

the posterior of the social and affectional activities or attributes of the human mind. In other words, my mind rests on the conviction—as I have elsewhere said, in a former paper, “*On the Influence of Civilisation upon the Development of the Brain among the different Races of Man*,” which I read at the Birmingham meeting of this great association in 1865—that the anterior are the intellectual lobes of the brain, the seat of the intellectual faculties, the reasoning and reflecting powers; the middle lobes are the personal, the seat of the animal activities, of the individual or personal affections or attributes, and of the moral and religious intuitions of the mind; and that in the posterior lobes are seated the social and affectional activities and propensities, those endearing attributes which are the charm of our existence here, binding together in the bonds of affection the ties of friendship, of country, and of race. Moreover, I recognise, with Gratiolet and Vogt, three stages or planes of development throughout the hemispheres of the brain, and in their tripartite division into anterior, middle, and posterior lobes: 1. The inferior, or lowest, the *basilar and superciliary*; 2. The middle, or *medial frontal*; and 3, the highest,—the coronal, or *superior frontal*, the sole and exclusive prerogative of man. Nor do I hesitate to avow my belief that it is on the comparative evolution and relative size of the different cerebral lobes on these stages or planes of development that the individual character is mainly dependent, and that while the middle or personal are the dominating lobes of the brain, as to the animal, moral, and religious activities of the man, it is the anterior which indicate the character of his intellectual bearing, and the posterior that of his social tendencies, propensities, and affections.

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*The State of Lunacy in 1866 (Great Britain and Ireland).\**

THE following tables are compiled from the three official lunacy reports of the kingdom, and give (Table I) the total number of lunatics and idiots in England and Wales, in Scotland, and in Ireland, on the 1st January, 1867, with their place of maintenance and (Table II) their distribution per cent. at the same date.

\* 1. ‘Lunacy. Copy of the Twenty-first Report of the Commissioners in Lunacy to the Lord Chancellor.’ (Presented pursuant to Act of Parliament.) Ordered by the House of Commons to be printed, 14th June, 1867.—2. ‘Ninth Annual Report of the General Board of Commissioners in Lunacy for Scotland.’ Presented to both Houses of Parliament by Command of Her Majesty. Edinburgh: printed for Her Majesty’s Stationery Office, by Thomas Constable, 1867.—3. ‘Lunatic Asylums—Ireland. The Sixteenth Report on the District, Criminal, and Private Lunatic Asylums in Ireland: with Appendices.’ Presented to both Houses of Parliament by Command of Her Majesty. Dublin: printed by Alexander Thom, 87 and 88, Abbey Street, for Her Majesty’s Stationery Office, 1867.

TABLE I.—Showing the Number of Lunatics and Idiots in England and Wales, in Scotland and in Ireland, on the 1st January, 1867, with their Place of Maintenance.

WHERE MAIN-TAINED.	ENGLAND AND WALES.				SCOTLAND.				IRELAND.						
	PAUPER.		PRIVATE.		PAUPER.		PRIVATE.		PAUPER.		PRIVATE.				
	Male.	Female.	Total.	Male.	Female.	Total.	Male.	Female.	Total.	Male.	Female.	Total.			
In Public Asylums (In County and Borough Asylums and Lunatic Hospitals.)	11,386	13,412	24,748	1,585	1,103	2,688	1,151	1,203	2,354	441	412	853			
In Licensed Houses (Private Pauper Asylums.)	417	883	1,250	1,792	1,436	3,228	257	303	560	109	143	252			
In Workhouses, &c.... (Including Parochial Wards [Scotland], and Gaols [Ireland].)	4,407	5,900	10,307	—	—	—	428	580	1,008	—	—	—			
In Private Dwellings (With friends or boarded out.)	2,732	3,906	6,638	96	127	223	690	878	1,568	8	13	21			
TOTALS .....	18,892	24,051	42,943	3,473	2,666	6,139	2,526	2,964	5,490	558	568	1,126			
										4,006	4,205	8,211	403	346	749

TABLE II.—*Showing the Distribution per cent. of Lunatics and Idiots in England and Wales, in Scotland, and in Ireland, on the 1st January, 1867.*

	ENGLAND AND WALES.		SCOTLAND.		IRELAND.	
	Pauper.	Private.	Pauper.	Private.	Pauper.	Private.
In Public Asylums.....	58·0	43·7	43·0	75·8	60·0	10·0
In Licensed Houses .....	2·5	52·5	10·0	22·4	6·0	90·0
In Workhouses .....	24·0	None.	18·5	None.	34·0	None.
In Private Dwellings.....	15·5	3·8	28·5	1·8	None.	None.
Total per cent. ....	100·0	100·0	100·0	100·0	100·0	100·0

We proceed to furnish an analysis of the contents of these three lunacy 'Blue Books.'

### I. ENGLAND AND WALES.

The history of the year 1866 forms the twenty-first report of the Commissioners in Lunacy.

1. *County and Borough Asylums.*—The report commences with a statement of the progress made in the extension of the public asylum system during the year. The number of pauper lunatics and idiots has increased during the ten years 1857-67 from 28,954 to 42,770. To meet this increase great efforts have been made by the several county asylums. In the year 1844, when the report of the Metropolitan Commissioners in Lunacy was published, the county and borough asylums, including the Northampton Hospital, which then, as now, received paupers, were 16 in number, and contained a total of 4,336 pauper patients. The asylums are now 49 in number, and contain 24,748 pauper patients.

Notwithstanding this large increase of provision for pauper lunatics, the pressure for further accommodation in many districts is most urgent.

The following table shows the ratio in which provision is made for the insane poor in the various counties of England and Wales:—

