

portant question of securing and retaining the services of suitable attendants, and have issued a circular to the proprietors of licensed houses in their immediate jurisdiction, with reference to the rates of wages and arrangements for the comfort of these persons. The subject is no less difficult than it is important. The qualities of the attendant react with enormous influence upon the patient, especially when of the higher class, and it is, therefore, of the greatest moment that suitable persons should be induced to enter upon, and continue in the service. It is greatly to be desired that some central sources of supply could be established, where they could be trained efficiently, and perhaps be provided with an official license, to be revoked or endorsed upon the commission of any serious offence. The black list, which is kept at the office of the Commissioners, might probably be more practically useful if it were known that a copy of it was sent to the superintendent of every asylum, say once in a few months, if such a course were practicable.

In conclusion, the Report, which affords such abundant evidence of the earnest and very able manner in which the Commissioners continue to discharge their important duties, gives the entries made by them on the occasions of their visits to the county and borough asylums and the lunatic hospitals, and from them we can but gather that, despite the unreasonable and unreasoning clamour which has recently prevailed with respect to the insane and their care, the best assurance is given that, although their treatment may be susceptible of improvement, there is no evidence, in the state of our asylums, of placid contentment with the things that are, but every indication of a progressive advance, which will bear favourable comparison with that which is proceeding in any other department of philanthropic effort.

Twenty-second Report of the General Board of Commissioners in Lunacy in Scotland, 1880.

The Report of the Commissioners for Scotland shows that though there has been an increase of registered insane during 1879, amounting to 27 private and 199 pauper patients, this addition is smaller than in any of the four years immediately preceding. The increase in numbers, it is again pointed out, does not necessarily imply a greater production of lunacy in the country, but is probably mainly due to such causes as

the increasing tendency among all classes to regard the milder forms of mental aberration as insanity, along with the change believed to have taken place in medical opinion as to the amount of unsoundness that constitutes certifiable lunacy; the great diminution in the old aversion to asylums; and the stimulus which these and other agencies have derived from the operation of the Parliamentary grant in aid of the cost of maintaining the pauper insane.

The report contains the usual series of elaborate statistical tables of insanity in Scotland. While we fully acknowledge the value of these returns, there can be no doubt that additional interest would be imparted to them if they conveyed, in a form similar to that published in the English reports of the last four years, information respecting such readily recognised diseases as general paralysis and epilepsy, and also regarding the profession or occupation, the age, etc., of the patients admitted into asylums. In making this remark, we do not forget that in a recent Scottish report there was an important contribution to the literature of general paralysis. This, however, is different from the tabular returns we refer to, the value of which increases by the contributions of each year.

Reference to the report of the sister kingdom suggests the thought that it would be an advantage if the statistical tables annually issued by the three Lunacy Boards were, as far as practicable, uniform in their plan. No doubt each division of the kingdom has its own peculiarities which would render complete uniformity impossible, but there might be a much greater approach to it than at present exists. Were this proposal carried out, we should be better able to compare the state of lunacy in the three divisions of the United Kingdom; and, if the conditions bearing on the causation of insanity were tabulated, some fresh light might be thrown on the question by deductions from the large numbers at the disposal of the Commissioners. A scheme of this kind could be most satisfactorily arranged at a conference of the Boards.

A very interesting table shows the percentage of recoveries on the admissions into asylums in quinquennial terms during the last twenty years. Contrasting 1860-4 with 1875-9, there appears an increase of 10 per cent. during the latter period. This is highly gratifying, and seems, at first sight, to reflect great credit on the system of management and treatment at present followed in Scottish Asylums.

