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First Annual Report of the General Board of Commissioners in Lunacy for Scotland. Presented to both Houses of Parliament by Command of Her Majesty. Edinburgh, 1859.

The Commissioners appointed under the Scotch Lunacy Act, 1857, have just presented their first annual report to Parliament. It is a goodly thick volume, and bears ample evidence to the diligence and ability of the Scotch Lunacy Commissioners. To us, as medical men, it is peculiarly gratifying to find, that a purely Medical Commission has, with the assistance of their legal secretary, been enabled so successfully to inaugurate the working of the new Scotch Lunacy Laws. Much of this success is doubtless due to the profound knowledge and extensive practical experience of the several relations of the insane, which the appointment of the late honorary secretary for Scotland of this Association, Dr. W. A. F. Browne, secured to the Commission. We are pleased to have it in our power, from private sources of information, to add, that in his professional colleague he has found an able and zealous coadjutor, and one who has made his work and office acceptable to the Medical Superintendents of the Scotch Chartered Asylums.

An analysis of this first report of the Scotch Lunacy Commissioners will enable us to present our readers with a survey of the existing state of matters in regard to Lunacy in Scotland, and also of the further measures proposed to be carried on under the provisions of the 20th and 21st Vict., cap. 71, the Scotch Lunacy Act, 1857; the general tendency

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of which may be stated to be to assimilate the position of the insane in Scotland to the existing arrangements at home.

It is just two years, since in our number for July, 1857, a review was given of the report of the Royal Commissioners appointed to inquire into the state of the Scotch Lunatic Asylums. A reference to that review will shew our readers the difficulties which the Legislature and the Scotch Board of Lunacy had to contend with, and will aid in impressing on them the great service which that board has rendered to the cause of the insane. It is really wonderful to read the report of the Royal Commission of 1857, and to compare the improved state of things shewn in the report of the Scotch Lunacy Board now before us, brought about, be it remembered, in about eighteen months.

The first result of the publication of the report of the Royal Commissioners, and of the debate on it in the House of Commons on the 29th May, 1857, was the *Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland*, which received the Royal Assent on the 25th of August, 1857.

We shall divide our observations, on the condition of the insane in Scotland, under two heads, the one including THE PRESENT CONDITION OF THE INSANE, whether confined in asylums, public or private, in poor houses, or farmed out to the peasantry; the other, THE FUTURE PROVISIONS FOR THE INSANE by the proposed division of the county into districts, for the erection of District or County Asylums.

I. THE PRESENT CONDITION OF THE INSANE IN SCOTLAND.

The total number of the insane in Scotland, on 1st January, 1858, with the exclusion of private single patients, whose number could not be accurately ascertained, was as follows:—

	Male.	Female.	Total.	Private.	Pauper.	Total.
Public Asylums, ...	1226	1154	2380	786	1594	2380
Private „ ...	330	415	745	219	526	745
Poorhouses, ..	352	487	839	6	833	839
Private Houses, ...	810	974	1784	...	1784	1784
Total,	2718	3030	5748	1011	4737	5748

a. Single Patients.—The large number of insane paupers 1,784, out of a total of 4,737, farmed out to the care of the peasantry in the counties, is a curious feature in the history of Scotch Lunacy. Taking the whole of Scotland, we find that of the total 4,737 pauper lunatics, there are:

In Asylums, ...	44·7 per cent.
In Workhouses, ...	17·5 per cent.
Farmed out, ...	37·6 per cent.

The average weekly allowance under this farming-out system is 2s. 10½d.

We shall commence our survey of the present condition of the insane in Scotland, with the condition of these single patients, private and pauper, entered in the above table, as "in private houses."

The Commissioners, in a large Appendix (I) of more than thirty pages of small type, have printed extracts from the reports on these single patients, made by the Visiting Commissioners to the Board. In Appendix I, they state, "we have added the details of a number sufficient clearly to demonstrate the extent to which lunacy exists under the most disadvantageous circumstances throughout the whole country.

"It may possibly appear that we have described an unnecessarily large number of cases, but we consider it of great importance that the extent and magnitude of the evil should clearly appear.

"The reports, we have only to add, were drawn up by the medical Commissioners and Deputy-Commissioners for the guidance of the Board in granting or refusing dispensation from removal to asylums, and may therefore be received as conveying an accurate representation of the condition of the patients."

The reports are arranged in two divisions embracing respectively pauper and private patients. We subjoin one or two cases in illustration.

E. H., a female, aged 56.—Dementia; long insane; speaks but little and very childishly; affects solitude; is vain and has high notions; used to gather stones and call them earls and dukes; is harmless; is ill clothed and dirty; is not in robust bodily health. Lives alone in a badly-ventilated and dirty room, situated in one of the most unhealthy parts of P. Her bed is dirty and uncomfortable. Allowance 2s. weekly. She pays no rent, and has a supply of clothing, fire, &c., occasionally. She should be removed from her present residence, and be boarded with some proper person.

I cannot advise the Board of Lunacy to sanction the residence of any one for whose safety and comfort they are responsible in such a locality. Moreover, I do not consider it right that she should live alone.

M. M'L., a female, aged 32.—Dementia; four years insane; sleeping in the open air while herding being the assigned cause;

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came in one day and asserted the house was on fire, and became much excited; now mutters incoherently; refuses to answer; is dumpish, and not easily managed; is *said* never to be under restraint; does not wet the bed. Is not in robust bodily health, and said never to have menstruated. I cannot convey any idea of the filth and rags in which I found this woman, crouching by a peat fire in the centre of a bare, dirty room. With the exception of a piece of old bag, put on shawl ways, she was quite naked above the waist. She had neither shift nor gown, nor shoes nor stockings, and her petticoats were nothing but a fringe of tattered aprons. She has no bed and no bed clothing. She is covered with vermin. Lives with her sister and mother. The former is a passionate, loud-speaking, unprepossessing woman, and the mother not less disagreeable. They are people wholly unfit for such a charge.

A. K., a female, aged 25.—A congenital idiot; described as being childish. When visited, she was in an uncle's house, occupied by the uncle, his wife, and one infant. She was in the back-room, which had no fire-place; she was ill, very emaciated, and apparently not likely to live long. Her bed consisted of a little hay spread upon the cold, very wet, clay floor, which was likewise very dirty. Her blankets were sufficient, and she had a pillow, with a clean linen cover. She had on a good night dress. She takes no food, except a little milk, which is frequently rejected by the stomach. She was visited on 13th July, and the parochial surgeon had not seen her since April. Her allowance has been for seven or eight years past sixpence a week. She had only been in her uncle's house a fortnight. She usually resides with her mother, whose cottage is close by; it is divided into two portions; one being used as a cow-byre, with three cows and a calf in it, the other portion being used as the dwelling-house, in which live the mother, the idiot girl, grandmother, a grandaunt, an uncle, his wife, and three young children. The girl was said to have slept with the grandaunt, on a mattress on the floor. This mattress was thrown away a fortnight ago, being useless. The grand-aunt is a pauper, receiving ninepence a week. This girl is declining in strength, and requires much more attention, both from the parochial surgeon and the inspector of poor, than she seems ever to have received.

This patient was visited on 13th July, 1858, and died on 26th July, 1858.

S. N., a female, aged 53.—Lunatic; lives alone in a miserable cottage in the centre of W., approached through a garden, the gate of which is kept always locked. Passage was obtained with difficulty, but still more difficulty was encountered in getting the door of the house opened. The lunatic occupies one small room, hardly more than six feet in breadth; a few dirty rags on the floor were all the bed and bedding. About eight cats were in this room, along with a dangerous dog, and the smell was most offensive; the place dirty and squalid; windows broken. The

lunatic is allowed 5s. a week, of which 1s. is deducted and paid to a woman, who lives near, as her wages for attending her. This woman admits that she had never been inside the house. The neighbours all seem afraid of S. She was reported by the constable, and not by the inspector, although well known to him. She is quite unfit to be left as she now is.

A. R., a male, aged 57.—Congenital, does nothing. With a brother and sister in a wretched house. Dress, a kilt and great-coat; both dirty. Sleeps in an open barn at one end of the house; no glass in the window frame, which is at the foot of his bed; roof full of holes, and rain comes in. The gable end of the barn is quite open. Straw for a bed and one thin dirty blanket. His sister sleeps in the same bed with him; says she does so as he would not keep the bed-clothes on if alone. The sister is very dirty. Allowance, 11s. 6d. a month. His sister gets 3s. 6d. a month. His brother supports himself.

We might enlarge these extracts to the full extent of our allotted space. It is, indeed, mournful to think that cases like these should abound in a land resounding with the highest professions of Christianity; with Kirk and Free Kirk next door to each other in almost every parish, and rival ministers stirring up in each domestic circle, strife and discord on their patronage and anti-patronage and such-like squabbles, with which, for the last dozen years, they have rent the land, and frittered away in the maintenance of noisy opposition ministers, incredible sums, forced chiefly, we fear, from the hard earned gains of the poor. Do these Scotch ministers deem it no part of their duty to visit the desolate and sore-stricken in their affliction?