COUNTY.*	Pauper Lunatic and Idiots, 1st January, 1867.	Accommodation in Asylums.	Ratio of Accommodation to Numbers.
Anglesey, <i>see</i> Denbigh.			
Bedford .....	306	540	63 to 100.
Hertford .....	436		
Huntingdon .....	122		
Berks, <i>see</i> Oxford.			
Brecon, <i>see</i> Monmouth.			
Bucks .....	442	328	74 "
Cambridge .....	407	305	75 "
Cardigan .....	147	212	35 "
Carmarthen .....	255		
Pembroke .....	198		
Carnarvon, <i>see</i> Denbigh.			
Chester .....	891	494	55 "
Cornwall .....	542	379	70 "
Cumberland .....	387	278	55 "
Westmoreland .....	120		
Denbigh .....	228		
Anglesey .....	146	368	46 "
Carnarvon .....	196		
Flint .....	146		
Merioneth .....	77		
Derby .....	575	350	61 "
Devon .....	1,238	663	54 "
Dorset .....	494	491	100 "
Durham .....	673	360	53 "
Essex .....	974	598	61 "
Flint, <i>see</i> Denbigh.			
Glamorgan .....	476	300	63 "
Gloucester .....	989	631	64 "
Hereford, <i>see</i> Monmouth.			
Hertford, <i>see</i> Bedford.			
Huntingdon, <i>see</i> Bedford.			
Kent .....	1,477	660	45 "
Lancaster .....	4,602	2,695	59 "
Leicester .....	645	405	59 "
Rutland .....	39		
Lincoln .....	826	586	71 "
Merioneth, <i>see</i> Denbigh.			
Middlesex .....	5,655	4,043	71 "
Monmouth .....	376	459	48 "
Hereford .....	389		
Brecon .....	126		
Radnor .....	56		
Montgomery, <i>see</i> Salop.			
Norfolk .....	951	532	56 "
Northampton .....	589	359	61 "
Northumberland .....	679	431	63 "
Nottingham .....	614	379	62 "
Oxford .....	491	510	50 "
Berks .....	528		
Pembroke, <i>see</i> Carmarthen.			
Radnor, <i>see</i> Monmouth.			
Rutland, <i>see</i> Leicester.			

\* Two or more counties bracketed denote that there is a joint asylum for those counties.

COUNTY.	Pauper Lunatics and Idiots, 1st January, 1867.	Accommodation in Asylums.	Ratio of Accommodation to Numbers.
Salop .....	559	510	72 to 100
Montgomery ... }	148		
Somerset .....	1,026	521	51 "
Southampton .....	1,126	610	54 "
Stafford .....	1,119	846	76 "
Suffolk .....	771	400	52 "
Surrey* .....	2,117	918	43 "
Sussex .....	841	580	69 "
Warwick .....	1,342	1,076	80 "
Westmoreland, <i>see</i> Cumberland.			
Wilts .....	755	482	64 "
Worcester .....	745	584	78 "
York, East Riding .....	421	145	34 "
"    North Riding .....	483	499	100 "
"    West Riding .....	2,256	1,231	55 "
City of Bristol .....	492	214	43 "
City of York .....	61	30	50 "
Total .....	42,770	26,002	61 to 100.

The Commissioners relate the steps which were taken during the year 1866 farther to extend the public asylum system. The union between the counties of Oxford and Berks, and the boroughs of Oxford, Abingdon, and Reading, has been, with the sanction of the Secretary of State, dissolved, and it has been decided to erect an asylum for the county of Berks on the banks of the Thames near the Wallingford Road Station of the Great Western Railway. In the county of Chester the justices have determined to erect an additional asylum for the north-eastern portion, and an estate of sixty-five acres, about a mile from Macclesfield, has been purchased. At the Cornwall asylum the new detached building for fifty-two private patients is completed, and will very shortly be occupied. The old wards will then be appropriated for a similar number of pauper patients. It is to be hoped that the example thus set in Cornwall of providing public accommodation for private patients may soon be followed in other counties. This plan would result in a direct profit to the asylum, and would make our public lunatic asylums really, as they are in Germany and France, the asylums for all the insane of the county. Until the claims of the middle class thus to share in the benefit of the county asylum (to the erection of which they have been rated) are legally recognised, the much vaunted public asylum system of England cannot be said to be complete.

\* A second asylum for the county of Surrey, with 650 beds, has been opened at Brookwood since the publication of this report.

In the county of Durham plans are under consideration for the permanent enlargement of the asylum for 328 patients of both sexes. In the mean time relief to the overcrowding has been gained by a temporary structure of wood with felt roof, containing seventy male patients, and which was finished in little more than a month. In the county of Kent the Secretary of State overruled the wise and well-grounded objections of the Commissioners to a plan of the visitors for the enlargement of the present asylum at a cost of £86,000. It almost appears superfluous to enlarge on the disadvantages of an over-built asylum, such as the Kent justices are about to construct. The large sum they propose to spend on this scheme would have built a new county asylum, with every modern appliance, for 600 patients, and the old asylum at Barming Heath might have been used for the reception of the chronic lunatics of the county. Dr. Kirkman has lost a golden chance of thus advancing the treatment of the insane poor in Kent, and has instead, untaught by the failures at Hanwell and Colney Hatch—tacitly, at least—sanctioned another such blunder.

At the Lancaster asylum, at Prestwich, a detached hospital for thirty patients has been built at a cost of £75 a bed. Two new wings for the reception of sixty-five patients each are being added to the Northumberland asylum. At Nottingham fifty additional beds have been provided on the female side. An additional asylum for the county of Surrey, with 650 beds, has been opened at Rookwood. At the Sussex asylum 130 additional beds have been provided on the male side, and two dining halls calculated to contain 350 patients each have been built. The asylum has now accommodation for 700 patients. Two detached cottages have also been purchased for the treatment of infectious disease. At Worcester the superintendent's house has been converted into male wards, and a substantial detached house is being built for his residence at a cost of £3000. It is satisfactory to observe that the Commissioners have given their sanction to this most desirable reform in asylum arrangements. It is neither fitting nor reasonable to place the wife and family of the superintendent in the middle of a large asylum exposed to all the noise and discomfort inherent in such a position. The Scotch Commissioners began the new district asylums on the plan of providing the medical superintendent with a comfortable and quiet home, and it is gratifying to find that the English Board have given their tardy adherence to the same principle. A site has been purchased, near Sheffield, with 150 acres, for a second asylum for the West Riding of York, and one near Beverley for the North Riding has also been secured. The plans for the new asylum for the borough of Leicester have been approved. The asylum is intended for 282 patients, and the estimated cost of the building is £18,300. The Norfolk and Ipswich boroughs have bought a site at Hellesdon,

about three miles from Norwich. Ipswich declines to join the union, and has bought a site for an asylum of its own two miles from the town.

Passing from this record of the year's progress in the extension of the public asylum system, we have to notice that the Commissioners print in detail, in Appendix E, the entries made in the visitors' book at their official visits to the public asylums in 1866. These records present a very pleasing picture of the order and progress which reign in these asylums. There are only two exceptions recorded. First there is the official account of the treatment at Colney Hatch of patients of destructive habits. The following is the Commissioners' comment to the Lord Chancellor on the treatment at one time pursued there in certain exceptional cases.

In the report relative to the Colney Hatch Asylum allusion is made to a practice which has existed there of placing certain male patients of destructive habits in their rooms at night in a perfectly nude state, and without bed or bedding.

The subject, which had led to a correspondence between this Board and the Committee of Visitors, was brought specially under the notice of the Court of Quarter Session by Mr. H. Pownall, the Chairman, in February last; and the matter is one of such grave importance that we deem it our duty to report the whole of the circumstances connected with it.

