

privileges of Class I were intended to apply to those who had continuous care and charge of patients. They should prefer to see placed in Class II those who have the supervision of patients during working hours only and are never engaged in the wards at all.

In dealing with the *cost of maintaining patients*, attention is drawn to the fact that the expected increase in the cost of "provisions" and "garden and farm" was only found in the case of Borough Asylums, and that, on the contrary, in the County Asylums there had been a decrease in expenditure under these heads. They think this points to a parsimonious tendency in some institutions. It seems to us possible that the much greater number catered for in the County Asylums may enable them to make more favourable contracts than in the case of the smaller Borough Asylums, and that this may to some extent account for the difference in expenditure.

It is impossible in a limited review to touch upon all the important points raised by the Commissioners in their valuable report, which contains, as time goes on, more and more material of importance and interest to the alienist. We regret to have to omit the consideration of the excellent summary of the occurrence of dysentery and tuberculosis. We note with gratification that again there is appended an account of scientific research work undertaken in the asylums during the year under review.

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*Fifty-third Annual Report of the General Board of Commissioners in Lunacy for Scotland.*

The statistics given in this report show that at the close of the year 1910 there were in Scotland (exclusive of insane persons maintained at home by their natural guardians) 18,636 insane persons officially known to the General Board of Lunacy, of whom 2,622 were maintained from private sources, 15,958 by parochial rates, and 56 by the State. This is an increase of 299 on the corresponding figure for the previous year. Of this increase 32 were non-registered lunatics, namely, 3 in the Criminal Lunatic Department of Perth Prison, and 29 in training schools for imbecile children; while 267 was the increase of registered lunatics, that is, those whose names come on the General Board's register, and who are provided for either in establishments for the insane or in private dwellings under the inspection of the General Board. In establishments (royal, district, private, and parochial asylums, and lunatic wards of poorhouses) there was an increase of 17 private patients and 219 pauper patients, total 236; in private dwellings there was a decrease of 4 private and an increase of 35 pauper patients, making together an increase of 31. During the preceding five years the average annual increase of pauper patients in establishments had been 169, and the actual increase in the year 1910 has therefore been considerably more than that average. Eleven counties or urban areas show a decrease in the number of their pauper lunatics, while in twenty-seven an increase had taken place. The proportion of registered lunatics per 100,000 of the estimated general population of Scotland is tabulated

as 366 (private 49, pauper 317); but as the census taken since the issue of the Blue-book has shown that the general population has not increased so much as was expected, this figure may have to be put somewhat higher when the actual figures can be compared.

Exclusive of transfers from one establishment to another (the number of which was 363), there were admitted to establishments during the year 506 private and 2,806 pauper patients. This shows an increase of 10 private and 53 pauper cases on the corresponding figures for the year 1909; but in each case the number is still considerably below the average for the quinquenniad 1905-09. It is pointed out that in the case of pauper patients, when the figures for 1909 are excluded, it is necessary to go back for thirteen years to find a number of admissions lower than that for the year 1910. From establishments there were discharged as recovered 215 private and 1,031 pauper cases. Calculated on the admissions, exclusive of transfers, the proportion of recoveries was 42.5 *per cent.* for private patients and 36.7 *per cent.* for pauper patients. The recovery-rate among private patients, while varying somewhat from one year to another, has shown no certain indications of falling off, but among pauper patients there has been a continuous decrease for many years past, and in 1910 the rate was 11 *per cent.* lower than in the quinquenniad 1880-84. This decline in the recovery-rate is accounted for to some extent by the greater use of observation wards in connection with parochial or general hospitals, by which a proportion of persons suffering from short attacks of mental disorder are saved from entering an asylum for treatment; but it is doubtless due mainly to the unfavourable change in the character of the cases now sent to asylums, comprising, as these do (as clearly shown by statistics), a much larger proportion of senile cases and of cases suffering from incurable physical disease in addition to the mental ailment. The number discharged unrecovered from establishments in 1910 (again exclusive of transfers) was 112 private and 375 pauper cases. Calculated on the average number resident, this gives a rate of 4.9 *per cent.* for private and 2.9 *per cent.* for pauper patients, and shows that the falling off in the unrecovered discharge rate, to which attention has been frequently drawn in previous Blue-books, is becoming even more marked, and accounts relatively for a part of the accumulation of cases which is taking place in asylums. The number of deaths in establishments was 1,344 (private 163, pauper 1,181). Calculated on the number resident this shows a death-rate of 7.1 *per cent.* for private and 9.3 *per cent.* for pauper cases, or 9.0 *per cent.* for the two classes taken together. A series of tables is given to show the number of deaths from general paralysis in different periods since 1865, and the sex, age at death, and length of asylum residence in these cases. These tables indicate that about 47 *per cent.* of the male cases succumbing to the disease die with less than one year's asylum residence. The total number of deaths has varied from year to year, and appears to have risen considerably among males in the last quinquenniad; but it is pointed out that no reliable conclusion as to the prevalence of the disease can be drawn except by comparison with the number of the general population of the country at the same age-periods, and this it is proposed to make when the figures of the recent census become available.