Nor is the condition of the private single patients much better than that of the pauper, as the following extracts from this appendix will shew:

H. M.L., a male, aged 40.—Has been 13 or 14 years insane. Was in Inverness Infirmary. Chronic mania; has delusions; refuses to answer; has an occupied and sinister look; shows a morbid aversion to his friends. I was quite unable to make out satisfactorily the history or character of this case, having been plainly told that, as I was noting the answers given, it was thought best to be silent. I found him lying on some straw in the corner of a clay-floored room, completely furnitureless, with an unglazed window boarded up. The straw, which he wets and dirties, is scattered over the floor. He lay under a couple of blankets, and, as he raised himself on his elbow to speak to me, his uncombed hair, long beard, pale face, and haggard look, were in harmony with the surroundings, and the whole presented a picture of great

wretchedness. The room door is secured from without. At one time it was thought necessary to put irons both on his feet and hands; and these, it is said, are still in the house, but never now used. They were not produced. He very seldom leaves his room. At first he spoke freely to me; but, becoming suspicious, refused to answer. He leads a miserable mania-maintaining, and not a mania-curing, existence. He lives with his brother, and is not a pauper.

M. D., a female, aged 26.—Fatuity, with (it is alleged) paroxysms of excitement, which recur about every three months, or after longer intervals. She is locked up in a large darkened room, in a back-yard, containing lumber, and of a most squalid and offensive aspect. The window is large, but unglazed, being boarded outside. There is a fireplace, but no fire is ever allowed; the room, it is affirmed, being sufficiently heated by its proximity to an oven. The patient lies almost constantly seminude, in a box-bed containing loose straw, broken, and in a state of decay; partially covered with some old and very dirty blankets and a coverlet. Her legs are contracted, and she walks with difficulty, but is said to be violent and destructive. Is of dirty habits. Is washed twice a week in a tub, which at other times is used to collect the urine under the bed. She has not been out of this apartment since New Year's Day, and has occasionally been confined for six months at a time. Has sisters, but is attended by her father. No personal restraint used, but is said to have been unmanageable by a female attendant, whose services were resorted to. Was formerly in an asylum. Condition most shocking and humiliating. Not a pauper. Family appear to be prosperous. Case has been under the consideration of the parochial board, who, as far as could be learned, awaited the interference of the Board of Lunacy.

R. M., a male aged 38.—Has been 14 years insane; melancholic; subject to periodical attacks of excitement; is then very violent, and would wander; sleeps usually in the house, but when under excitement is placed in a small room, built for the purpose—clay-floored, fireless, cold, and comfortless. Two chains are attached to two large stones sunk in the ground, and through loops at the end of these his arms are passed; his hands are then bound together by rude iron wristlets; a little straw is then thrown on the ground, and he is left thus for ten or fourteen days at a time. When so secured, he is able to sit, but not stand; he was last under this restraint about seven weeks ago.

He is a sickly pale lad, but very well-dressed and clean. He lives with his father, a small farmer. I have no reason to think that any cruelty is intended. What is done is supposed to be for his good and safety.

These single private patients are apparently all more of

less bordering on pauperism, and are one and all fit cases for reception into the new District Asylums when erected.

In reading through this mass of misery, we can only again repeat our sense of the unwearied energy and determination of the Scotch Commissioners, who, in so limited a space of time, have contrived so thoroughly to sift out the dark recesses of Scotch lunatic life.

The following report by the Visiting Commissioners of two private patients, removed under section 43 of the Lunacy Act to an asylum on account of improper treatment, may fairly complete this picture :

M. D., aged 25 ; M. D., aged 34.—These two lunatics live with their parents in F.

In the corner of a low roofed, dark, clay-floored room, a sort of cage or stall, about eight feet long and five feet wide, has been rudely constructed of boards, laid close together at the end, but in front with intervals or in bars ; and this for seven years has been the place of confinement of the younger of the sisters. So dark is the room, that I found it impossible to discover, by looking between the bars, where she was lying. In order more accurately to ascertain her condition, I procured a candle, had the trebly-secured door opened, and entered the cage. I found her huddled up in a corner on some loose straw, in a state of all but nudity, under an old, coarse, filthy, and scanty coverlet, begrimed with filth and covered with vermin. She passes her urine and fæces where she lies. The litter, impregnated with these evacuations, can be but rarely changed. My feet sank in it, as I moved about, as on a wet farm-yard dunghill. The stench was offensive and sickening, and, at each step I took, imprisoned volumes seemed to be set free from the damp straw. The floor of the cage is of clay, and uneven. As I bent over her and spoke to her, she became violent and attempted to strike, but refused to speak.

The room is dark, dirty, and disorderly in the extreme. Its one bed—a box one—for father, mother and the other lunatic daughter, is in a state of absolute beastliness. The father was in keeping with all the surroundings—unshaven and unwashed for weeks—in filth—stiffened clothes, haggard, sottish. The whole picture, in short, is an intensification of filth, inhumanity, and demoralization that defies description.

The other daughter, M., I did not see, though I made every effort to find her. She wanders about in the woods in the coldest weather, half naked, and flies from all who approach. She is said to have been an industrious girl—a milliner—and to have been always well behaved. She became insane some three years ago, and her parents sent her for three months to the Perth Asylum.

The girl in the cage has been insane for fifteen years, but for a long time was not violent. I had heard that she was fond of

sweets, and by dint of a liberal supply of candy at my first visit, repeated at my second, I got her to look up and speak to me, and I learned that he had, in the interval between my visits, been telling her father that she wished to dress and go away with me. I mention this to show that she is by no means beyond the influence of kind treatment.

I understand that, two years and a half ago, the parochial board wished to remove both sisters to an asylum. At first the parents seemed to agree, but then refused, and have ever since done so, lest their property should pass out of their hands. This property is now worth little or nothing. It was originally worth between £1000 and £2000, but drunkenness, vice, and mismanagement, together with the burden which the condition of the daughters involves, directly and indirectly, have united in consuming it. They will all four, inevitably, soon be paupers.

The mother, whom I did not see, as she was absent from home, is said to be a violent woman, coarse and intemperate.

I am told that the Procurator-Fiscal was lately denied admission into the house, and that the Superintendent of Constabulary was grossly abused when he called on some late occasion.

On the application of the Board, the Sheriff granted his order for the removal of the patients, and they were placed in Garngad Asylum on the 4th August, 1858. On the 19th November the house was visited by one of the Commissioners, when M. D. was found "engaged in sewing, calm, talkative, and cheerful; and her sister M., so long confined in the cage at F., calm, plump, and, according to the Superintendent, perfectly tractable."

This method, apparently so popular in Scotland, of providing for the care of the insane, has, like most other abuses, the prestige of ancient usage to support it. Thus in Robert Chambers' recent interesting work, *Domestic Annals of Scotland from the Reformation to the Revolution*, we find the following recorded:

"1681. April 8. A case before the Privy Council reveals the treatment of the insane in this age. It was a complaint from Mr. Alexander Burton, against his brother John, for putting him into Hopkirk, the surgeon's hands, as a madman. It was alleged on John Burton's part, that Alexander was really melancholic and furious; so required restraint; also that he was misusing and dilapidating his fortune; here a bill had been applied for, to put his affairs under curators. Alexander assured 'that he had only craved his annual rents, and to refuse him his own and treat him as a fool, would raise pepper and passion in any man's nose; and then they termed the acts fury.' To settle the matter the Duke of York, who was present, desired that the alleged fool might be permitted to speak; whereupon he delivered himself so extrava.

gantly, that the Council found it only right he should be put under restraint, and his affairs placed in charge of his brother. Fountain-hall adds: "in Scotland we having no Bedlam, commit the better sort of mad-people, to the care and taming of surgeons, and the inferior to the scourge or the poor." Vol. ii. p. 424.

b. Lunatics in Workhouses.—We pass now to the condition of the insane poor of Scotland, detained in the lunatic wards of the union houses.

The English Commissioners in Lunacy conclude their twelfth annual report (March, 1858,) with the following observation relating to the insane in union workhouses. "During the past year (they say) much of our time and attention has been occupied in visiting the different workhouses in England and Wales, and inquiring into the condition and treatment of their insane and weak-minded inmates. We hoped to have been able to introduce into the body of this report the results of our inquiry, but the subject requires greater consideration and a larger amount of space than can at present be given to it; and we propose to submit to your Lordship, therefore, in the form of a supplement, such observations as we have to offer on the existing condition of insane paupers detained in workhouses." This supplement has not yet reached us.*

The Scotch Commissioners have, in this their first annual report, taken this important branch of their subject into their consideration, and in Appendix L have furnished some extracts from the entries made by them at their visits to the several union houses.

Previous to the passing of the Scotch Lunacy Act, 1857, the jurisdiction in regard to the "insane or fatuous poor," was exercised under the new Scotch Poor Law of 1845, by the Board of Supervision for the relief of the Poor in Scotland; a board with similar jurisdiction to the English Poor-Law Commissioners. In their thirteenth annual report† (August, 1858,) a sketch is given of the steps taken by the board during the eight years that the insane poor of Scotland were under their supervision, in order "to supply the only accommodation they had it in their power to offer (the chartered asylums being full) in the lunatic wards of the several union houses, and thus to combat that favorite scheme of the

* Since the above has been sent to press, this Supplement has been published.

† Thirteenth annual report of the Board of Supervision for the relief of the Poor in Scotland. Presented to both Houses of Parliament by command of Her Majesty. Edinburgh, 1858.

thrifty Scotch parochial authorities of farming out their insane or fatuous poor, who had become chargeable from the date of the first scheme received by this board, to the day when the supervision of that class of poor was transferred to the general Board of Commissioners in Lunacy. During the whole of that time we had been left without any legislative assistance to contend with an acknowledged deficiency of accommodation, accompanied by a progressive increase in the number of insane or fatuous poor, yet we succeeded with the aid of the parochial boards in preventing any increase of the number residing in private dwellings, which was somewhat less on the 1st of January, 1858, than it had been on the 20th of July, 1846."