On the 28th of May, 1866, an anonymous written communication was addressed to the Board, in which it was alleged that two of the male patients had been most cruelly treated by being locked up at night in single rooms, "without bedding of any kind, with only the bare boards and brick walls, and entirely naked."

One of the men was stated to have been so treated for ten successive nights, and the other to have been similarly confined during many weeks. It was further alleged that other patients had been confined in the same manner for longer or shorter periods.

Such a system of treatment being, as we believed, quite unknown in the asylums of this country—certainly not known within our own experience—we found it difficult to give credit to the statements of the writer; but the allegations were of too grave a nature to be passed over; and, with a view of affording the superintendent, Dr. Sheppard, the earliest opportunity of refuting them, his attendance was requested at a meeting of the Board.

The letter having been read, Dr. Sheppard not only admitted that the statements therein contained were substantially true, and that a similar mode of treatment was adopted as a system in cases (of which he said there were many) where patients were destructive of clothing and bedding; but he defended the practice on the ground that the skins of these patients were of such an unnaturally high temperature, that they were quite insensible to cold; that all covering was painful and irksome to them; and that if clothing or bedding were allowed they would at once destroy it, and of their own choice remain naked. He said that all medical remedies failed in such cases, and that strong gloves had been tried without success. No entries had been made in the case book or medical journal when patients were restrained by means of such gloves, nor had any of the instances of seclusion in a nude state been recorded.

These disclosures were of so startling a kind, and the practice thus brought to our knowledge affected so gravely the character of the asylum, that we at once addressed a letter to the Committee of Visitors, making them acquainted with all the facts of the case, suggesting an immediate and full inquiry on their part, intimating at the same time that, without seeking in any way to anticipate the result of the inquiry, we in justice to ourselves deemed it requisite to state that "in all our experience we had known no class of insane patients to whom such treatment could properly be applied, or would admit of any kind of justification."

No new facts were elicited by the investigation instituted by the Committee of Visitors. In the report which they directed him to make to them on the subject, Dr. Sheppard again defended the practice of withholding clothing and bedding from destructive patients, stating, however, that not more than five cases had been so treated, and that the number of instances in which the system had been resorted to had been greatly exaggerated, neither of the two patients having been actually deprived of all coverings for more than four nights.

On this point several of the principal attendants were examined by the Committee, who, to the best of their recollection, were enabled to confirm Dr. Sheppard's statements; but as no records of the cases had been kept, no very accurate intelligence could be obtained.

In forwarding Dr. Sheppard's report the Committee of Visitors concluded their letter as follows:—

"The Committee do not exonerate their Superintendent for the course he has pursued. They feel that he has committed a grave error in omitting to report this treatment to them; at the same time they feel it due to Dr. Sheppard to express their conviction that, in resorting to this treatment, he was actuated solely by the desire to do what in his judgment appeared to be the best and most humane for the patients committed to his care. They have now given positive directions to Dr. Sheppard calculated to prevent any cause of complaint in future; and that no exceptional treatment of any kind whatever be resorted to without such treatment being submitted to the Committee."

It is satisfactory to be assured that these occurrences will not be repeated, and it is needless to say that the opinions expressed in our letter to the visitors are unchanged. We believe that the treatment complained of is not only cruel, but totally unnecessary in any case; and that such a system of dealing with the faulty habits of the insane, instead of meeting them and subduing them by medical treatment and constant personal attention, would, if carried out, gradually lead to all the old repressive measures which have now happily been almost entirely abandoned. We refer with regret to communications made to some of the leading medical journals, since the date of the letter of the Committee, in which their Superintendent vindicates what had thus been condemned; but while Dr. Sheppard persists in maintaining erroneous opinions, we do not infer that he has any intention to repeat the practices they would justify; and a personal assurance from the Chairman of the Committee has satisfied us that the understanding expressed in their letter will be strictly adhered to.

Secondly, there is the following record of an unhappy exception to the general favorable reports on the county asylum for Northumberland.

In the Northumberland County Asylum there were four cases, all of which terminated fatally. There were circumstances connected with the



last of these cases, as reported to us by the head attendant, which in our opinion called for investigation. The statement was to the effect that the Assistant Medical Officer, on being called to visit a male patient late on the night in which he was attacked by cholera, went into the ward, and within a few yards of the door of the room where he lay, but would not go in and see him; that he left the patient in the charge of the attendant without proper directions for his treatment; that he (the attendant) then called on the Superintendent, who, although informed that the Assistant Medical Officer had not seen the patient, satisfied himself by requesting the Assistant Medical Officer to give a draught of medicine which he ordered; and that neither of the medical officers saw or examined the patient until the time of their ordinary visit the following morning, ten hours afterwards.

The visitors of the asylum investigated this charge, and, as the result of their inquiry, and after communication with our Board, they called upon the Assistant Medical Officer to resign at once his office. As regards the Superintendent, who had latterly been unwell, they thought that justice would be sufficiently met by placing on record their opinion, which they communicated to him, that his neglect to give immediate personal attention to the case was most censurable.

2. *The Insane Poor in Workhouses.*—The Commissioners visited 352 workhouses during the year 1866, and saw there 7,808 insane patients. The general picture which they draw of the condition of the insane poor in workhouses is deserving of quotation as a contribution to the question of how far the workhouses may be employed as houses of reception for chronic lunatics.

The character of the reports [they write] made and transmitted to the Poor Law Board has been substantially not different from that of those in former years. Where the inmates of unsound mind are not so numerous as to require wards for their accommodation apart from the ordinary inmates, nor of such habits or tendencies as to render necessary a treatment not commonly extended to all, the report is generally favorable. And this remark applies to a considerable number of the smaller country workhouses, where the few chronic inmates, employed with the rest in doors or in the garden and fields, frequently enjoying some indulgences of diet by the consideration of the medical officer, and having none of the infirmities incident to the more helpless forms of mental disease, are even less sensible than the ordinary pauper of the structural deficiencies of the house, are not depressed by the narrowness of the airing-yards or the comfortlessness of the day-rooms, and on the whole perhaps pass a less complaining life than any other class of the inmates. On the other hand, there has been also frequent favorable report from houses under quite different conditions, where, as in many of the larger towns throughout the kingdom, the inmates of unsound mind collected in the workhouses have become so very numerous as to require special arrangements for their accommodation; and, the principle being admitted of their claim to a kind of treatment other than that extended to the ordinary pauper, though the law admits no such claim, the result of the visitation by members of this Commission, and of the support given by the Poor Law Board to suggestions made by us which we have ourselves no power to enforce, has been to obtain from the respective boards of guardians more liberal arrangements, better dietaries, improved airing-courts, in some few instances careful medical records, and proper paid attendants. To such

beneficial results we shall have to remark, indeed, grave exceptions, and some have lost ground even in the past year; for workhouse arrangements exist always on sufferance, there is no authority to compel their continued observance, and what is done one year may be undone the next; but it is undoubtedly the case that the condition of patients, as a rule, will on the whole be found most favorable in the very small and the very large houses. Between these, unhappily, there exist the great mass of the union houses in town districts, where the numbers of insane poor detained in them are neither small enough nor large enough for the respective advantages indicated, and which are seldom, therefore, as a rule, accorded to them; where patients requiring asylum treatment are detained without anything of asylum comforts; where there are cheerless rooms, insufficient and incompetent attendance, a low diet, no records of the simplest kind, and no provision whatever of healthful exercise for the mind or the body.

