patients are resorted to in different districts. Thus in Renfrewshire 85 per cent. of the pauper lunatics are placed in public establishments; while in Wigtonshire 50 per cent., and in Sutherland only 47 per cent. are provided for in that way. But perhaps the most remarkable contrast is presented by the proportion registered as pauper lunatics in private dwellings in one county as compared with another. For instance, in the county of Fife there are only 38 per 100,000 so registered, while in Wigtonshire the proportion rises to 124 per 100,000.

These variations are the result of many social forces acting in different directions; and it would be difficult, if not impossible, to analyse them and estimate their separate elements; but every approach to a solution of the question must aid in adapting the administration of the Board to the circumstances and necessities of each district. I have therefore attempted to classify the counties, regarding which I have specially to report, in groups, so as to associate, as far as possible, those in which similar conditions prevail.

The most natural grouping seems to result from a consideration of the degrees of wealth of the respective counties. In accordance with

this I have taken as a basis the taxable wealth per head of the inhabitants, as represented in the Parliamentary Returns of Income and Property Tax under Schedules A, B, and D, for the year 1869-70.*

The following Table exhibits this arrangement in detail :—

GROUPING OF COUNTIES ACCORDING TO THEIR RESPECTIVE WEALTH.

DISTRICTS.	COUNTIES.	Population, 1871.	Whole Tax- able Wealth of each County in Pounds Sterling.	Average Taxable Wealth of each Inhabi- tant, in Shillings.
HIGHLAND AND INSULAR ...	Shetland	31,605	66,134	42
	Orkney	31,272	117,917	75
	Sutherland	23,686	118,466	100
	Caithness	39,989	239,953	120
	Banff	62,010	407,201	131
	Nairn	10,213	73,133	143
	Inverness	87,480	730,417	167
	Elgin	43,598	389,626	179
	Bute	16,977	132,317	157
LOWLAND MANUFACTURING	Renfrew	216,919	1,820,903	168
	Fife	160,310	1,586,944	198
	Kinross	7,208	109,231	303
	Clackmannan	23,742	192,034	162
	Ayr	200,745	1,944,619	193
SOUTHERN AGRICULTURAL	Dumfries	74,794	1,025,043	274
	Kirkcudbright	41,852	614,459	293
	Wigtown	38,795	432,966	220
BORDER	Roxburgh	53,965	817,116	300
	Selkirk	14,001	214,239	306
	Peebles	12,314	219,252	356
	Haddington	37,770	624,798	331
	Berwick	36,474	668,496	367
SCOTLAND		3,358,613	38,062,981	226

* This basis is not in every respect satisfactory ; but I believe that the result which it gives is fairer than can be obtained by the adoption of any other statistical basis. The direction in which the figures chiefly fail to indicate accurately the real wealth of the respective counties is probably in understating the opulence of those included in the Lowland Manufacturing Group. An endeavour might be made to give an approximate estimate of their true position, and this would present a result bearing out more fully the conclusions arrived at in the following remarks. But I have preferred to give the calculations in the simplest form, and leave to others to attach such weight to this consideration as they may think it deserves.

DISTRICTS.	Average Taxable Wealth for each Inhabitant, in Shillings.	Proportion per 100,000 of Population.			
		PAUPERS OF ALL KINDS.	Pauper Lunatics.		
			TOTAL.	In Establishments.	In Private Dwellings.
Highland and Insular }	131	3223	218	127	92
Lowland Manufacturing... .. }	185	2183	147	111	33
Southern Agricultural }	266	3271	239	163	76
Border	355	2375	199	142	57

We here find a broad correspondence between the amount of pauper lunacy and that of ordinary pauperism; but it is evident at the same time that neither the amount of ordinary pauperism nor of pauper lunacy bears any constant proportion to the general wealth of the community. In the Highland and Insular group, both kinds of pauperism are less than in the Southern Counties, where the general wealth is more than double. The smallest number both of ordinary and lunatic paupers is found in the Lowland Manufacturing group. The cause of the small proportion of each which is exhibited in this district is probably the same:—the high rate of wages, and the greater abundance of remunerative employment which is found there, in spite of the comparatively low average taxable wealth of each inhabitant. In drawing any inference from the apparent wealth of this district as shown by the Returns of Property and Income Tax, it must therefore be kept in mind that the counties included in it are really richer than they appear, on account of their containing so large a proportion of working men who, though receiving high wages, are not subject to the tax. The influence of density of population in this district also deserves notice. It shows itself chiefly in the comparatively large proportion which the number of patients in asylums bears to the total number of pauper lunatics on the roll. The rich Border district appears chiefly distinguished by showing a comparatively small proportion of ordinary pauperism; while a very considerable number of lunatics are supported by parochial funds, both in asylums and in private dwellings.