After the appointment of the Scottish Board of Commissioners in January, some difference of opinion arose between the two boards as to the jurisdiction possessed by the Lunacy Commissioners over the insane paupers to the peasantry, at the average cost of 2s. 10½d. a week. The following extract from this report of the Scotch Board of Supervision for the relief of the poor, will shew how diligently they exercised their limited powers for the removal of the insane poor from the bondage of the farming-out system of the Scotch parochial authorities.

"We have stated that the total number of insane and fatuous paupers returned as chargeable on the 20th of July, 1846, was 3,023, of whom 1,402 were in public or private asylums or poor-houses, and 1,621 residing with relations or other persons. The total number returned as chargeable on the 1st of January, 1858, was 4,475, of whom 2,864 were in asylums or poor-houses, and 1,611 residing with relations or other persons. The increase in the total number returned was thus 1,452, and the increase of the number in asylums or poor-houses 1,462. The number placed in those establishments had therefore more than doubled, and somewhat exceeded the total increase in the poor in the union-houses. The matter was brought to the notice of the legal advisers of the Crown ; and the difficulty was removed by the Act of the last Session of Parliament, which authorized the Lunacy Board to licence for the reception of lunatics, and for a limited time (until the new district asylums are erected) certain detached or separate portions of the union-houses."

The Commissioners are very explicit in their declaration, that they only view this licensing of wards in the union-houses as a temporary arrangement. Viewed in this light, the rules laid down by the board, as printed in appendix K

to this report, are most excellent. When it is remembered that the plan of using the union-houses as permanent places of detention for certain classes of the insane poor, is one much favoured by the English Poor-Law Board, and extensively practised by the local officers and administrators of the poor-law, the steady and uniform protest of the Scotch Commissioners against a principle (which we hold to be *most* vicious) is worthy of being here placed on record.

“ From the preamble of the amendment act, (they observe,) it seems to us clear as we have already stated in our remarks on the Forfarshire District, that the licensing of the lunatic wards of poorhouses is regarded by the Legislature as a mere temporary expedient to provide accommodation until the district asylums are erected. The precise words of the Statute are as follows:—‘ And whereas it is expedient that provision should be made for the custody of such pauper lunatics, till such district asylums shall be ready for their reception, be it therefore enacted,’ &c. We desire particularly to direct attention to the fact, that the Legislature draws no distinction between the different classes of lunatics; and does not, in the remotest manner, countenance the view that poorhouses are to be considered, and licensed, as proper places for the reception of incurable or harmless lunatics. The only reason assigned for conferring on the Lunacy Board the power to license these wards at all, is, that they may be available for the reception of patients until the district asylums are erected. Accordingly, we are clearly of opinion that we should be departing from the course traced out to us, were we to license any poorhouse, in a district in which there was already sufficient asylum accommodation; and it was on this account that we refused to grant a license to the poorhouse of Dundee, on the application of the parochial board of that parish. But, apart altogether from the instructions conveyed or implied by the preamble of the Amendment Act, we entertain the firmly-rooted conviction, founded on our experience of the nature and management of the lunatic wards of poorhouses which we have seen in operation, that the extension of this form of accommodation for the insane poor is very far from being desirable; and it was therefore with great unwillingness, that, yielding to the pressure for accommodation, we granted our license to poorhouses, even in those districts in which the necessities of the public imperatively demanded the concession. At the same time, we must explicitly declare, that we are very far from holding the view that all our insane poor should be placed in asylums, if these establishments are

all to be included under one category, and conducted in the manner that has hitherto prevailed. On the contrary, we admit that it may be expedient to provide different kinds of accomodation for patients affected with different forms of insanity, and we have advocated this view, in various preceding parts of this Report. *We are, however, most decidedly of opinion, that it is not desirable that any class of the insane poor should be placed in establishments under the immediate jurisdiction of parochial boards.*

“The Legislature, it appears to us, has devolved upon the District Boards the entire care and treatment of all the insane poor of their district, and we are unable to discover any provision for the limitation of this duty to the violent, the intractable, and the obscene ; or for its non-extension to the harmless and the helpless.”

The jurisdiction thus exercised by the Scotch Commissioners over the insane poor in the union-houses, contrasts most favourably with the limited power of visitation and appeal to the poor-law board, by which the English Commissioners are hampered and withstood in their dealings with the insane poor detained in union-houses. This view of the case was prominently brought to the notice of Mr. Walpole’s Parliamentary Committee in March by Mr. Gaskell.

The entire question of the detention of the insane poor under any circumstances in the union-houses is a very important one, and the solving of it is the next step which has to be taken in the development of all our urgent Lunacy Legislation. The insane poor have, by the erection of our County Asylums been placed in a position of comfort and protection, which many an insane gentleman might envy ; they have ceased to be the object of lay speculation in lunacy and suffering, and become the subject of the most advanced curative treatment of lunacy to be found in Europe. It remains only to complete this machinery, by severing once for all the jurisdiction of the Poor-Law Board over the insane of every description, and transferring the entire responsibility and care of the insane poor to the Committees of Visitors of the several County Asylums.

Dr. Bucknill, in a letter which he recently addressed to the Chairman of the Committee of Visitors of the Devon Asylum, thus broadly advocates this opinion :—

“I propose, he says to remedy these evils by removing from boards of Guardians all authority and control over lunatic paupers, by giving to committees of justices the power to visit union houses,

and to order the removal of any lunatics found therein, and the power to order and direct the medical visitation and pecuniary relief of lunatic paupers at their own homes, or wherever else they may think expedient that it should be administered. I would recommend that the admission of pauper lunatics into asylums should be simplified and facilitated; and that justices should be empowered to purchase, rent, or construct such buildings as they may think fit, for the purpose of establishing asylums auxiliary to the county asylum, in which incurable and tranquil patients may receive proper care and treatment, at a lower cost than that incurred in the principal establishment.

I believe that the adoption of these recommendations will, in the end, economise the expenditure of parochial rates, by preventing the accumulation of cases of chronic insanity in large asylums, constructed and conducted at great cost.

The Scotch Commissioners in Lunacy (as indeed do all persons practically conversant with the management of the insane poor) entirely concur in the opinions we have here advanced of the great importance of placing the insane poor of all descriptions, whether the fatuous, the violent, or the so-called harmless, under one and the same jurisdiction and guardianship; and of removing them entirely from the control of the Poor-Law Board, and its appliances and principles of action, all of which, though possibly adapted to deal with the wise distinction of the infirm and deserving, and of the malingering able-bodied poor, are as totally inapplicable to the remedial or curative treatment of mental disease, as of persons suffering from pneumonia or compound fracture. Insanity is a bodily disease, not a social condition; and the method by which its treatment is to be regulated, must be that applicable to other maladies, viz., hospitals and their allied sanatoriums, not union houses, gaols, or other appliances applicable alone to social disorder, as poverty and crime.

Moreover, though this by the way, the success of the Poor-Law Commissioners with their proper clients the sane poor, is not of that encouraging nature to make us hesitate in withdrawing from the influence of their dull routine treatment, the insane poor of every description. The following is the view of the present Poor-Law Board, entertained by one of our ablest writers on Political Economy.

“Such,” says Mr. M'Culloch,* “are some of the contradictions that appear involved in the amended poor law, and of the mischievous consequences of which it has been, and will most likely

* The Principles of Political Economy, 4th edition, p. 472.

continue to be, productive. It would be inconsistent with the plan and objects of this work, to subject it to a more lengthened examination. We do not presume to cast its horoscope to conjecture how long it is destined to be the law of the land, or to measure the degree of vigour with which its provisions may be enforced; but we have seen that it is opposed to all sound doctrine; that it makes that a public and national, which is essentially a private and local affair; and that it is an uncalled for interference with the rights and duties of individuals. Should it be permitted to run its full course, without some material modification, the presumption is, that in the end it will be found to be as expensive and disastrous in its results, as it is vicious in its principles and audacious in its pretensions."