The Commissioners express grave doubts of the working of the 8th section of the Lunacy Acts Amendment Act, 1862, which provided for the arrangement of licensed lunatic wards in the workhouses, with the view of relieving the county asylums of the continued pressure on their space. The difficulties which beset the practical operation of this clause render it in their opinion very doubtful whether it can be relied upon as a means of affording any great amount of relief to county asylums, or of enabling visitors properly to provide for their insane without building. The provision in the 8th section, that the arrangements in the workhouse for the reception and care of the patients sent from an asylum shall be subject to the approval of the Commissioners in Lunacy and President of the Poor Law Board, no doubt secures for them an amount of care which they otherwise had no power of insisting upon, and so far patients thus removed to workhouses are likely to be placed under more favorable circumstances than if sent (as many are) under the ordinary powers of discharge possessed by the visitors. Still, the Commissioners do not think that even if the difficulties as to the working of the clause of the Act above referred to should be removed by legislation or otherwise, it would be at all desirable to carry out its provisions on such a scale as would in some counties be necessary to afford any material relief to the county asylums.

They would, moreover, view the permanent extension of these arrangements as a decidedly retrograde step, so far as the legislative care and protection of the insane is concerned, and that its general adoption would not only be a great wrong and injustice to the patients themselves, but contrary to the provisions of the Lunatic Asylums Act, 1853, which required additional asylums to be built in counties and boroughs in which the existing asylums are inadequate. They apprehend that the provision of the 8th section of the Lunacy Acts Amendment Act was only meant to meet temporary pressure in asylums until permanent additions could be made, and not intended as a means of providing generally for the chronic lunacy of the country, or of relieving counties and boroughs from

the obligations imposed upon them by the Act to provide in other ways for their insane poor.

In contrast with these efforts to relieve the yearly overcrowding of the county asylums by the transfer of chronic and harmless lunatics to the workhouse lunatic wards, the Commissioners are of opinion that for these classes buildings of a simple style, intermediate in character between the workhouse and the asylum, and consisting chiefly of cheerful, spacious, and well-ventilated day rooms and dormitories, might be constructed at a comparatively moderate cost. Without, also, any diminution in the substantial comfort and well-being of the patients as respects clothing, diet, or care, they believe that the cost of maintenance would be less than in the county asylum, and need be little more than that in the lunatic wards of the best regulated workhouses. The disinclination which is naturally felt by many of the superintendents of asylums to sanction the discharge of chronic cases to workhouses would no doubt be considerably modified if proper receptacles were provided for them, subject, as they would be in every respect, to the protection of the existing lunacy laws, and under the direct management and supervision of the magistrates.

By this means, also, the Commissioners think that facilities would be afforded for relieving workhouses of cases which do not admit of being properly taken care of therein, more especially the idiots and certain of the epileptics.

3. *The Criminal Asylum at Broadmoor.*—In answer to the inquiries of the Visiting Commissioners as to the principles of selection of persons for custody and care at Broadmoor, they were informed that, in future, the admissions would be limited to the following three classes:—

1. Persons found insane on arraignment, or acquitted on the ground of insanity, whatever the nature of the offence.

2. Persons becoming or found to be insane while under committal for murder, and who have not been arraigned.

3. Convicts who have become insane after trial, and while undergoing sentences of penal servitude in Government prisons.

The Commissioners were further informed that no persons becoming insane while under sentence of imprisonment will henceforward be received from county or borough gaols; that all such cases will have to be provided for in pauper asylums; and that patients sent by order of the Secretary of State to such asylums will not in future be removed thence to Broadmoor, however dangerous they may have become.

Such exclusion from the State Asylum, however, as an invariable rule, of the classes last referred to, the Commissioners justly observe, would not be consistent with the intention of the Legislature, or

with one of the main objects for which a criminal asylum was built, namely, to relieve county and borough asylums by removing therefrom offensive and dangerous criminal lunatics, unfit for association with ordinary pauper patients by reason of their conduct and propensities, and requiring special custody and care.

4. *Metropolitan Licensed Pauper Houses.*—The Commissioners confine their observations in this report to those only in which pauper as well as private patients are received.

The numbers resident in them respectively at the last visit in 1866 were as follows:—Peckham House, 317; Hoxton House, 244; Bethnal House, 374; Grove Hall, 404; Camberwell House, 356.

The most favorable notice of these houses is given by the Commissioners to Camberwell House. The new wards recently constructed there having been completed and furnished in a very comfortable and suitable manner, and the management of the house having been satisfactory, they have consented, with a view of meeting the present pressure for asylum accommodation, to extend the licence for 15 male and 10 female additional patients, on the condition that there shall be a liberal staff of attendants and nurses in every part of the building.

Various neglects are complained of at Bethnal House, and the Commissioners observe that they “shall adopt stringent measures to prevent the recurrence of these irregularities.”

This report concludes with the official notification that among the changes of the past year are to be recorded the resignation of Mr. Samuel Gaskell, and the appointment, as his successor, of Mr. John Davies Cleaton, who for some years had been Medical Superintendent of the West Riding Asylum at Wakefield. It was matter of much regret to the Board that the state of Mr. Gaskell's health had become such as in his own opinion to render his resignation necessary. He had discharged the duties of a member of the Commission for upwards of seventeen years; and had rendered to it, with unsurpassed ability and zeal, services to which his previous knowledge and experience in lunacy gave peculiar value. The other vacancy in the Board, previously occasioned by the death of Mr. Robert Gordon, has been filled up by the appointment of the Hon. Dudley F. Fortescue, M.P., as one of the unpaid members of the Commission.

The appendix contains a curious correspondence between Mr. Baker Brown and the Commissioners relative to the (late) London Surgical Home. It is needless to slay anew the slain. Suffice it to say that Mr. Baker Brown had to receive and leave unanswered the following letter from the Board:—

Office of Commissioners in Lunacy,  
19, Whitehall Place, S.W. ; 9th May, 1867.