If we now proceed to analyse the first group, which includes the Highland and Insular district, we find that there are marked differences between the statistics of the mainland and those of the insular coun-

ties of which it is made up. The wealth of the latter is much less; and though a contrary anticipation might have been entertained, we find that pauperism of all kinds is much less also. But the county of Inverness, which is included in the mainland portion, consists really of two parts, a very considerable one being insular. In order therefore to compare justly the Insular with the Highland region, we must divide Inverness into two, and place each portion with its natural associates. The effect of this, as shown in the following Table, is to increase the difference between the proportions of pauperism in the two districts, but this is chiefly apparent in the proportions of lunatic pauperism.

COUNTIES.	Proportion per 100,000.			
	PAUPERS.	Pauper Lunatics.		
		TOTAL.	In Establishments.	In Private Dwellings.
Shetland	3211	127	51	76
Orkney.....	2552	157	64	93
Inverness (Insular)	3191	193	98	95
TOTAL	3002	160	72	88
Sutherland	3356	198	93	105
Caithness.....	3461	245	115	130
Banff	3082	231	153	78
Nairn	2556	186	137	49
Elgin	3216	220	156	64
Bute	2922	224	136	88
Inverness (Mainland) ...	5028	299	189	110
TOTAL	3563	342	146	96

The smaller number of pauper lunatics actually registered in the insular districts does not by any means imply that lunacy does not exist to as high a degree among the island population as elsewhere, nor that there is less need for assistance from public sources. It would be difficult, if not impossible, to exhibit documentary proof of the frequency with which feebleness or unsoundness of intellect occurs in these districts. But it is consistent with my observation, as well as with that of all competent observers, including the officers of the Board, that such occurrence is rather above than below the average.

It results from the arrangement in the Table, that we discover an exact correspondance between the comparative wealth of a county and the amount of its expenditure on lunacy. The wealthier the county, the more does it spend in providing for pauper lunatics. A Shetlander,

whose average taxable wealth we find to be 42 shillings per annum, pays only $\frac{4}{10}$ of a shilling, or about fivepence, towards the cost of pauper lunacy; while an inhabitant of Inverness, where the average taxable wealth is 210 shillings per head, pays $1\frac{4}{10}$ of a shilling, or about eighteenpence for the same purpose. But the relatively small payment made by the Shetlander is a much heavier burden on his resources than a payment three times as high is to the Inverness man. This is brought out in the next column of the Table, where we find that the Shetlander contributes $\frac{24}{100}$ per cent. of his taxable wealth, and the Inverness man only $\frac{61}{100}$ per cent.; so that the tax is to him only two-thirds as heavy as it is to the islander. The inference to be drawn from the next column is of the same kind. The localities where least is paid for the maintenance of each lunatic pauper are those where the cost of pauper lunacy presses heaviest on the ratepayers. And this rule, which we have found to hold in regard to the general expenditure for pauper lunacy, is shown by the next column of the table to be also applicable when the consideration is restricted to the cost of lunatics in private dwellings.

Several important deductions may be drawn from this Table. The most remarkable appears in the steady increase of pressure on the resources of each district in proportion to its inability to bear such pressure. This is evident from a comparison of the first and third columns. And this relation exists, although, as was found when considering the previous Table, the actual cost of providing for a pauper lunatic is much less in the poorer districts than in the richer. The bearing of this may perhaps be clearer if we suppose the cases of two persons, each possessed of £100 of annual taxable wealth, one resident in one of the northern islands, and the other in one of the Border counties. Let us suppose further that each is resident in a parish burdened with the support of only one pauper lunatic, but that this represents for the respective populations of each parish the average amount of pauper lunacy in its district. How would these two persons be affected by the addition of a pauper lunatic to the roll in each of the parishes? In the poorer parish it would make an addition to the annual taxation of the resident there of 15s. 4 $\frac{3}{4}$ d.; while a similar addition to the roll of a rich Border parish would only imply an additional tax of 5s. 7d. to its resident. And this is in spite of the fact that only 11 $\frac{1}{4}$ d. per diem would be the expense of supporting the lunatic in the poorer locality, while 1s. 3 $\frac{1}{4}$ d. would be expended by the richer parish.