An opinion is current that the insane may readily be classified under the divisions of those who are curable or dangerous to themselves or others, and those who are incurable or harmless; and it is argued that the former class should alone be placed in the County Asylums, it being assumed that the latter may either be handed over to the care of their relatives or return to the wards of the union house. No opinion could be farther from the truth, or fraught with more injury to the lunatic and danger to the community at large in its general application. With the varied appliances of the rich man's establishment, and the attendance of a skilled servant, many cases of insanity might, doubtless, be removed from the private asylum, and cared for by relatives at home; many more than the pride and indifference of the relatives of the insane allow to be so treated. But in the crowded cottage, and with the narrow means of the labouring poor, without attendance and without control, the plan assumes a very different aspect, and is practically found on trial to fail. Want of occupation, visitation, and injudicious or ignorant attempts at control, soon cause a violent outbreak of anger; the relieving officer is appealed to, and the patient returns to the asylum with long explanations of how badly he had been used at home, and with all the moral training necessary to control his morbid impulse, to be gone over anew. The removal of so-called harmless lunatics to the union houses is generally as great a failure, and is followed by the same result. In the thirteenth annual report of the Devon Lunatic Asylum, 1858, Dr. Bucknill in reply to a request of the Sessions for a list of his patients "incapable of being cured and harmless to themselves or others" states:—

"In the Report of this Asylum for the year 1849, I made the following remarks upon so-called harmless lunatics:—

I beg here to make a few remarks on the question as to

whether it is desirable to discharge incurable, and as they are called, harmless patients, or in the words of the statute, those 'not dangerous to themselves or others.' This term, I believe to be inapplicable to any insane person who is not helpless from bodily infirmity or total loss of mind: it can only with propriety be used as a relative term, meaning that the patient is not so dangerous as others are, or that he is not known to be refractory or suicidal. It should not be forgotten that the great majority of homicides and suicides, committed by insane persons, have been committed by those who had previously been considered harmless; and this is readily explained by the fact, that those known to be dangerous or suicidal are usually guarded in such a manner as to prevent the indulgence of their propensities, whilst the so-called harmless lunatic or idiot has often been left without the care which all lunatics require, until some mental change has taken place, or some unusual source of irritation has been experienced, causing a sudden and lamentable event. In an asylum such patients may truly be described as not dangerous to themselves, or others, because they are constantly seen by medical men experienced in observing the first symptoms of mental change or excitement, and in allaying them by appropriate remedies; they are also placed under the constant watchfulness and care of skilful attendants, and they are removed from many causes of irritation and annoyance to which they would be exposed if at large, in villages, or union houses.

"It not unfrequently happens that idiots who have lived for many years in union houses, and have always been considered harmless and docile, under the influence of some sudden excitement, commit a serious overt act, and are then sent to an asylum. One of the most placid and harmless patients in this asylum who is habitually entrusted with working tools, is a criminal lunatic, of weak intellect, who committed homicide on a boy, who teased him while he was breaking stones on the road. If this is the case with those suffering only from mental deficiency, it is evidently more likely to occur in those suffering from any form of mental disease, which is often liable to change its character, and to pass from the form of depression to one of excitement. For these reasons I am convinced that all lunatics, and many strong idiots, can only be considered as "not dangerous to themselves or others," when they are placed under that amount of superintendence and care which it has been found most desirable and economical to provide for them in centralized establishments for the purpose."

The supplement to the twelfth report of the English Commissioners in Lunacy, contains disclosures which will startle those ignorant of the state of the union-house lunatic wards.

The Scotch Commissioners record a most unfavourable

judgment of the lunatic wards of the Scotch poor-houses. They refer to the report of the Royal Commissioners for a particular description of the lunatic wards of the individual poor-houses, as being in all essentials still perfectly applicable to them in their present condition. The proper treatment of pauper lunatics in poor-houses, they assert to be rare and exceptionable. Even their physical wants are occasionally supplied in a most unsatisfactory manner, while appropriate mental and bodily treatment, embodying recreation, occupation, exercise, and all the other influences which are capable of operating beneficially upon the nervous system, are, as a general rule, almost entirely overlooked.

The argument on which the continuance of this practice is defended, is that of economy. Contrasting the expense incurred in the County Asylums, averaging 8s. to 9s. a week, with the charges in union-houses, and at first sight the argument, we admit, appears very plausible. If it were true that incurable and chronic cases of insanity, could be fairly and decently cared for in the union-houses at about one-third of the cost incurred in the County Asylum, then we should be able to understand the force of the argument, that the rate-payers, already so heavily taxed, should be relieved from this additional cost, by the transfer of such cases to the union-houses.

When, however, the financial aspect of the question is fairly sifted, it appears that even as a matter of economy, no great difference exists between the real maintenance cost in the asylum, and in the union-house.

This question has been so clearly stated by the Superintendent of the Devon Asylum in his last annual report, that we cannot better place this important question in its true light, than by quoting in full his observations thereon.

“The expenses incurred in an union house are it is well known, divided into those for maintaining the establishment which are charged upon the union at large, under the name of “averages,” and those for the maintenance of the pauper inmates which are charged upon the parishes to which these inmates belong. In asylums on the other hand, the establishment charges are added to the maintenance rate.

The population of union houses at all times comprises a large proportion of infants and children, upon whom the maintenance rate is averaged with the adults. The inmates of county asylums on the other hand are, with very few exceptions, adults.

In order, therefore, to calculate the actual cost of an adult pauper inmate of an union house, in such a manner as to com-

pare it fairly with the actual cost of the inmate of an asylum, it is necessary to consider it apart from that of infants and children, and to add to it the establishment charges. In order to ascertain the actual cost of an adult sane pauper in an union house I have obtained, through the kindness of Mr. Bidwill, Clerk to the Guardians, the following particulars relative to the house of the St. Thomas' Union in which this asylum is placed; an union, the population of which is forty-nine thousand, and which has the reputation of being one of the best managed in the kingdom. The cost of maintenance of paupers in this union house is 2s. 6d. per head per week, namely, 2s. 2d. for food and 4d. for clothing. The establishment charges are 1s. ½d. per head per week, making a total of 3s. 6½d. for each inmate. The total number of pauper inmates during the twelfth week of the present quarter was 246; and of these 116 were infants and children, and 130 youths above sixteen and adults. A gentleman, intimately acquainted with these accounts, some time since calculated for me that each adult pauper in the St. Thomas' Union House costs 5s. a week. Now, the average cost of all patients in the Devon Asylum at the present time is 7s. 7d., but of this at least 2s. must be set down to the extra wages, diet, and other expenses, needful in the treatment of the sick and of violent and acute cases, leaving the net cost of chronic patients at no more than 5s. 7d. a week. Now if a sane adult pauper in an union house costs even 4s. 6d. a week, is it probable than an insane one would cost less than 5s. 7d? for either extra cost must be incurred in his care, or he must disturb the discipline of the establishment, and every such disturbance is a source of expense. If the officers of union houses were requested carefully to estimate the direct and indirect cost of lunatic inmates in these establishments, I think it highly probable they would arrive at the conclusion, that the separation of the sane from the insane is desirable on the strictest principles of economy.

The economical and moral mischief resulting from the intermixture of sane and insane paupers may, however, be averred to afford no argument against the establishment of lunatic wards in union houses, in which this intermixture would be prevented. But would a number of small asylums, under the denomination of lunatic wards, be more economical than one central asylum? The great probability is that they would not be; 1st, on account of the larger proportion of officials they would require; 2nd, on account of the derangement they would occasion to the severe economy which is required by the aim and purpose of union houses as tests of destitution. Where lunatics do exist in union houses in consequence of the want of accomodation in the county asylum, the Commissioners in Lunacy insist upon the provision of what they consider things essential to the proper care of insane persons wherever they be placed. The following are the requirements which they insisted upon as *essential* in the Liverpool

Workhouse ; a sufficient staff of responsible paid nurses and attendants ; a fixed liberal dietary sanctioned by the Medical Superintendent of the asylum ; good and warm clothing and bedding ; the rooms rendered much more cheerful and better furnished ; the flagged court yards enlarged and planted as gardens ; the patients frequently sent to walk in the country under proper care ; regular daily medical visitation ; the use of the official books kept according to law in asylums. If the direct cost of such essentials be computed with the indirect cost of their influence upon the proper union house arrangements, it will require no argument to prove that workhouse lunatic wards so conducted would effect no saving to the ratepayers."

The Scotch Commissioners in their report state, that "according as the wards in union houses approach the public asylums in the appropriate treatment of the patients, in at least an equal degree do they approach them in the expense at which they are conducted ; and hence the primary object of economy which led to their institution gradually disappears. Even at present, the cost of maintenance of pauper lunatics in the three poorhouses of which we have been speaking, notwithstanding the wide interval that separates them from the public asylums, is, perhaps, as high as it is in the latter establishments. In the Abbey parish poorhouse, for instance, it is estimated to amount to £22 15s. 4d. a year ; in that of the City of Glasgow to £19 10s. ; and in that of Barony to £25 10s. 3d. These sums, it is true, include an allowance for rent, but our argument would scarcely be weakened by taking it into account. We are, accordingly, of opinion, that poorhouses which receive patients suffering under all forms of insanity, are scarcely, if at all, more economically conducted than public asylums, and that there is in reality no advantage to the rate-payers by their institution ; while, as we have shown, they entail upon their inmates a much more dreary and monotonous existence."

Assuming for the present, as admitted, that the union houses are unfit and improper receptacles for the insane, and that the line of demarcation ought alike on every social and economic motive to be preserved between the destitute and the insane poor, and the guardianship of the latter transferred from the poor-law, and to the lunacy department ; it does not necessarily, nor by any means follow, that we are to continue building huge asylums at the average cost of £200 a head, as we have hitherto done, for the care and treatment of every case and variety of mental disease. The question is, how so

to modify and extend our present asylum arrangements as, with the lowest cost to the rate-payer, to accommodate and treat the various varieties of mental disease. Our large county asylums are fitted with every arrangement necessary for the treatment of recent cases; cannot a less perfect machinery meet the wants of the large class of chronic lunatics? The Scotch Commissioners have not been neglectful of this view of the question. They conclude their positive objections against the union-houses as fit, under any circumstance, for the detention of the insane poor, with the remark that, "it remains to be considered whether proper care and treatment can be insured to harmless and incurable patients, at a less cost than that involved by sending them to public asylums; and whether it is advisable that, with this view, separate buildings should be provided for their accommodation. This is an important question for the deliberation and decision of district boards. Our own opinion has already been expressed, that a modification of our asylums is desirable; but this idea is founded, in a great measure, upon considerations of treatment, and we hesitate, in recommending its adoption, to encourage any extravagant hopes of economy, which possibly might not be realized."