SIR,—The Commissioners in Lunacy have received your letter of the 12th of April, with its inclosure from your solicitor, professing to explain what they had pointed out to you as a very painful discrepancy, between an assurance given to them by you in a letter dated in January, 1867, that the institution called the London Surgical Home was not open for the reception of females of unsound mind, and an announcement made by you in a book published in March, 1866, that females of unsound mind had been already received and treated in that institution.

Your explanation is, that you believed the Commissioners to be necessarily acquainted with the statement in your work, published in March, 1866; and that the inquiry they addressed to you, and which elicited the contradictory statement in your letter of January, 1867, was simply to ascertain whether any cases had been received since those mentioned in your book.

Nevertheless, even while supposing the inquiry to be so limited, you inform the Commissioners that you took advice with your solicitor before sending a reply, and *that the reply sent, distinctly stating that the institution was not open for the reception of females of unsound mind, and that in no papers published by authority had it ever been so asserted, was exactly in accordance, not with the facts, but with the advice your solicitor gave you.*

The Commissioners ought not, perhaps, in such circumstances, to express surprise that you should suppose *them* also capable, with a full knowledge of the facts contained in your book, to write to you as if those facts were in no way known to them. But they must inform you, in the strongest language they can permit themselves to use, that they would have regarded it as an unworthy deception to call upon you for a contradiction of a statement made by a reporter in the 'Times' newspaper, while they were content to leave uncontradicted a statement to the same effect made by yourself several months before.

Your present communication seems to imply that after the publication of your book you had resolved that no more females of unsound mind should be received into the Surgical Home; and hence, you now say, your reference, when first replying to the Commissioners, only to a single case. That case, however, the Commissioners must remind you, had previously become known to them by their personal examination of Dr. Grosvenor, who, for the last twelve months, had been House Surgeon to the Home; and, after referring again to your book, they cannot, on this or any other point, give more credence to your present letter than it has itself authorised them to give to the letters written by advice of your solicitor.

Of the six insane women treated by you in the Surgical Home, you assert in your book that five were cured; and in connection with these alleged cures you remark: "Of the permanency of the result I myself am fully satisfied, and I hope at a future time, by a much larger number of cases, to confirm others in the same opinion."

From this the Commissioners cannot but infer your intention then to have been, not to close altogether, but to open more widely to the insane an institution from which all the protection which the Legislature had given to that class is necessarily absent; and, presuming you to have had any doubt of what in that respect was required, they think that upon such a question of law, rather than upon the question of whether an inquiry as to a fact should be answered truly, you would have done well to obtain your solicitor's advice and guidance.

I am, &c.,

(Signed) CHARLES P. PHILLIPS.

I. Baker Brown, Esq.

## II. SCOTLAND.

The Report of the Commissioners in Lunacy for Scotland is addressed to the Secretary of State of the Home Department. It is by far the most carefully compiled of the three official reports, and contains an amount of statistical information which one looks for in vain elsewhere. It appears that of insane persons in Scotland, of for whom the Commissioners have official cognisance, 1,126 were supported by private funds, and 5,490 by parochial rates. At 1st January, 1865, the corresponding numbers were 1,076 and 5,392. There were thus, on the year, an increase of 50 in the number of private patients, and one of 98 in that of paupers.

The report commences with a variety of statistical tables as to the relations of mental disease in the several counties of Scotland. Our limits unfortunately forbid our entering on these questions. We quote one table of comparative statistics of great interest.

*Table\* showing the rate of Mortality in Scotch and English Asylums in the five years 1861-1865, on the average number resident :*

YEARS.	SCOTLAND.			ENGLAND.		
	Male Mortality.	Female Mortality.	Both Sexes.	Male Mortality.	Female Mortality.	Both Sexes.
1861.....	9·61	7·77	8·62	12·49	8·45	10·37
1862.....	10·58	8·64	9·55	11·67	8·14	9·81
1863.....	8·79	7·13	8·13	12·09	7·80	9·83
1864.....	8·73	7·40	8·16	12·67	9·31	10·94
1865.....	7·56	6·89	7·20	12·68	8·44	10·45
Average .....	9·05	7·56	8·21	12·32	8·42	10·28

The figures from which these results are deduced show that of every 1,000 patients who die in Scotch asylums, 512 are males and 488 females; and that of every 1,000 who die in English asylums, 567 are males and 433 females. In French asylums the average mortality for the years 1854-1866 was 14·03 per cent.; and the deaths of male patients were to those of females as 131 to 100.

These results show that the mortality in Scotch asylums will compare favorably with that in English and French establish-

\* Patients in parochial asylums and lunatic wards of poor-houses are embraced in the Scotch returns, but not in the English.

ments. The smaller male mortality in Scotland is particularly remarkable.

From another table it appears that the maintenance rate in the Scotch District Asylums is rather above the English, which, considering the inferior accommodation and lower scale of diet and of wages in the Scotch asylums, is certainly an argument in favour of the more economical management of large asylums.

This report further contains an admirable summary of the *statutory provisions for the care and treatment of lunatics in Scotland*. It is a clear analysis of the several Scotch Lunacy Acts, and must prove of material service to all engaged in the care and treatment of the insane in that country.

1. *Public and District Asylums.*—There are in Scotland 14 public and district asylums, which had a total population of 3,527 on the 1st of January, 1867. The distribution of the patients in these different asylums is shown in the following table:—

ASYLUMS.	Private.		Pauper.		Total.
	Male.	Female.	Male.	Female.	
1. Aberdeen Royal Asylum .....	62	61	114	149	386
2. Argyll District Asylum .....	...	...	62	65	127
3. Banff District Asylum .....	1	3	25	35	64
4. Dumfries Royal Asylum .....	98	52	131	121	402
5. Dundee Royal Asylum .....	24	28	55	61	168
6. Edinburgh Royal Asylum .....	111	114	225	247	697
7. Elgin District Asylum .....	9	6	29	28	72
8. Fife and Kinross District Asylum ...	...	...	88	85	173
9. Glasgow Royal Asylum .....	79	86	190	170	525
10. Haddington District Asylum .....	...	...	20	23	43
11. Inverness District Asylum .....	2	4	125	108	239
12. Montrose Royal Asylum .....	42	24	135	161	362
13. Perth Royal Asylum.....	37	24	...	...	61
14. Perth District Asylum .....	7	15	95	91	208
Totals .....	472	417	1294	1344	3527

The general tenor of the reports on the condition of these asylums is most satisfactory.

New districts asylums are building, and will shortly open for the district of Ayr and Stirling. The district of Roxburgh is negotiating for a site near Melrose. The district of Renfrew has hitherto done its best to shirk its obligations to provide public treatment for the insane poor.