But no such jubilation is permitted to the medical superintendents of these establishments by the Commissioners; for the report points out that this increased rate of recovery simply "indicates that the new class of cases included in the larger number of admissions during recent years contains a larger proportion of ephemeral and curable insanity than the class represented by the admissions of the earlier period; and the observation, so far as it is a basis for inference, supports the view indicated when dealing with the residence of the two classes of cases." With all deference, we remark that it does not appear quite so obvious as the terms of this paragraph imply, that a larger proportion of recoveries and a shorter residence in asylums necessarily indicate milder and more curable forms of insanity in the patients admitted, for it must be evident that the same result would follow greater success in treatment. Thus, let it be supposed that the cases of the two quinquennials were *precisely* alike on admission, a more successful treatment of the one group than of the other would, of course, be evinced by a higher proportion of cures, and probably also by a shorter period of residence. We are not, however, inclined to dispute that milder forms of insanity have of late years been sent to asylums. This is probably true chiefly in respect of alcoholic cases; for instance, patients suffering from delirium tremens, who a few years ago would have been cared for otherwise, are now not infrequently certified as lunatics and committed to asylums. On the other hand, it is equally certain that during the last decade there has been a growing disposition to certify as insane old people suffering from a degree of mental abnormality, due to organic disease of the brain, which would not previously have been thought a sufficient warrant for classifying them as lunatics. Very few of this last group are curable; as a rule they remain in asylums till they die. They are, at least, as numerous as the former class; and there can be little doubt that an increase in the proportion of recoveries derived from the one, is counterbalanced by a diminution from the other source. It seems, therefore, a legitimate conclusion that the treatment in the asylums of Scotland has been more successful of late years than it was fifteen or twenty years ago.

It is somewhat ungracious to disturb so agreeable a conclusion by any qualifying observations, but we feel constrained, by facts that have come under our notice, to state a possible drawback. Is it quite certain that *recovery* means

the same now that it did twenty years ago? The Commissioners have correctly urged, as already stated, that the standard of mental soundness is very far from being fixed. May it not be that the idea entertained of *cure* has in some cases undergone a change? And does it not occasionally happen that patients are discharged and registered as recovered who, with perhaps less sanguine superintendents, and in times when there was less competition to show favourable results in annual reports and blue books, would have been entered in other columns?

As might be expected, special prominence is given to what may be regarded as the distinctive features of the Scottish system. To one or two of these we shall give some consideration. First, there is that method of care which is known as the Boarding-out scheme. As some misconception still seems to exist in regard to the nature and extent of this scheme, a few explanatory remarks may not be out of place at the outset. By "Boarding-out," then, is understood the plan of entrusting the insane to the care of strangers in private dwellings. It has reference almost exclusively to the pauper class, though private patients may also be disposed of under the same arrangement. As the term is only properly applicable to cases where the insane reside with strangers, those living with relatives do not fall under the category. The latter constitute the majority of lunatics in private dwellings. The respective numbers at the beginning of the present year were: Staying with relatives, 855; staying with strangers or alone, 560; total, 1,415. These 560 patients are distributed, though very unequally, over the whole country. Many of them have been removed from asylums, but the larger portion had not been in these institutions, their mental disorder, in the opinion of the Lunacy Board, being such that confinement was not required. The great majority are harmless demented, most of whom, however, are able to do some work, many being valuable servants. The people who take charge of them are cottagers and others who have small incomes from other sources, and accommodation in their houses beyond their own wants. The very poor are not selected to be guardians. The inducement to undertake this responsible office lies in the small margin of profit that remains from the parochial allowance, after defraying the cost of the patients' maintenance, together with the saving and gain derived from their work; this element, as already indicated, being often of consider-

able moment. Four is the largest number of patients allowed to be in one house. But the Commissioners of late have not been favourable to more than two being with the same guardian, thinking that this number merges more readily into the family life than the larger one. With the latter there is a disposition in some cases to keep the patients apart from the family circle, and the house then assumes too much of the asylum character. In some districts the lunatic boarders have become grouped together, forming small colonies. Kennoway, in the county of Fife, Balfron and Gartmore, in Stirlingshire, are illustrations. This local concentration has not been due to statutory enactment or to action of the Lunacy Board, but has arisen from the fact that the number of people suitable as guardians was greater in the districts referred to than in others; from the active interest taken in the development of the scheme by the parochial medical officers and inspectors in these districts; and from the gradual disappearance in the surrounding neighbourhood of the fear and distrust of the insane, owing to observation of useful and harmless patients in the houses of the pioneer guardians.