The idea at which the Commissioners here point, is, some modification of the well-known cottage system at Gheel, and which has also been tried in this country on a small scale.

The Commissioners in their summary of the condition of single patients, admit that a large proportion of these cases are treated with great kindness and consideration, and base on this fact suggestions for the adoption of the cottage system.

"It is on this fact, (they observe,) that rests our chief hope of the success of the cottage system of accommodation, should it be considered proper by District Boards to give it a trial as an adjunct to their district asylums. For, if kind and humane treatment be extensively found in cottages, even under the present imperfect supervision, there is every reason to think that, under the immediate superintendence of asylum officers, it could be so fostered in growth as to open up a prospect of escape from the many questions that are every year rendering the care and management of the insane poor a problem of more difficult solution. In every country of Europe, the question of the accommodation of the insane is daily becoming more and more embarrassing; and we see how in England, notwithstanding the wealth of the country, and the humane spirit of the people and of the Legislature, the increase in the number of lunatics keeps a head of all the exertions made for their accommodation. This is a grave fact which deserves our

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most serious consideration before we commit ourselves to the building of asylums, in the expectation that no further call will be made upon us. No doubt, it is theoretically easy to maintain the doctrine that asylum accommodation should be provided for all the insane poor, and that no expense should be spared in supplying the wants of this afflicted class. But the sane poor have also their claims; and the question may be asked, how far it is right, that an idiot, or a lunatic in a state of dementia or general paralysis, who is beyond all hope of being returned to sanity; and who, moreover, is little able to appreciate kindness, or to derive pleasure from the care and attention bestowed upon him, should receive treatment greatly superior to that bestowed upon an aged or infirm pauper, who, through in a sense also incurable, is more capable of appreciating kindness and showing gratitude in return? In England, the poorhouse is open to the able-bodied labourer, but in Scotland it is reserved for the aged and helpless poor; and, accordingly, with us there is not perhaps the same reason for drawing a distinction between the treatment of ordinary paupers and that of incurable pauper lunatics. But there will always be this essential difference between the two classes, calling for special consideration in their treatment, that the latter are labouring under a degree of mental incapacity which renders them altogether dependent upon the care of others, and incapable of appealing against harshness or neglect. Still, as we must place a limit on our charitable expenditure, we should beware of making such a distinction in their treatment as might raise a doubt as to its propriety; we must therefore take care not to be too lavish with the one hand, least we be forced to be too penurious with the other. On this account, we lean towards any scheme that will embrace good and economical accommodation for the whole insane poor, rather than to one which, from the expense of carrying it out, will sooner or later be of only partial application."

This suggestion is well worthy of consideration. It appears to us that a large increase in the accommodation of our English County Asylums might be made, by the erection on the asylum estate of a series of cottages, capable of containing each three insane patients of the chronic harmless class, for which, in addition to the usual cottage accommodation, only one extra sleeping-room need be provided. These cottages we should propose to assign, free of rent, and with a weekly allowance for the maintenance of the patients, to the married attendants of the asylum, present or retired. The patients would continue to form part of the asylum community; they would be employed in its workshops and on the farm; they would be clothed from the asylum stores, and hence continue to be the subject of supervision alike of the Medical Super-

“The preceding table affords scarcely any indication of the nature of the treatment accorded to the patients in poor-houses, especially in those which receive only fatuous and incurable cases ; but, if we confine our attention to the results afforded by the houses which are licensed for the reception of all forms of insanity, and which approach nearest in character to public asylums, we shall find that the mortality in poor-houses is considerably higher. To this class belong the poorhouses of the parishes of the Abbey and Burgh, Paisley ; of the Barony ; and of Falkirk, Glasgow, and Greenock. The average number of patients in these houses during the year amounted to 187 males, and 245 females ; and the deaths to 37 of males, and 37 of females. The per centage of deaths upon the number resident was thus 19·8 for males, and 15·0 for females. In the public asylums, on the other hand, the proportion of deaths in the pauper department amounted to 7·6 per cent. of males, and 8·1 per cent of females. We are aware that the basis on which these calculations are founded is too narrow to allow of any very positive deductions being drawn from them, but they tend to strengthen our conviction that parochial boards are not the proper parties to whom the immediate care of the insane poor should be intrusted.

It will be seen that in several of the poorhouses the proportion of recoveries is very high. This result we ascribe to the recent and frequently comparatively slight nature of the cases admitted. This fact, however, is an indication of the advantages that might be expected to result to patients, could they be placed in public asylums without the loss of time which the requirements of the present system necessarily involve. An inspector who has the lunatic wards of a poor-house at his command enjoys great advantages over those who require to enter into preliminary negotiations for the reception of their patients.”

c. Licensed Houses.—About 500 pauper patients are still confined in the licensed houses, which are chiefly situated in the Southern Counties. The licensed houses in Scotland, are, including the Edinburgh Idiot school, twenty in number ; and contained on the 1st of January, 1858, 745 patients, of whom 219 were private, and 526 pauper. The Commissioners state that when they commenced their visitations, they found most of the licensed houses overcrowded, and many of them very far from being in a satisfactory condition, but that even during the short period that has elapsed since their appointment, a decided improvement for the better has taken place.

There is still, as there always must be, in pauper licensed houses, a strife between the profits of the keeper of the house, and the comforts and well-being of the patients; and it requires no profound knowledge of human nature to perceive, where, despite all the visits of Commissioners, or medical examiners even, the balance will lie. This opinion is fully shared by the Scotch Commissioners: "*The system under which these houses exist,*" they remark, "*is palpably wrong, and there is, and must continue to be a great and pervading want of cheerfulness and amenity.*"

The only sane persons whom we ever found to uphold the opposite view of the question, and to argue that the insane poor were as well (at least) cared for in the licensed houses even in the gloomy north-east of London, as in a public hospital, were the Royal Commissioners appointed to enquire into the condition of the Army Medical Department, and whose chairman was a man of no less standing and enlightenment than Mr. Sidney Herbert; and they still, alas! hand over to this unequal strife between profit and cure, in the very houses which the legislature declares unfit for the Middlesex pauper lunatics, the soldier, whose mental disease has disabled him from longer serving his country.

This painful subject is thus referred to in the last Annual Report (1858) of the English Commissioners in Lunacy.

"The question (they state) of adequately providing for the care and treatment of Insane Soldiers remains still in abeyance. Our opinion on the many evils arising from the defective character of the existing arrangements for the accommodation of Soldiers labouring under this malady has been expressed in many former Reports, and we have contrasted those arrangements with the excellent provisions made for Insane Sailors at Haslar Hospital. We are quite at a loss to understand why there should be so marked a difference between the two Services, in the presence of the same calamity; and it will not be held beyond the limits of our duty, while we regret the necessity we have been under, of so frequently and so strongly animadverting on the continuance of this painful contrast, to add the expression of a hope, that, amid the general sympathy and attention awakened lately to the condition of the Soldier, the absence of all proper humane provision for his treatment under disease to which accidents of Service and changes of climate too frequently expose him, will not be much longer overlooked."

To return to the Scotch licensed houses. The overcrowding is less than it was, the diet and clothing better; and, accord-

ingly we are pleased to learn, on official authority, there has been no recurrence of that excessive mortality, the result of cold and starvation, which called for such severe comments from the Royal Commissioners. "We have, however," the Commissioners observe, "still seen reason to doubt, principally from the low condition of the vital powers of the patients, whether the diet was always appropriate; and, in one instance, we have pointedly directed the attention of the medical attendant to the subject. There seemed to us to be a want of sufficient variety in the food; and possibly also, an insufficiency of nutritive principles. Our views on this head were confirmed by the improvement in the physical condition of the patients, which followed on a change of diet. The error here committed was due to the ignorance of the proprietor, who did not seem to be aware of the necessity of varying the food; and this fact alone is sufficient to show the impolicy of confiding the care of even incurable patients to uneducated men. We take this opportunity to state, that in the only instance in which we have granted our license to a new proprietor, the licentiate had received a professional education."

Mechanical restraint has been almost entirely banished from the licensed houses, and patients who are recorded in the Report of the Royal Commission as almost always under restraint, are now habitually freed from their bonds. The improvement in the condition of several of these cases under the more humane treatment now in use, has been most remarkable, and is specially exemplified in the case of A. S., a patient in Millholm Asylum.

From the entries in the Registers, and from our own observation, we have had no reason to think that seclusion is improperly had recourse to.

Still, the inherent evils of the system are incurable; and, under the most active supervision will survive. The Scotch Commissioners bear witness anew to this fact.