It may be supposed that the smaller sum expended in the support of a pauper lunatic in the Highland and Insular counties is due to the cost of living being less; and to some extent this may be true. But the chief cause is without doubt that for both sane and insane a lower standard of comfort is accepted as sufficient, and that the very lowest sum that will suffice is all that is given.

The generalisation to be made from the whole inquiry seems to be,

that what may fairly be regarded as suitable provision is made for pauper lunatics at present in those districts only where the total expense does not exceed about $\frac{6}{100}$ or 13 shillings in the £100, of the taxable wealth of the inhabitants; but that, where the burden falls with greater weight than this upon the ratepayers, their resistance is powerful enough to restrict both the numbers placed on the roll of pauper lunatics, and the amount expended on those who are so placed. Thus if we look down the list of counties possessing *greater average wealth* than the county of Inverness, we may, as has been already noticed, trace a general correspondence between the amount of ordinary pauperism and lunatic pauperism; and these both increase, where the conditions are similar in other respects, in proportion to the general poverty of the districts until they culminate in the mainland of Inverness. The total pauperism of the country, exclusive of the Highland and Insular district is 2361 per 100,000 inhabitants; and the lunatic pauperism is 187 per 100,000. In the mainland portion of Inverness, however, the total pauperism reaches 5028 per 100,000; and the proportion of lunatic pauperism reaches 299 per 100,000. But if we now carry the eye down the list of counties *poorer* than Inverness, we find that the total pauperism and the pauper lunacy, instead of still further augmenting, both exhibit a decrease; so that the averages in the Insular district are only 3002, and 160 per 100,000 respectively.

It may be thought that in this discussion a tedious array of figures has been presented for the purpose of proving what was obvious enough without any such call upon the attention of the Board, or at least that it is a threshing again of thrice threshen straw for all who have already given thought to the subject. I believe, however, on the contrary, that very erroneous opinions regarding it are held even by persons supposed to have had exceptional opportunities of making themselves familiar with the facts. As an instance of this may be cited a statement made last autumn by a member of the Legislature, that the support of lunatics by the public is a matter independent of local circumstances: "In regard to this affliction, his auditors knew that its existence was due to the hand of God. Human power could not multiply or modify the lunacy in the country. It is scattered unequally over the country; and how should one district of the kingdom, which happened, from circumstances over which it has no control, to have a percentage of lunatics out of proportion to the population, be made to bear the whole cost of their keep? Why should there not be an equalization throughout the country?" A reference to the foregoing discussion will help to answer these questions.

Suppose, however, that such an equalization were brought about; what would be the financial effect? With equal taxation, all districts would be entitled to have their lunatics boarded in equal comfort. Let us suppose that all were to have as much expended on them as is the case with those belonging to the county of Lanark, and the effect would be to add £26,000 per annum to the cost of pauper lunacy in

Scotland. But if a national fund were provided for the support of lunatics, what reason have we to suppose that claims for their support would not then be successfully made in every county, to at least the same extent as is now done where such claims are scrutinized, and often resisted, by persons having an immediate and appreciable interest in their rejection. We may hence infer that the percentage of pauper lunacy over the country would be raised at least to the proportion at present existing in the county of Inverness. Should such a result take place, the *addition* to the annual expenditure on pauper lunacy would amount to over £90,000. But the whole statement which I have quoted rests on an unstable basis. "Human power," it is said, "cannot multiply or modify the lunacy in the country." And this is asserted, though the existence of lunacy, in so far as it is officially recognised or requires to be dealt with by the State, is at present decided by the certificate of two medical men; and, indeed, it 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 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. I express no opinion as to whether a national rate for lunacy is, or is not, a desirable arrangement; but no one can wish that it should be adopted without fully estimating the probable consequence.

Lectures on Madness, in its Medical, Legal, and Social Aspects, by EDGAR SHEPPARD, M.D., &c., &c. London: J. and A. C. CHURCHILL. 1873.

The *raison d'être* of this work may be sought for in the opening sentence:—"Gentlemen, this is a new chair, and I am a new professor." The intimation of these two facts in the second column of the "Times" would have served the purpose of the newly developed professor far better than the publication of his "Lectures on Madness." This volume purports to contain the seven lectures which constituted the course given from the recently erected chair of Psychiatric Medicine, in King's College, London. Complaints are and have been numerous, that teachers of science extend their courses unnecessarily. Professor Sheppard has certainly not fallen into this error; on the contrary, to him is due the credit of condensing the prelections into the very smallest