Briefly, then, such is the Boarding-out scheme. It dates from 1862, in which year an Amendment Act was passed for Scotland, a clause of which enabled the Lunacy Board to grant licences for private dwellings to the extent mentioned. A sufficient time has now elapsed since the institution of the system, and it has attained sufficient development to warrant the formation of a fair estimate of its success. What judgment, then, is to be passed? As may probably be expected, it is not one of unqualified approval. Cases have occurred in which guardians have proved to be very unsuitable, and have neglected their charges. Patients also, particularly women, have been sent out as boarders who were not fit to be out of an asylum. The result has been that the inhabitants of one district (Kennoway) petitioned against the scheme. But, notwithstanding the occurrence of such drawbacks, the system as a whole may be considered to have been successful. The number of unpleasant incidents has not been great, and it is likely that they will be fewer in future, as the arrangements for the care and supervision of the patients are now very complete, and the teachings of experience will be a check on the recurrence of the errors of the past.

The success of this scheme is largely dependent on the action of the Deputy-Commissioners, whose duty it is to visit

all the pauper insane resident in private dwellings. Their reports on its working are, therefore, worthy of particular notice, and on the present occasion they have a special interest from the fact that they are the first issued by both gentlemen.* Moreover, as Dr. Fraser, the Senior deputy, before being appointed to that office, had been for several years Superintendent of the Fife Asylum, which is situated near the district where the most serious disaster to the Boarding-out scheme occurred; and as Dr. Lawson, the other deputy, had been assistant in an English asylum where, at least during the time he was connected with it, he would not be likely to acquire a predilection in favour of the system, their testimony is all the more worthy of consideration.

Dr. Fraser's observations have a peculiar value, as he is able to contrast the present condition of a number of the patients under the guardianship of strangers in private dwellings with their state when in the asylum of which he had the charge. He makes the striking remark that 28 out of 37 patients had improved in intelligence, usefulness and bodily health, after being boarded-out; and narrates the case of one who had been regarded as a "confirmed dement" in the asylum, but who had now become intelligent and self-supporting. Only three of the whole number had grown feebler, and this change for the worse is considered to be fully accounted for by the progress of organic disease. The report, as a whole, strongly supports the boarding-out system.

Dr. Lawson's report is of a more general character than that of his colleague. He even surpasses him in his praise of the scheme under consideration. Thus, referring to the insane in private dwellings, he says: "I can also express my sincere conviction that, notwithstanding the mental disadvantages which nature and disease have imposed upon them, and as a direct consequence of the measures which have been taken to ensure their protection and their comfort, they are in the enjoyment of perhaps a greater amount of happiness than falls to the lot of any corresponding number of sane persons of the same social rank." That is to say, in this gentleman's estimation, insanity, if cared for in private dwellings under the supervision of the Scottish Commissioners, is more conducive to happiness than soundness of mind without such supervision! However much may be

* Except a table by Dr. Fraser in "Report of General Board" for 1878.

thought of the boarding-out system, we doubt if many will concur in this conclusion. It seems, too, that the Inspectors of the Poor have been a much belied class. Hitherto they have not been held in very high esteem, particularly by the members of the medical profession who have had official dealings with them; but we now find (quoting Dr. Lawson) that "any summary of the agencies which work together to perfect the system would be incomplete which did not recognise the services of the Inspectors of the Poor, men whose great intelligence, courtesy, and energy have been and are the proximate cause of its success." It is to be hoped, for Dr. Lawson's own comfort, seeing that his duties bring him into close relation with these gentlemen, that he will not have occasion to modify his opinion respecting their estimable qualities.

Whatever opinion may be formed of the comparative merits of the general lunacy arrangements of the three kingdoms, it can scarcely be questioned that in Scotland the supervision of the insane in private dwellings is the most complete. Indeed, we have long regarded it as a serious blot on the English system that there is no inspection by the General Board of the 6,000 lunatics who live with their relatives or friends. It is not improbable that many of these unfortunate individuals are subjected to great hardships, not from the intentional neglect of their guardians, but simply from ignorance on their part of the requisite provisions for the proper care and treatment of their charges. One has only to read the details of cases recorded in past reports of the Scottish Deputy-Commissioners, as well as some of those in the present one related by Dr. Fraser, to have a conception of the amount of misery of this kind that may exist without attracting public attention, and also to see how readily in most cases improvement is effected by the advice and instruction of recognised authority. If similar inspections were made in England, we feel assured that not a few of such cases would be brought to light. It is to be hoped that this point will not be overlooked in framing the next Lunacy Bill, and that, whether or no there be an addition to the Board of Commissioners to enable them to visit the asylums and the lunatic inmates of workhouses more frequently, there will be a staff organised for the systematic visitation of the large section of the insane who reside in private dwellings.