"We have striven as much as possible to raise the standard of the accommodation provided by the licensed houses; but the difficulty, or rather the impossibility, of disposing of the patients elsewhere, has forced us to continue our license to some houses which we would gladly see closed. Even the new accommodation which has been provided is far from meeting our approval, but we were, in a measure, forced to adopt accommodation which, under other circumstances, we must have rejected. Still, we do not hesitate to say that a considerable improvement has taken place in the accommodation of the private pauper asylums, necessarily involving a corresponding improvement in the condition of

the patients. The most marked deficiencies under which they still generally labour, are the absence of suitable provision for the isolation and treatment of acute or troublesome cases, and the want of the means of occupation. But even in these respects improvement has taken place. Seclusion-rooms, of a more or less appropriate construction, have been provided; and patches of land, capable of affording some employment to the males, have been acquired. The evils resulting from placing intractable patients in houses not calculated for their treatment, have been partially removed by the transfer, on our recommendation, of several patients to other asylums. The presence of even one unruly or obscene patient is, in the absence of appropriate means of separation, often sufficient to disturb the tranquillity, or to lower the tone, of an entire establishment; and we had frequent occasion to regret that we had not power to compel the admission of such cases into public asylums. As compulsory admission of patients into these establishments cannot be resorted to, we endeavoured to impress upon the proprietors of licensed houses the necessity on their part of refusing admission to refractory cases, as destructive to the comfort and well being of their other patients. It was not, however, always easy to carry this recommendation into effect, for patients from the northern counties, and other distant localities, were occasionally admitted before the true character of their case was discovered.

Notwithstanding the improvements that have taken place, we have still to regret that, in some of the pauper houses, proper provision for cleanliness has not been made; that no furniture adapted for sick and weakly patients has been provided; and that the same rooms are occupied by the patients both by day and night."

d. Scotch Public Asylums.—We pass to the consideration of the present condition of the insane in the Chartered Asylums in Scotland. The public asylums in Scotland consist of the Royal, or Chartered Asylums of Aberdeen, Dumfries, Dundee, Edinburgh, Glasgow, Montrose, and Perth, and the Pauper Asylum at Elgin. Some fifteen years ago, before the erection of the English County Lunatic Asylums, these chartered institutions were the best public asylums in the island. Some twenty years ago, the same might have been said of the Edinburgh School of Medicine; some fifty years ago, of Edinburgh literary society. But all these matters, lunacy, medicine, and literature, have progressed in the southern part of the island, at a pace with which our friends in the north have hardly kept up. Thus, the reports which English Superintendents, out on their holiday, bring home of the condition of the chartered asylums, are not quite up to the impressions which their

very high character has conveyed, nor to the flattering testimonials with which the young assistant physicians of these institutions make their *debut* in the south. Deficiencies from a high standard of excellence are mainly observable in the pauper wards.

The baneful habit in hospitals or asylums destined for the cure of disease, of allowing any other classification than that natural to the disease itself, does endless harm. The barrier of rank raised in all these chartered asylums, by the admission of private patients, at various rates of payment, sends the parish pauper sadly to the wall. An English Superintendent, whose only classification is that based on the mental malady, and all of whose patients share alike in the curative appliances of his house, sees on his visit to the Scotch Chartered Asylums, in this rank-classification, another grave shortcoming.

Again, the government of these chartered asylums is not quite as it might be. Annual meetings of subscribers, and a large and varying committee of town-councillors, and small Ministers of various denominations, do not, by their acts and proceedings, always support the authority and position of the Medical Superintendent. It is not in them to do it; they are of the stamp of the Committee of Visitors of our Metropolitan Asylums, and some way successful trade does not make successful manners, nor confer that imbred courtesy and consideration for others, which comes also of gentle birth. The county gentry of England, who form the Committee of Visitors of our English County Asylums are of a different, and to our mind, more congenial mould than the Directors of the Royal Scottish Asylums.

Still, these asylums have done a great work in the amendment of the treatment of the insane; our friendly hint, that possibly we in the south have passed them in the race, may, let us hope, stimulate them and us to renewed efforts in the sacred cause of science and humanity, on which we are alike engaged.

We turn with some curiosity to see what Dr. Browne has to say of the homes of his ancient companions in arms; of the place where his own laurels were so justly won. He deals as we expected, truthfully and fairly with the subject. Thus, he hints that both at Edinburgh and Dumfries, difficulties occur in isolating excited patients, owing to the want in both houses of an adequate number of single rooms. Most of the asylums, the Commissioners observe, present structural defects, which interfere with the proper treatment of the

patients ; the washing accommodation in Edinburgh is deficient, and in the Dumfries Asylum, the baths are ill-placed, and of inconvenient form. In the Glasgow Asylum the seclusion rooms are imperfectly lighted, from the windows being to a great extent boarded up. The airing courts are generally overcrowded and gloomy, partly from their small size, and partly from the high walls by which they are enclosed.

But, passing from these small and remediable shortcomings, we gladly join with the Commissioners, in bearing testimony to the general good order and management of the chartered asylums ; to the liberal dieting and good physical condition of the patients ; to the excellent quality of their clothing and bedding ; the extent also, as the Commissioners observe, to which amusement and recreation have been carried, is a remarkable and very gratifying feature in most of these asylums. Above all, fully sharing the opinion which the Commissioners hold of the great ability and merit of our Scottish associates, we willingly endorse their regret, that in none of the chartered asylums, measures have been taken to secure to the Superintendents retiring allowances, after a certain period of service. "The duties," the Commissioners truly observe, "of these officers, are extremely arduous ; but, however, well fulfilled, they do not lead to any advancement in position. We are, therefore, of opinion that it would be not only just, but politic, to hold out to them the prospect of a provision for their declining years."

Again, we concur in the well-timed plea of the Commissioners, for an augmentation of salary to that valuable class of officers, officers placed in a difficult and trying position, the assistant medical officers of the public asylums. "The managers" add the Commissioners "of nearly all the chartered asylums, have now appointed medical assistants to aid the Superintendent in the discharge of the arduous duties of his office, but the remuneration accorded them is frequently very insufficient. We are informed, for example, that the three assistant medical officers of the Edinburgh Asylum, a house containing about 640 patients, with its revenue in a very satisfactory condition, receive respectively only £60, £40, and £20 a year. Again, at the Dumfries Asylum, where there is an excess of revenue over expenditure of £2000, the two assistant medical officers receive respectively salaries of only £60 and £30. At Dundee and Aberdeen, the whole medical duties of the asylum still devolve upon the superintendents ; but we believe it is in contemplation, in ac-

cordance with our recommendation to this effect, to provide them with qualified assistants."

We conclude our notice of the condition of the Royal asylums with the subjoined tabular view of the results of treatment during the year 1857-8.

PUBLIC ASYLUMS.	Average Number Resident.		Admissions.		Recovers.		Discharges Recovered*.		Deaths.		Proportion of Recoveries per Cent. on Admissions.		Proportion of Deaths per Cent. on Numbers Resident.	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Aberdeen														
Private Department	47.0	33.0	15	20	5	10	2	5	3	4	33.333	50.000	6.383	12.121
Pauper ditto	93.0	119.0	22	45	7	18	22	22	1	2	31.818	40.000	1.075	1.680
Total	140.0	152.0	37	65	12	28	24	27	4	6	32.432	43.077	2.857	3.947
Dumfries														
Private Department	86.5	70.0	29	25	6	7	12	8	6	6	20.689	28.000	6.986	8.571
Pauper ditto	106.5	67.0	36	30	4	10	13	13	8	8	13.333	33.333	7.511	11.940
Total	193.0	137.0	59	55	10	17	25	20	14	14	16.949	30.909	7.202	10.218
Dundee														
Private Department	21.5	19.5	12	7	5	4	2	2	1	3	41.666	57.143	4.652	15.789
Pauper ditto	96.5	74.0	16	21	4	9	9	7	3	0	25.000	42.857	3.109	0.000
Total	118.0	93.5	28	28	9	13	11	9	4	3	32.143	46.428	3.389	3.592
Edinburgh														
Private Department	87.5	87.5	36	35	18	13	18	18	15	7	50.000	37.143	17.142	8.000
Pauper ditto	256.0	209.5	82	82	31	29	18	13	30	22	37.805	35.365	11.719	10.526
Total	343.5	297.0	118	117	49	42	31	36	45	29	41.525	35.879	13.108	9.764
Elgin														
Pauper Department	23.0	22.5	8	13	3	4	1	4	2	2	37.500	30.769	8.696	8.888
Glasgow														
Private Department	86.0	80.0	63	70	19	30	36	26	8	6	30.156	42.845	9.302	7.500
Pauper ditto	159.5	163.0	64	70	33	26	11	9	13	17	51.562	37.142	8.150	10.493
Total	245.5	242.0	127	140	52	56	47	35	21	23	40.945	40.000	8.554	9.504
Montrose														
Private Department	15.0	22.0	4	3	..	4	2	..	4	1	.000	133.333	26.666	4.545
Pauper ditto	89.0	121.0	29	39	7	24	1	6	5	13	24.138	51.282	5.618	10.743
Total	104.0	143.0	33	42	7	24	3	6	9	14	21.212	57.143	8.653	9.790
Perth														
Private Department	44.0	40.0	17	14	2	6	5	2	4	0	11.765	42.857	9.080	0.000
Pauper ditto	42.5	50.5	22	24	7	11	2	1	6	3	31.818	45.833	14.118	5.940
Total	86.5	90.5	39	38	9	17	7	3	10	3	23.077	44.737	11.560	3.314
GENERAL RESULT.	1253.5	1167.5	449	498	151	201	149	140	109	94	33.630	40.361	8.699	8.051

* Many of these Discharges are Transfers to other Asylums.

The table is itself an excellent model, better than any in the Reports of the English Commissioners, giving as it does alike the per centage of recoveries and mean annual mortality, as well as the mere yearly figures. The total result of 37 per cent. of recoveries, (exclusive of cases discharged or transferred,) and a mean annual mortality of 8.3 per cent., is a very fair and creditable result of the year's work.