The proportion per cent. of the total number of days of maintenance in the various kinds of establishments and in private

dwelling in the seven years 1859-1865 is shown in the following table:—

	1859.	1860.	1861.	1862.	1863.	1864.	1865.
In Public and District Asylums .....	35·4	37·2	38·9	39·2	41·0	41·5	42·6
In Private Asylums .....	12·0	12·2	12·3	12·6	12·0	11·1	9·8
In Parochial Asylums and Lunatic Wards of Poor-houses .....	16·3	16·2	16·0	16·2	15·7	16·9	18·2
In Private Dwellings.....	36·2	34·2	32·7	31·9	31·2	30·4	29·3

The most notable features of this table are the steadily-increasing proportion of patients under treatment in public and district asylums, and the corresponding steady decrease of that of those in private dwellings.

2. *Parochial Asylums and Lunatic Wards of Workhouses.*—There were on the 1st of January, 1867, 441 patients in the five parochial asylums of Glasgow (2), Paisley (2), and Falkirk, and 566 in the lunatic wards of the workhouses. The general condition of these patients was good in the parochial asylums, and pretty fair in the workhouses.

3. *Private Asylums.*—The private asylums of Scotland are twelve in number. The following table shows the average number there resident in 1866, with the mean annual mortality:—

LICENSED HOUSES.	Average Number Resident.		Proportions of Deaths per cent. on Number Resident.	
	Male.	Female.	Male.	Female.
1. Campie Lane House .....	19·5	20·5	10·2	14·6
2. Garngad House.....	43·0	33·0	11·6	3·0
3. Gilmer House .....	17·0	8·0	...	...
4. Hallcross House .....	29·0	44·5	13·7	17·9
5. Hawkfield House .....	7·0	10·0	...	...
6. Longdale House .....	54·0	58·0	1·8	10·3
7. Millholm House .....	56·0	89·0	10·7	7·8
8. Newbigging House .....	28·0	48·5	10·7	7·6
9. Saughton Hall .....	25·0	28·0	28·0	21·4
10. Somerside House .....	...	19·5	...	...
11. Tranent House .....	10·0	17·0	20·0	17·6
12. Whitehouse .....	14·0	31·5	7·1	...
<b>Total .....</b>	<b>302·5</b>	<b>407·5</b>	<b>10·2</b>	<b>8·5</b>



In this table it should be remarked that Saughton Hall and Hallcross Hall each lost four patients by cholera in this year (1866).

4. *Single Patients (the insane in private dwellings).*—"In Scotland," observes the English Commissioners in their present report, "the practice of placing the harmless and incurable insane poor as single patients in private houses has been followed for some years, and is considered to work well. In the year 1859 as many as 1,877 were thus boarded out; since which period the numbers have gradually diminished, and in the year 1866 they had fallen down to 1,568, while those in asylums had increased in number. These patients are visited annually (or in special cases more frequently) by the two deputy inspectors; and since this has been the practice their condition appears to have considerably improved. The application of this system, as a means of relieving the asylums in England and Wales of their harmless chronic patients, and thus providing for the reception of recent and curable cases, has been strongly advocated in some quarters; the fact, however, being apparently overlooked, that there are here already upwards of 6,600 of pauper insane so residing either with their friends or with strangers as single patients. The amount of out-door relief given to these patients varies considerably, according to the circumstances of individual cases, but is often too low to ensure for them the care and amount of food they require.

"Under the 66th section of the Lunatic Asylums Act, 1853, single pauper patients are required to be visited once a quarter by the medical officer of the parish or union, who is to prepare a list containing the name, sex, and age of the patient, and the form and duration of the mental disorder; stating also if the patient is idiotic, whether so from birth or not, where and with whom resident, the date of his visit, in what condition the patient was found, and whether ever restrained, and, if so, why, by what means, and how often. The medical officer has also to declare whether the patients are properly taken care of, and may properly remain out of an asylum. These returns are carefully examined in this office, and steps are promptly taken to inquire into any cases of an unsatisfactory character; and if there is reason to suppose that they are unfit to be under single care, or are neglected or improperly treated, steps are at once taken to have them removed to asylums. *We have strong reasons for doubting whether the system could advantageously be extended so as to afford any material relief to the county asylum, or that it works so satisfactorily in this country as to render its more general adoption at all desirable.*"

The Scotch Commissioners print, in Appendix F, reports by Drs. Mitchell and Paterson of their visitations of single patients in

private dwellings. This duty was performed in 1866 by one of the Commissioners as well as by the two Deputy-Commissioners. Dr. Browne visited most of the counties south of Edinburgh. Why are his reports to the Board not published in Appendix F, together with those of Drs. Mitchell and Paterson, in farther illustration of the real condition of these single patients? There is a *couleur de rose* tint spread over the pictures annually drawn by Dr. Mitchell, and Dr. Paterson rather follows in the steps of his colleague.

The following extract from Dr. Mitchell's report is an illustration of the remark just made as to glowing tints in which he paints the condition of the patients visited by him:—

Some of the patients transferred from asylums to private dwellings have shown a high appreciation of the freedom accorded to them. One woman, for instance, who is in a house with a special licence, happens to belong to the English Church, and she has travelled alone to the chapel, which is between two and three miles from her residence, nearly every Sunday for the last three years. She takes an interest in the affairs of the congregation, and is well known to the clergyman and to many of those who worship with her. Her relatives often visit her; one of them remained several days, and, during that time, shared the patient's bed. These visits she is allowed to return. She is an industrious worker, and, being an excellent needle-woman, is profitably employed. She still believes that she has personal interviews with the Apostle Paul, and she has other delusions of a like nature; but she is very inoffensive and manageable, and requires no more costly or complicated provision for her comfort and safety than that which has been made in the clean, tidy cottage of a respectable woman, who devotes her whole time to the two patients committed to her care.

I could easily multiply pleasing pictures of this kind, for there are many parallel cases. It would be a mistake, however, to conclude that such pictures were anything but exceptional, for the great majority of all pauper patients in private dwellings, whether they be or be not transferences from asylums, consist of the fatuous and the idiotic; that is, of mindless persons whose appreciation of liberty cannot be so great or so strikingly shown. Patients in this condition, I think, should always constitute the majority of single patients. They have been found in practice to be the most suitable. If freedom, a kindly guardianship, a good bed, and a sufficiency of plain food and clothing are secured to them, there is little if anything more to be desired. They will find more to interest them in the every-day occupations of cottage life than they could in any large establishment. What goes on there, and what they see there, come more easily within their comprehension and interest, and they have a pleasure in feeling that they have some little share in it all, and that personality is not lost. Their occupations and amusements may be more commonplace than in asylums; but they are not necessarily the less useful on that account. The cottage kitchen is an ever-shifting busy scene, and it would not be easy to imagine a tranquil pauper patient, passing from acute disease into incurable imbecility, more favorably situated than at its fireside, where the surroundings are natural and the influences healthy. I think I am justified in saying that, for such a case, it would be difficult for the day-room of any asylum to furnish conditions so favorable, or more likely to arrest the further destruction of the mind. Such a reflection as this has often occurred to me during my visits to the insane in

private dwellings, and I have often been led to it by hearing the parochial medical man remark that he thought there was a *less manifest* stupidity about the patients than he had at first observed.

