

is abundantly evident from the remarks made in the course of the debate that the Irish authorities showed their usual unintelligent conservatism in this matter. It remains to be seen whether they will continue their *non possumus* attitude, or whether they will attempt to lead this or any other movement. It is, of course, quite easy to postpone the adoption of family care for a long time. Whether under existing circumstances that will be an advantage is a matter of opinion. But unless Irish local finance undergoes some remarkable transformation, family care will come. It will be a pity if it comes merely as a measure of pauper assistance (out-door relief). Dr. Finegan, of Mullingar, also read a carefully prepared paper on the question of "boarding out." As may be supposed from his use of this not very pleasing term, he dealt chiefly with the system as developed in Scotland, but he also referred to the great results achieved on the Continent in so many different countries and under so many different conditions. Dr. Finegan was very well received, and those members of the conference who were not already familiar with the subject were much struck by his arguments. In the discussion that followed the familiar observations as to danger and as to the popular fear of the insane were heard, but nevertheless the general feeling of the assembly was strongly in favour of giving family care a trial, and of endeavouring to obtain permissive legislation for this purpose. A resolution was unanimously adopted to that effect.

On the same day Alderman McCarthy, of the Dublin Asylum Committee, read a most thoughtful and excellent paper, which, though coming from a layman and one who disclaimed speaking with special knowledge, was thoroughly imbued with the true medical spirit, entitled "A Plea for the Study of Insanity by Pathological Methods." A resolution with which he concluded his paper was adopted with hearty unanimity, approving of the establishment of a central laboratory for the Irish asylums, and petitioning Government to make a special grant in aid of the maintenance of such a laboratory.

Fiscal Questions.—Auxiliary Asylums.

A number of fiscal questions, some only interesting to Ireland, and some, such as the proposed increase in the rate in aid

which might be made to apply elsewhere, were discussed on the second day of the Conference. With these very complicated matters we cannot deal at present, not having full details at our disposal pending the publication of the *Transactions*. An excellent paper, which has been published pretty fully in a local journal, was contributed by Dr. M. J. Nolan, but not discussed, owing to its coming last upon the programme. We hope to present an epitome of it to our readers at an early date.

The chief subject, however, which was dealt with on the second day was a description by the Most Rev. Dr. Kelly, Bishop of Ross, of the Auxiliary Asylum at Youghal.⁽¹⁾ This institution is to contain 450 patients, and is to be in charge of nuns. A non-resident physician in general practice is to visit the auxiliary asylum daily. The patients are to be provided by the Cork District Asylum at Cork, which is, we understand, some distance by rail from Youghal. We cannot find that there is any other link between the parent institution and the auxiliary than the fact that the same committee will provide the funds. The question came up appropriately enough on the present occasion on the day that was devoted to fiscal matters, and the statement was made that the Youghal Auxiliary Asylum would be managed at a cost not exceeding £15 per head per annum. The hope was expressed that a number of the insane who are now quite illegally confined in workhouses, and are wretchedly neglected there, would find their way into the new institution. It is not easy to understand how the condition of these poor people is to be bettered without the expenditure of more money upon them. The Irish Local Government Act provides that where an auxiliary asylum is established the contribution from the local taxation account (rate in aid) shall be 2s. per week per head. As this is but half what is received for each patient in a district asylum, the expenses must necessarily be kept down in order to make the scheme pay. We are glad to learn that it is proposed that the patients shall be fed in the auxiliary as in the parent asylum, and we gather that the clothing will be equally good. The chief economy will be in a very much reduced staff. There are to be at Youghal eight nuns, two charge attendants, four assistant attendants, one night attendant, one charge nurse, three assistant nurses, and one night nurse. It is fair to say

that this staff is only fixed apparently in contemplation of an initial number of 400 patients, which will be afterwards increased by fifty. The Bishop of Ross had no difficulty in showing that this staff would be cheap. A tremendous question for all those who are responsible for the safety and well-being of the unfortunate insane remains: Will it be sufficient? We think no one who has any knowledge of the history of the insane will be found to entertain a serious hope that it will. We know what large asylums provided only with visiting physicians were in the bad old days. We know what they are at present in any countries where this arrangement lingers. We know—and know as none others can realise—that the daily visit of a practitioner to 400 patients would be but a cover for systematised neglect. Dr. Kelly, who, besides being a “demon of finance,” is an able speaker and a debater of a high order, made an amusing point in comparing the daily visits of the physician at Youghal to the less frequent visits of the medical man in the case of certain patients in family care, but this in no way touches the real issue. We may remind our readers, by the way, of the recent regulation of the Scotch Commissioners that every workhouse or other institution in which there are 100 or more of the insane must have a resident medical officer.

Then as to the rest of the staff. Can anyone suppose that the number of nurses and attendants is sufficient, unless the patients are of a class that ought to be boarded out, and unless the asylum is to be worked as what is called in Germany an agricultural colony? Even then we doubt the feasibility of running it with such a staff. But the workhouse patients, whose sad condition the Bishop of Ross rightly deplors and compassionates, are largely frail, or senile, or unclean, or epileptic patients. Such folk require more attention than can be given by a small staff.