In private dwellings there are under the cognisance of the General Board 116 private and 2,878 parochial patients. The number of pauper cases thus provided for is the highest yet reached, being 35 more than in the preceding year, and of these there are 968 under the care of relatives, and 1,910 placed with strangers. More than two-thirds of those who are under the charge of unrelated guardians are in houses specially licensed to receive two, three or four patients; the remainder, as well as almost all patients living with relatives, are accommodated singly in houses which, having only one patient, require no special license. Of the licensed houses the great majority take only two patients. Reference is made to the difficulty often experienced in getting small parishes to take active steps for boarding out patients in this way. To some extent this is due to the relatively greater expense and trouble involved to these parishes when only a small number of patients is being dealt with, and in this connection it is of interest to note that in one of the Lunacy Bills now before Parliament, it is proposed to take power for combining parishes into districts sufficiently large to allow of a special officer being appointed for boarding-out purposes. The reports by the Deputy-Commissioners in the appendix of the Blue-book contain references to several points of great practical interest and importance as showing the results of different methods adopted by guardians in dealing with their patients.

As in previous reports, the difficulty of finding accommodation for the poorer class of private patients is referred to, and it is pointed out that in district asylums there is, in addition to the regular private patients (who at January 1st, 1911, numbered 310), a large and increasing number of patients who are in the institution as paupers, but who repay (either through their relatives or from other sources) the entire cost of their maintenance to the parishes to which they are nominally chargeable, and who, therefore, should properly appear as private patients. At May 15th, 1910, there were 244 such cases. It is therefore again urged that permissive power should be given by statute to district lunacy boards to provide accommodation for private patients under conditions which would make it available for this class. In the Lunacy Bill before Parliament already referred to, one of the clauses proposes to give this power.

The usual information regarding the expenditure on account of pauper lunacy in Scotland is given. It shows that in district asylums for the year 1909-10, the charge for "providing expenses" or rent (that is, cost of land, buildings, and their upkeep, etc.) represented an average of £15 18s. per patient, and that for maintenance expenses (food, clothing, and management of patients) the average cost was £25 16s. 6d. For pauper patients in royal asylums, lunatic wards of poorhouses, and private dwellings, the item of "providing expenses" or rent does not appear separately, but is included in the general charge for maintenance. Taking all asylums (royal, district, and parochial) together, and including institutions for imbecile children, the average outlay for maintenance per pauper patient was £27 2s. 5d.; in lunatic wards of poorhouses it was £21 1s. 8d., and in private dwellings £18 6s. 9d.

A considerable part of the Report deals with the working of the

Asylums' Officers Superannuation Act, which applies to district asylums in Scotland, and came into operation at May 15th, 1910. The Act provides for the division of pensionable officials into two classes according to the nature of their work, with different pension allowances. "When the Act was under consideration it was generally recognised that the terms of Section I made it possible for asylum managers to take widely divergent views as to the proper classification of their officials, and, indeed, it was the difficulty of framing a definition, separating the two classes and applicable to all asylums alike, which led to the division of classes being left in the first place to local bodies, subject to the consent of a higher authority." Class I includes those who have "the care or charge of the patients in the usual course of their employment," and it is evidently the opinion of the General Board that under this definition it should be regarded as being "mainly confined to persons whose employment consists solely in having the care or charge of patients, and should not as a rule include persons otherwise employed in the asylum whose duties are essentially of a different nature, notwithstanding that in the performance of these duties they may be assisted by patients who will necessarily be under their supervision as long as these duties last." The Act further appears to give district lunacy boards power to determine which of those employees who do not come into Class I shall be declared to be "established for pension purposes," and which shall be left out, and the General Board consider that they have no power to review the decisions of the district boards in this matter. It has thus come about that the provisions of the Superannuation Act have been interpreted and applied in varying ways in the different district asylums, and further, the action of the employees themselves in availing themselves of the Act or in "contracting out" has also varied greatly in different institutions. The report gives much detailed information, with relative tables, as to the extent to which the Act has been adopted, and also as to the value put upon the emoluments of different officials—a point which has to be kept in view in calculating the pension contributions and allowances. As was to be expected, the male employees elected to come under the Act in much larger proportion than the female.

It remains only to mention the changes in the *personnel* of the General Board. The elevation of Mr. Macfarlane to the bench as Lord Ormidale made a vacancy in the legal membership, which was filled by the appointment of Mr. J. A. Reid, K.C., Sheriff of Ross and Cromarty and Sutherland. The senior Medical Commissioner, Dr. John Fraser, retired, and has been succeeded by Dr. Hamilton C. Marr, formerly medical superintendent of the Glasgow District Asylum at Woodilee.

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*Sixtieth Report of the Inspectors of Lunatics (Ireland) for the Year ending December 31st, 1910.*

From the summary at the opening of the Report we learn that the number of insane under care in Ireland at the close of the year 1910 was 24,394, being an increase of 250 over that of the previous year, an