The distribution and results of this visitation of single patients in Scotland is given in the following table :—

	Dr. Mitchell.	Dr. Paterson.	Dr. Browne.
Number of Pauper Patients Visited .....	647	647	352
"    Private .....	61	7	12
"    Patients Unvisited .....	6	5	6
Recommendations made :—			
Of removal to Asylums or Poorhouses	17	11	9
Of change of Guardians or Residence	21	12	7
Of assistance in Guardianship .....	2	6	9
Of supplies of Bed or Body Clothing...	65	158	105
Of increased Alimentary Allowance ...	19	28	35
Of greater attention to Cleanliness ...	4	11	15
Of more attention to keeping of Medical Registers.....	13	50	33
Of a miscellaneous nature .....	46	88	52
No recommendations considered necessary .....	346	333	142

The above table contains much interesting matter. Dr. Mitchell's district seems to require fewer recommendations for improvement than either of the others. It strikes one as curious to see the small number to whom suggestions of greater attention to cleanliness were required. Our knowledge of the interior of the cottages of the Scotch peasant would have led us to a very different result. English and Scotch standards of cleanliness perhaps differ more than we had remembered.

One remarkable fact certainly comes out from these Scotch reports, viz., the low rate of mortality found under this system; probably the lowest rate of mortality on record among the insane poor. The mortality among pauper lunatics in private dwellings in 1865 was as follows :—

Average Number of Patients in 1865.			Deaths.			Mortality per Cent.		
Male.	Female.	Total.	Male.	Female.	Total.	Male.	Female.	Total.
696·0	892·5	1588·5	30	55	85	4·3	6·1	5·3

The average cost of maintenance of these patients has risen from 5*d.* to 6½*d.* a day, Dr. Mitchell tells us.

## III. IRELAND.

The sixteenth report of the Irish inspectors is addressed to the Lord-Lieutenant. The inspectors congratulate themselves that no case of cholera occurred in any of the public asylums in Ireland, at a time when a serious invasion of the disease appeared in the country, and affected the general health of the population at large. They addressed the following circular to the superintendents of the several asylums on the first outbreak of the disease :—

*Circular relative to Precautionary Measures against Cholera.*

Office of Lunatic Asylums, Dublin Castle;  
4th August, 1866.

SIR,—I am directed by the Inspectors to inform you that it is their desire that in all public lunatic asylums every precaution shall be taken to guard against cholera, of which serious apprehensions are now entertained, so that in case it should break out in the asylum under your charge, you may be enabled to meet it as promptly and effectually as possible.

You will, therefore, be most attentive to all symptoms indicative of diarrhœa among the patients, and consult thereon with the Visiting Physicians.

With reference to dietary and clothing generally, the Inspectors think that you and your colleague should consult for the purpose of making such alterations as you may deem most advisable, and communicate with the Inspectors thereon.

They are further desirous that once in each week, viz., on every Monday, you send up a report to this office of the sanitary state of the asylum.

With reference to isolating patients who may be affected with cholera—when no regular infirmary exists—you will prepare an airy and suitable apartment expressly for their reception.

I am, Sir, your obedient servant,  
(Signed) W. J. CORBET, Chief Clerk.

To the Resident Medical Superintendents of  
District Lunatic Asylums.

1. *The District Lunatic Asylums.*—The inspectors proceed to present an interesting statement relative to the condition of each of the district asylums now open in Ireland. These asylums are nineteen in number, viz., Armagh, Ballinasloe, Belfast, Carlow, Castlebar, Clonmel (Parent Asylum and Additional Asylum), Cork, Kilkenny, Killarney, Letterkenny, Limerick, Londonderry, Maryborough, Mullingar, Omagh, Richmond, Sligo, and Waterford. They furnish in all 5,397 beds.

The inspectors in table 24 furnish a detailed statement of the names and salaries of the principal officers of these district asylums. Each of them continues to bear the ornamental burthen of a visiting physician, at a cost of £100 a year each. Yet nothing can be more detrimental to the efficient discharge by the resident medical

superintendent of his onerous duties than the visits of physicians with position and authority, which necessarily must clash with and hurt his own, and this in a position where imperial despotism can alone ensure success. The office of assistant medical officer is unknown in the Irish asylums, and a grievous loss to the patients and superintendent this want must prove. An apothecary at £50 a year, *without any allowances*—a mere dispenser, therefore—is supposed to replace this officer on the asylum staff. The asylum matron—a species dying out in England—flourishes side by side in Ireland with the visiting physician; their average salaries exceed £100, with allowances, which for Ireland is a high salary.

The unhappy religious divisions of the country require the appointment of two chaplains to each district asylum, a Roman Catholic and a Protestant, except at Letterkenny and Waterford, where there is only a Roman Catholic chaplain. Armagh and Belfast do not appear to have either. On this subject the inspectors observe in their report:—

We find it difficult to reconcile to ourselves how gentlemen of the high social position and education possessed by the Belfast Board can be so persistent in their opposition to the appointment of ministers of religion to attend to the members of their own flocks, while deprived by the confinement consequent on their mental maladies from giving voluntary attendance to their religious duties, and more especially to public worship, which is so marked and so commendable a characteristic of the people of this country, to whatever sect they may belong.

We again recur to this subject, not from any spirit of opposition to the wishes of the Board, but because the weight of evidence goes to prove the immense advantages resulting to the insane from religious services and congregational worship in other asylums. We could quote opinions without number from the very highest authorities to that effect—else to what use have places of worship been provided in all the asylums of the present day. The position of the majority of the Belfast Board is therefore perfectly untenable, and, we say it with great respect, places them in the predicament of maintaining that while they are right in their views the rest of the world are altogether wrong.

We trust, however, that public opinion will remedy what is felt to be an intolerable hardship, particularly by those who believe it is a religious obligation to assist at Divine service on Sundays, and that a clause will be inserted in the next Act of Parliament on the subject.

The average weekly maintenance cost in the Irish asylums is 9s., which appears high when contrasted with the superior accommodation, diet, and treatment afforded in the English county asylums for the same charge.