Our remarks on the boarding-out system have been so

extended that we can only notice very briefly other points well worthy of careful consideration. One of these is the freedom from even the appearance of restraint enjoyed by the inmates of many Scottish asylums through the taking down of the walls of the airing-courts and the unlocking of the doors of the establishments. Thus we find it reported by the Commissioners respecting one asylum (Glasgow Barony Parochial) that "only one out of every four attendants carries a key. During the visit it was not necessary to use a key in opening the door of any day-room or dormitory, or of any door leading to the grounds. The asylum is entirely unprovided with any walled or fenced airing-courts." Attention was directed to this subject in the review of the Scottish report for last year, so that we more readily refrain now from entering into a discussion of the merits and possible demerits of what may be called—at least when carried out to the extent above-mentioned—an innovation on asylum management. The present report shows that besides the asylums that adopted these methods some years ago, others that have introduced them more recently have reported the results to be very satisfactory.

Reference is again particularly made to the effects of the Parliamentary grant on the growth of pauper lunacy. The Lunacy Board are of opinion that the grant has had a considerable influence in increasing the number of *certified* insane. Assuming their belief to be correct, as a matter of fact—though we strongly doubt the existence of an important increase from this cause—it is scarcely a result much, if at all, to be deprecated. Those who have been certified thereby would be, in most cases, silly, harmless persons, unable to earn their livelihood. When classed as ordinary paupers of sound mind very many of them, in all likelihood, were very ill cared for, and probably, in some instances, greatly neglected. They would, with very few exceptions, be suitable for living under charge in private dwellings, seeing that their insanity was established simply through the action of the grant, and not through any change in their mental state. As soon as they were held to be insane, and even though there was no change of residence, they would come under the kindly and careful supervision of the Deputy-Commissioners in Lunacy, who would at once require their condition to be raised to the proper standard of comfort. Should a really sane pauper, labouring under physical defect, be by any mistake placed on the roll of lunatics, as in a case recorded at length in the

report, the error would soon be discovered and corrected by the Commissioners themselves.

In another point of view, the terms of the grant have put a most valuable power in the hands of the Lunacy Board—a power which they duly appreciate and act upon: they can withhold the grant in particular cases. Should it be reported by the Visiting Commissioners that the patients are being neglected in any way by the guardians to whose care they have been entrusted, it is intimated to the responsible Parochial Boards that, should the needful improvement not be carried out, participation in the grant will be disallowed. This will obviously act as a powerful spur to indifferent or obstinate Boards and Inspectors.

Had space permitted, we should have liked to consider the views of the Commissioners on the provision for the insane just above the pauper class, and on other important questions dealt with by them, but these will doubtless come under notice in the review of future Reports.

Twenty-eighth Report on the District, Criminal and Provincial Asylums in Ireland, 1880.

From the Report of the Inspectors of Irish Asylums, it would appear that the number of the insane in various public institutions has increased by 234 inmates during the past twelve months, the numbers being 12,819 as compared with 12,585; this increase has principally taken place in workhouses, which contain 154 more inmates than in 1878—whereas, in public asylums, the numbers are only 83 in excess of last year.

This increase of the number of the insane in workhouses is stated to arise from the severity of the past winter, which compelled more of the imbecile and idiotic to seek shelter.

The Inspector considers that, during the past year, Irish asylums have progressed favourably, and improvements, if not quickly, have at least been steadily effected.

On January 1st, 1879, there were 8,407 patients in district asylums. During the year 2,392 were admitted, of whom 1,955 were cases of first attack, and 438 relapses; 1,004 were discharged recovered—being at the rate of 42 on admission, and not quite 10 on the whole number under treatment; 245 improved, and 105 given to the care of friends; 949 died, constituting a percentage of mortality of $8\frac{1}{2}$ on the entire number