II. THE FUTURE PROSPECTS OF THE POOR IN SCOTLAND.

The act proposes to remedy this state of things, by the compulsory erection of county or district asylums, under similar arrangements as the English county asylums. A Board, to be termed the District Board, and composed of the county or borough magistracy, have confided to it, powers for the erection and government of the several district asylums. The eight original statutory districts were most judiciously combined. In six of them, chartered asylums already existed, which, by judicious enlargement, might for many years have supplied all the requirements of the insane poor; the two others, the Stirling, and the Renfrew districts, included a population for each of which a good sized asylum would have been required. Instead of this, the country has been divided into 21 districts; Orkney is one, and Shetland another, each of which must now provide its own asylum. The average size of these asylums will not be more than 200, a number quite inadequate with any regard to economy, to carry out a proper system of moral management.

For the purposes of the Act, Scotland is divided into the following eight Districts:

1. The Edinburgh District, comprising the counties of Edinburgh, Haddington, Berwick, Linlithgow, Roxburgh, Selkirk, Peebles, and Orkney.
2. The Inverness District, comprising the counties of Sutherland, Ross and Cromarty, Inverness, Elgin, and Nairn.
3. The Aberdeen District, comprising the counties of Caithness, Banff, Aberdeen, Kincardine, and Shetland.
4. The Perth District, comprising the counties of Forfar, Perth, Fife, Clackmannan, and Kinross.
5. The Dumfries District, comprising the counties of Dumfries, Kirkcudbright, and Wigton.
6. The Glasgow District, comprising the county of Lanark.
7. The Stirling District, comprising the counties of Argyll, Bute, Dumbarton, and Stirling.
8. The Renfrew District, comprising the counties of Renfrew and Ayr.

The Statute, however, contains the following provisions for the alteration or modification of the districts:—Section 110 gives power to the Prison Board of any county to sever itself from the district of which it forms part, and to erect itself into a separate district, if such power be exercised within six months after the passing of the Act; and section 49 gives the Board of Lunacy power at any time to alter or vary the districts, by combining or dividing counties, or parts of counties, on the application of the Prison Board of any county interested. Extensive use has been made of these provisions, and the original districts have accordingly been completely remodelled, partly by the larger counties erecting themselves into separate districts; partly by the aggregation of smaller counties into new combinations; and, partly by the involuntary isolation of counties through the secession of those to which they were originally united, and their subsequent rejection by other counties with which they proposed to unite. The following is the actual arrangement of the districts:

1. The Aberdeen District, comprising Aberdeenshire.
2. The Argyll District, comprising Argyllshire.
3. The Ayr District, comprising Ayrshire.
4. The Banff District, comprising Banffshire.
5. The Bute District, comprising Buteshire.
6. The Caithness District, comprising Caithness-shire.
7. The Dumfries District, comprising the counties of Dumfries, Kirkcudbright, and Wigton.
8. The Edinburgh District, comprising the counties of Edinburgh and Peebles.
9. The Elgin District, comprising Elginshire.
10. The Fife District, comprising the counties of Fife and Kinross.
11. The Forfar District comprising Forfarshire.
12. The Glasgow District, comprising Lanarkshire.
13. The Haddington District, comprising Haddingtonshire.
14. The Inverness District, comprising the counties of Inverness, Nairn, Ross and Cromarty, and Sutherland.
15. The Kincardine District, comprising Kincardineshire.
16. The Orkney District, comprising Orkney.
17. The Perth District, comprising Perthshire.
18. The Renfrew District, comprising Renfrewshire.
19. The Roxburgh District, comprising the counties of Roxburgh, Berwick, and Selkirk.
20. The Shetland District, comprising Shetland.
21. The Stirling District, comprising the counties of Clackmannan, Dumbarton, Linlithgow, and Stirling.

The districts thus constituted, are very unequal as regards population, extent, and wealth; and several of them are perhaps too small to support efficient asylums. This remark is especially applicable to those which have been isolated, less perhaps by their own choice, than from the refusal of the counties, with which their connexion seems most natural, to enter into combination with them. It is, however, not improbable that some modification of the existing arrangement may yet take place; but as the Statute confers no power to force one district into combination with another, the union of the isolated counties, with already constituted districts, is scarcely to be expected.

This summary of the Commissioners will convey an idea of the extent of provision which will be made under the new Act, for the care of the insane poor.

It is, indeed, a matter of most serious regret that the limits of the original eight districts should have been altered, and their number so materially enlarged. Eight county asylums, including those already existing, viz: Glasgow, Edinburgh, Dumfries, Dundee, Perth, Aberdeen, and Elgin, would have sufficed for all the wants of the country for many a long year to come, and would have entailed the building of only two new asylums, viz: one for the Ayr, and another for the Stirling district; two of the wealthiest districts in the land, and where the asylum-rate would not have fallen over heavily. The other existing chartered asylums, *with proper additions*, would have met all the requirements of the respective districts. We use the term, *with proper additions*, in its widest sense, as applied to the grouping round the Central Hospital (*Heil anstalt*), the various arrangements of cottages, cheaper buildings for the incurable, &c., &c. With due arrangements there is not, in our opinion, the slightest sanitary objection to massing six hundred patients together, while economically the gain is self-evident.*

Now the Scotch Prison Boards have managed to split up the country into 21 districts! Fancy the amount of useless building! Surely something should be done to stop such folly. The Commissioners treat the question far too mildly. They give in detail the proceedings of the 21 District Boards,

* The apparent contradiction to this statement, in the high maintenance-rate at Hanwell and Colney Hatch, is owing to the want of one central controlling authority in these ill-managed places. The Committees are jealous of their Medical Officers, and no one has a *personal* interest in the successful working of the whole.

for all of whom they have taken the trouble to compute the number of patients they will require to build for.

Now these small asylums of 140 and 200 strong, will be expensive failures, and it becomes the rate-payers of Scotland at once, and loudly, to protest against the folly and small jealousy of the respective Prison Boards, which have led to the well-digested division of the country, under the Act, into eight districts, being set aside. The present district of Bute has 15 male, and 16 female patients; the district of Haddington, 96. Are the Prison Boards in their senses, to propose to erect separate asylums for these numbers? We can only renew the expression of our surprise at the mild notice the Commissioners take of this folly, and commend the matter to those more directly interested, the visitors and rate-payers of the Scotch counties.

One wise provision of the Commissioners deserves notice here; the arrangement suggested by them of admitting to the benefits of the district asylums, the indigent private insane.

“It will be seen” they observe, “that, in our recommendations to District Boards as to the amount of accommodation to be provided, we have directed their attention to the propriety of considering the claims of the indigent private insane. Our reasons for doing so are twofold. In the first place, if accommodation be provided for paupers only, the natural result will be to afford a powerful motive for placing the indigent insane on the poor roll; and in the second place, as it is certain that a number of the indigent insane who are at present kept at home in a very miserable condition, from the unwillingness of relatives to allow them to be sent to distant asylums, will become paupers as soon as accommodation is provided in their own districts, a considerable increase of pauper lunatics from this source may be confidently anticipated, and corresponding provision should accordingly be made. There are, however, some legal difficulties in the way, which tend to deter District Boards from adopting this recommendation, the chief of which is the doubt whether an assessment to provide asylums for patients not actually paupers is authorized by the Statute, or could be enforced.”

The last English Lunacy Bill gives the Committee of Visitors power to admit the indigent private insane to the benefits of the county asylum. The adoption of this provision would, we believe, be the death-blow to the inferior class of private asylums. The clause does not hitherto seem to have found favour in the eyes of our English Superintendents.

Lastly, we would direct attention to the admirable series of suggestions which the Commissioners have drawn up for the guidance of the District Boards, in the erection of the new asylums. We print them in full, as an appendix to this notice of their report.

It will be seen, how, in several instances, they have profited by the experience of our English asylums. Thus in section 5 of the suggestions as to site, the locality is treated of and is recommended to be within distance of a town to gain gas and water, and amusement and recreation for the medical staff and attendants, and change for the patients. How the attempts of Committees to save, on the purchase of the site, have run the English counties into expense on this score! Think of the desolate sites of so many of our asylums, and the endless cost and inconvenience of four or five mile journeys from the station; the price which coals cost to deliver; the cost of digging well after well for water; all, and dozens other such expenses and discomforts may be saved, by the District Boards attending to this suggestion of the Commissioners.

Again, the suggestion (10) that the Medical Superintendent's house should be distinct in every way from the asylum, is important. Indeed, we hold it should be *detached entirely*.

There is no gain to the working of the asylum in its being built into the main building, and it adds greatly to the first expense of the erection.

A detached house is, particularly for a married man, more fitted. We speak from personal experience when we say that many ladies (and very naturally) object to the idea of making their home in an asylum. It is most proper that the house-surgeon and other subordinate officers should reside in the building; it is sufficient for the principal medical officer if he reside within the grounds. In some plans, by Mr. Kendall, of Brunswick Square, which were, in May, submitted to the Visitors of the new Dorset Asylum, the residence of the Medical Officer and the Chapel, were grouped together, so as to form a very bold Gothic gateway, each having its cloistered walk leading to the hospital.

One suggestion strikes us as uncalled for: viz, that the walls, generally, should be plastered, or lined with Roman cement. They are much better plain brick, painted, and whitewashed; more easily cleaned and purified, and less readily damaged.