The tables furnished in this report present a good deal of information relative to the history of the district asylums in 1866, but they are ill-arranged, and present important omissions. Thus, the absence of all information as to the mean population resident prevents our calculating the mean annual mortality. Again, there

is a carelessness in compilation, as in table 23. A little more trouble on the part of the office clerks would there have given us information as to the relative proportion of single beds and dormitories in the district asylums. At present the figures are only massed together. Other of the tables might readily be a little clearer in form.

2. *The Insane Poor in Workhouses and Gaols.*—The inspectors remark that they have had no special cause of complaint as regards the care and treatment of the insane inmates of the poorhouses visited by us during the year, with a few exceptions.

The total number of cases of mental infirmity in workhouses on the 31st December, 1866, was 2,748, as against 2,733 at the end of the previous year. Of these 866 are simple lunatics, and in 224 cases epilepsy is combined with lunacy, giving a total of 1,110, of whom 719, or nearly two thirds, were females. The idiot classes number 1,638—696 males, and 942 females—and of these 1,145 are simple idiots, and 493 are subject to epilepsy as well.

With regard to the insane in gaols, the inspectors further observe :—

The general subject has been so frequently dwelt upon in our reports, that it would be mere repetition to enter further upon it here. We may, however, observe, as the result of previous representations, that already 19 out of the 39 prisons in Ireland have been returned as without a lunatic prisoner at the end of the year; 5 contained 1 each only, 4 had from 2 to 5, the remaining 11 gaols having an average of 29 insane inmates.

The reduction in the number confined in gaols, which we have now the satisfaction of reporting, is principally owing to the accommodation supplied by the new asylums at Letterkenny and Castlebar, the opening of which enabled us at once to relieve the gaols of both those districts of all their insane inmates.

In fact, one of the objects to which we have mainly devoted our attention for many years, is the removal of lunatics from prisons; and we look forward with unqualified satisfaction to the arrival of the time, now not distant, when the further accommodation at present being provided at Ennis, Downpatrick, Monaghan, and Enniscorthy, by the erection of district asylums at those towns, together with some other extensions under consideration, will effect a general clearance of the lunatic inmates, leaving the prisons free to be devoted to their own special uses, no longer incommoded by the disturbing element of insanity, for the treatment of which no suitable provision exists in them, and which therefore embarrasses the officials, and unavoidably interferes with the regular discipline of those places.

Moreover, institutions of a punitive character must in general exercise an injurious influence upon the mentally affected; though at the same time we are bound to record the fact that very many persons are discharged from them cured of insanity, from the restraint put upon their freedom of action, coupled with the judicious medical treatment which, under such advantageous circumstances, they receive while in custody.

3. *Central Asylum for Criminal Lunatics.*—The numbers in this asylum on the 31st December, 1866, were 87 male, 45 female, total

132. The working of this institution, say the inspectors, to which, being placed under our immediate, or we might say our exclusive, control, our attention is given in a special manner, continues to be highly satisfactory. Standing in the position occupied by Boards of Governors with respect to district asylums, the functions exercised by us in regard to its affairs are in every way similar, the estimates being framed, contracts for supplies obtained, and the accounts vouched monthly by us, in addition to our inspectorial duties.

4. *Private Asylums.*—There are 293 male and 320 female, total 613, patients in the twenty private licensed houses in Ireland. The inspectors exercise great vigilance in the supervision of these asylums. They view the whole system, however, with marked disfavour. “In our last report we referred in general terms to imperfections to be found in these institutions, observing that ‘such faults are indigenious, and clearly traceable to inherent defects in the system, so that all we can do under such circumstances is to continue our efforts to ameliorate by constant supervision the condition of lunatics in private asylums.’ These remarks are still applicable, and will continue to be so while the present system exists.”

Of patients boarded in “private dwellings,” the inspectors appear to have little or no information whatever. Of unlicensed houses they record the following:—

In one instance a medical gentleman of respectability had two persons residing with him whose mental condition was such as to necessitate their being placed under medical treatment, and at the same time under certain restrictions as regards their freedom of action. The case was submitted for the opinion of the law officers, who decided that the house should be licensed, and Dr. Bewley, the proprietor, has accordingly sought for a licence, which will be issued to him at the next quarter sessions.

In another instance we ascertained that a farmer residing in the county Wicklow, had several insane persons in his house under the name of lodgers, and on inspection we found such to be the case, three persons, 1 male and 2 females, being located therein. He seemed quite unaware of the requirements of the law, and as the parties appeared to be *well cared for and comfortable*, we did not think it necessary under the circumstances to call for a prosecution for breach of the Act. *One of the females, a young unmarried woman, was discovered to be pregnant*, but on investigating the circumstances we could find no clue to her seducer. We of course caused the removal of all three immediately, and regret to add that the female in question, who was taken away by her friends, died, as we were informed on inquiry, during parturition.

The inspectors look for the remedy of these evils through the provision of middle-class asylums. “It is,” they say, “a matter of the utmost difficulty to obtain information relative to persons of the class above referred to, who are either residing with their relatives, or living as lodgers in the houses of strangers, and who would probably be placed in private licensed houses but for the inability or

unwillingness of their friends to incur the expense. We have no doubt that if intermediate asylums existed in which they could be maintained at a reasonable rate, very many lunatics above the rank to which the inmates of district asylums ordinarily belong, would find their way into them."

C. L. R.

*The Care and Treatment of the Insane Poor, with special reference to the Insane in Private Dwellings.* By ARTHUR MITCHELL, M.A. and M.D. Abdn., F.R.S.E., &c., Deputy Commissioner in Lunacy for Scotland.

IN his address as President of the Medico-Psychological Association Dr. Robertson discusses the various modes of making public provision for the insane poor; and one of the three modes which he recommends is that of disposing of a certain number of them in private dwellings.

In examining the merits of this system, the experience and practice of Scotland receive much attention, one half of all, he says on the subject, having reference to what has been done or written in that country. He is also good enough to attach considerable value to an official statement of mine, which bears on the question, and part of which he quotes. It appears to me, however, that Dr. Robertson's statements and remarks do not exhibit the true aspect of the case in Scotland, and are calculated to mislead; and I am, consequently, induced to offer some comments on them, derived from the opportunities of observation which I have possessed.

The address recognises the principle that the insane poor are not to be provided for in one inflexible way. Provision is to be made for them according to their requirements, and it is admitted that these vary. The management of insanity is not to depend on its name, but is to be determined by the varying needs of those labouring under it. *Asylums, poorhouses, and private dwellings* are accordingly sanctioned and recommended; and among them Dr. Robertson says that the whole of the insane poor may be distributed "with due consideration of all their claims and requirements."

Common sense recommends the principle which underlies these views as a sound one, and this deliverance of that excellent judge is confirmed by all we know both of mental disease and of diseases generally.