We are glad to observe that some of the earlier features of the Youghal scheme dwelt upon so forcibly by Dr. W. Graham at the Cork meeting (see *Journal of Mental Science*, October, 1901) have disappeared. We hear no more of the lay manager—“a respectable and fully qualified layman”—who was to conduct the institution. Also, happily, no more of “a few strong, vigorous women, neither squeamish nor over-refined.” That there has been a change of front here, and that something

has been learned by a more prolonged consideration of the subject, might justify more tender treatment of the unhappy Irish Lunacy Inspectors, whose supersession by the Irish Government in this matter is most triumphantly recorded by Dr. Kelly. At least they deserve his thanks for having retarded his favourite scheme till it appears in its present more developed and presentable condition. We hope it may not now miscarry, though we have our fears, but we could neither hope nor believe that any good could have come of the "few strong, vigorous women, neither squeamish nor over-refined." Our sentiments about these hypothetical ornaments of their sex would be most fittingly expressed by the adjectives whereby their promoter distinguishes them: "few," "strong," "vigorous," "neither squeamish nor over-refined."

If we were controversially disposed we might say that we rejoice and are glad because our Munster friends have seen that even although economy is the prime motive, yet it is not desirable to have an asylum managed by a "competent layman" to be "secured for a much smaller salary than even a junior medical gentleman;" but we prefer to put it otherwise, and to frankly admit that the afterthought by which nuns are to be placed in charge of the auxiliary asylum indicates that those who are responsible for this scheme have risen to a higher view than that which they originally entertained of the requirements of the unfortunate class which is to be dealt with. Nevertheless we feel bound to add that although we entertain the most profound respect for those high-minded ladies who devote their lives to the service of the poor, we do not know that they have either the training or the experience which would especially fit them for this very special work. We hope that further knowledge may cause those who, like Dr. Kelly, act from the best motives, and are accessible to conviction, to see with our eyes in this matter. The risk of going wrong is very great, for a religious order established in such a charge is practically exempt from all that supervision which the experience of every civilised country has shown to be so necessary when we are dealing with institutions for the insane.⁽²⁾ The Bishop is reported to have said at the Conference that though in medical and scientific matters he was prepared to subordinate his views to those of the doctors, yet when it became a question of dealing with the sick, the poor, and the imbecile

he took the standpoint of a layman, and felt more inclined to inflict his views upon them as a Christian bishop. We do not claim any mysterious powers for science. Science is knowledge. Knowledge is acquired by experience. We merely say that we who spend our lives dealing with a certain matter ought to know something about it, and as we have succeeded in modifying the lay view in some important particulars we hope to show those who follow us into this field that there is still something to be learned.

At the meeting which gives rise to these remarks, the representatives of committees seemed, from their speeches, to be generally, though not unanimously, in favour of auxiliary asylums of some kind. The asylum medical officers who took part in the debate, with one exception, spoke unfavourably. In the end a resolution was proposed by Dr. Lawless, of the Armagh Asylum, seconded by the Chairman of the County of Dublin County Council, and adopted in these terms: "That Section 76 (1) of the Local Government (Ireland) Act, 1898, enabling County Councils to establish and maintain auxiliary asylums for the reception of chronic and harmless lunatics at present confined in union workhouses, being practically inoperative owing to the capitation grant for patients maintained in auxiliary asylums being limited to a sum not exceeding two shillings per head per week, and it being desirable for the more humane treatment of such lunatics that such auxiliary asylums should be established and maintained, this Conference is of opinion that the capitation grant should be fixed at the same figure as that given for patients confined in district asylums, and that the Government be strongly urged to introduce legislation to give effect to this recommendation." We confess we are somewhat at a loss to understand the full bearings of this resolution, but it is well that the Conference expressed its dissent from the implied view of the Government, as expressed in the Local Government Act, namely, that certain classes of the insane can be maintained in institutions at one half the cost of the district asylums—a preposterous view, contrary to the experience of every country where such a division has been attempted. This resolution was adopted unanimously, as were all the resolutions which were submitted. There is certain convenience in this wholesale unanimity, but it is somewhat confusing to the reader of reports who may not happen to be familiar

with the Irish love for bringing about the happening of the unexpected.

(¹) As we go to press we have news of a further development of this scheme which is referred to at page 203.—(²) In connection with this aspect of the matter it may be instructive to our readers to peruse the case reported in our medico-legal column from an institution near Dublin. We are, of course, precluded from further comment, as the case is still *sub judice*. See also results in Italy, page 150 of this volume.

Intemperance.

In one matter there was practical unanimity among the members of the Dublin Conference. Evidence was offered from every side as to the disastrous effects everywhere observed to follow upon drink. It may cause some searching of conscience to ask whether our profession as a whole, and particularly our speciality, have up to the present taken a sufficiently leading part in the holy war against alcohol. It is high time for our Irish colleagues to make themselves heard upon this subject, when in at least one asylum one third of the male admissions are attributed chiefly to this cause. Since a French speaker, dealing with the increase of alcoholism in Normandy, told his hearers that one half the population lived by the sale of drink and the other half died by it, we have not heard a more witty and pungent mode of putting facts than that adopted by Dr. Drapes when he pointed out that "there is one lunatic or idiot in Ireland to every 178 of the present population, and one public-house to every 176!" Dr. Drapes observed that to the neurotic and the person disposed to drink every one of these ubiquitous public-houses was an ever-recurring suggestion. One of the ecclesiastics present said, with eloquence and justice, "We pray 'lead us not into temptation;' when we are told by the doctors of 'suggestion,' is it not the same idea in other words?" The want of courage and public spirit, which are such painful features in Irish life, render it unlikely that any early improvement is to be expected with regard to the issuing of licences. It is often said, probably with approximate accuracy, that in many Irish villages every second house is a public-house, and a story is told on good authority of an application made for a licence (and supported by the police!) on the grounds that the applicant was the only person dwelling on one side of the street who had not a licence.