We here conclude our observations on this first Report of the Scotch Lunacy Commissioners. It is a document drawn up in a wide and comprehensive spirit, dealing with the

question of the treatment and care of the insane in all its varied relations. It bears evidence throughout of that unwearied industry and conscientious search after truth, which characterized Dr. Browne's long series of Reports of the Dumfries Asylum. It is full and accurate in the information it conveys of the present state of the insane in Scotland, and of the measures in progress for their amelioration; while, at the same time, its wide grasp of the whole question of lunacy, has led us on, following the example of its writers, to depart here and there from the purely local question of the treatment of the insane in Scotland, and to touch on the wider element of the future development here in England, as well as beyond the Tweed, of the principles of the treatment of the insane poor embodied in the lunacy legislation of the last twelve years, and evolved in the successful efforts of the English Commissioners in Lunacy to apply those principles to practice. The work is already well forward, and has only to be persevered with in the same spirit in which it has hitherto been carried out.

C. L. R.

APPENDIX.

Suggestions and Instructions issued by the Board of Commissioners in Lunacy for Scotland, in reference to (1.) Sites, (2.) Construction and Arrangement of Buildings, (3.) Plans, of Lunatic Asylums.

No. 1.—SITES.

1. The site of an Asylum should be of a perfectly healthy character, and offer facilities for obtaining a complete system of drainage. A calcareous, gravelly, or rocky subsoil is most desirable; but if a clayey subsoil only can be obtained, an elevated position is indispensable. The land should be capable of profitable cultivation, and it is also desirable that it should afford a supply of water.

It should not be near to any nuisances, such as steam engines, shafts of mines, noisy trades, or offensive manufactures; neither should it be surrounded, nor overlooked, nor intersected, by public roads or footpaths.

2. The land belonging to the asylum should, when practicable, be in proportion of not less than one acre to four patients, so as to afford ample means for agricultural employment, exercise, and recreation; and should be so situate as to offer facilities for any extension which may become necessary at a future period.

3. The site of the buildings should be elevated, as respects the surrounding country, and (if to be obtained) undulating in its surface, and cheerful in its position, and having a fall to the south.

4. The principal buildings should be placed near the northern boundary of the land; and it is important that the site should afford a plateau of sufficient extent for the main structure, and for the means of ready access from the north; the whole of the southern portion of the land being available for the undisturbed use of the patients.

5. The asylum should be as central as possible to the mass of population in the county or district for which it is to be erected, and should be convenient with respect to its easy access by railway or other public conveyance, in order to facilitate

the visits of friends and the supply of stores. It should be within such distance of a town as to command the introduction of gas, water, &c., and of one of sufficient size to afford the means of amusement and recreation for the Medical Staff, the attendants, and such of the patients as might derive benefit from a change in the asylum routine.

6. It is of the utmost importance that there should be a constant and ample supply of good water, of which a careful analysis should be made, with a view to determine the proper materials for pipes and reservoirs, and also in order to ascertain its fitness for the purposes of drinking and washing. The quantity, exclusive of rain water, which should be collected in cisterns on the roof, should, at the driest season, be not less than forty gallons per patient, per diem, and the amount should be accurately gauged.

No. 2.—CONSTRUCTION AND ARRANGEMENTS OF BUILDINGS.

1. The general form of an asylum should be such as to afford an uninterrupted view of the surrounding country, and the free access of sun and air ; and be so arranged as to give the principal rooms a southern or south-eastern aspect.

2. There should be no road of approach or public entrance traversing the grounds.

The general entrance, the porter's room, the reception rooms, the committee room, the store rooms, and the other offices, should be so placed as not to interfere with the amenity of the buildings occupied by the patients.

3. As the buildings are intended chiefly for the accommodation of pauper patients, all superfluous external decorations should be avoided ; at the same time, they should be rendered as cheerful and attractive as due considerations of economy will permit.

4. The accommodation for the male and female patients, in the main structure, should be kept distinct on either side of the centre ; and this building should be so constructed as to admit of the separation of the male and female patients respectively into at least three classes. As a general rule, the numbers in each class should be such as to require the services of not less than two attendants.

5. The main building may consist of three stories, provided the uppermost story be devoted to sleeping accommodation.

6. Detached buildings of a cheap and simple character, consisting chiefly of associated dayrooms and dormitories, might be provided for the use of working patients. For the females, these buildings might be placed in connexion with wash-house and laundry ; and for the males, be in proximity to the workshops and farm buildings.

Provision of an equally simple and inexpensive description might also be made for the portion of the idiotic, imbecile, and fatuous patients, and also for chronic cases ; or cottages might be erected for the accommodation of a large proportion of the working and inoffensive patients, who might be placed either under the care of the families of the attendants, or of cottar tenants of the asylum.

7. All offices and buildings common to the establishment, such as the kitchen and scullery, the wash-house and laundry, the workshops and store rooms, should be conveniently placed, and be made sufficiently spacious to meet the prospective wants of the asylum in case of an increase in the number of patients.

8. The chapel should be of easy access, and it should be capable of comfortably accommodating at least three-fourths of the patients. It should have the usual character and arrangement of a church, and contain no special or peculiar provision for the separation of the sexes.

9. A general dining hall, conveniently situate with reference to the kitchen, should be provided for the patients of both sexes ; and also a library and reading room, capable of serving for the general purposes of instruction and recreation.

10. A suitable residence should be provided for the medical superintendent with kitchen and other necessary domestic offices.

Apartments of moderate extent should also be provided for assistant medical

officers and pupils, the steward, and the matron ; but for them a separate kitchen is not required.

There should also be appropriate sleeping accommodation for the domestic servants of the institution.

11. The proportion of single rooms throughout the asylum need not exceed one third. The single rooms should be chiefly in the wards appropriated to the excited and the sick, and the patients of dirty habits. A few should be available for special cases in the other parts.

12. Passages of communication of moderate width should be adopted in lieu of wide corridors, and the dayrooms and dormitories should be placed on one side, and to the south. Under certain circumstances, the dayrooms or dormitories may occupy the whole breadth of the building.

13. The stairs should be built of stone, without winders or long straight flights. The well should be built up and hand-rails should be provided.

14. The buildings should be so arranged that the medical officer, attendants, and others, may pass through from one part to another without necessarily retracting their steps.

15. All the passages, and day and sleeping rooms, should have boarded floors ; and it is desirable that the boards should be tongued. It is indispensable that they should be of the best wood, and thoroughly well seasoned. The floors of the sculleries need not be of wood. There should be a disconnection of the floor and joists at all the internal doorways, by means of a stone sill ; and, in all cases where a fireproof construction is not adopted, similar separations, at not greater distances apart than fifty feet, should be made in the floors and ceilings. Provision should also be made for a complete fireproof separation of the timbers of the roof at the same distances, and the parapet should be carried through the roof one foot above the slating.

The walls generally should be plastered or lined with Roman cement.

16. No associated bedrooms should be designed to contain less than six beds, nor more than fourteen.

17. The general height of each story should not be less than eleven feet.

The associated dormitories should not contain less than fifty feet superficial to each bed or patient.

The separate sleeping rooms generally should be of not less than the following dimensions, viz., nine feet by seven superficial, and eleven feet high. Those appropriated to sick or bed-ridden patients should be of somewhat larger dimensions, and some of these should be provided with a fireplace.

18. The dayrooms, of which there should be at least one in each ward, should contain not less than twenty feet superficial for each patient, calculated for the whole of the patients in each ward.

19. The dayrooms and workrooms for females should be so arranged as to afford ready communication with the grounds, and those appropriated to the aged and infirm should be on the lowermost stories.

20. The windows of the dayrooms and corridors should be large and of a cheerful character, and every one be made to open easily and so as to allow a free circulation of air, but not in such a manner as to expose patients to danger.

The wall below should not be sloped or splayed, but recessed, to admit, if requisite, of a seat.

Shutters should be provided for a majority of the single sleeping rooms.

21. The doors of the single rooms should open outwards, and be so hung, that when open they will fall back close to the wall.

22. In each ward there should be conveniences for washing the person, a slop-room containing a sink, a storeroom or closet, and water-closets. It is very desirable that all water-closets, lavatories, &c., should be placed in projections. A bath should be provided in the wards occupied by the dirty patients ; but there should be besides general bathrooms conveniently situated for the general use of the patients, and the baths should be so placed as to leave all the sides free.

23. Suitable infirmaries, in the proportion of at least one-tenth of the whole,

should be provided, in which the cubical contents of the sleeping rooms should be greater than in other parts of the building; and every room, including the single rooms, should have an open fireplace.

A small dayroom in each infirmary is also desirable.

24. All the dayrooms and galleries should be warmed by means of open fireplaces, or open firestoves; and in large rooms two fires should be provided. Fireplaces should also be built in all associated dormitories; but in them and other large rooms, such as the chapel or general dining hall, and in the corridors and passages, further provision for warming may be necessary.

25. The ventilation generally should be provided for by means of flues, taken from the various rooms and corridors into horizontal channels communicating with a perpendicular shaft, in which a firebox should be placed for the purpose of extracting the foul air.

26. In all cases where descending or horizontal smoke flues are used, they should be entirely constructed of brick work, rendered or pargetted inside and out; and flues from any of the heating or other furnaces, which are carried up through any of the main walls, should be constructed with an hollow space round them, to prevent the inconvenient transmission of heat.

27. Whenever the building generally is not fireproof, and when ventilating flues are constructed of inflammable materials, such as quartering lathed and plastered, a distance of at least twenty feet from their point of connexion with any shaft, furnace, rarefying chamber, or smoke flue should be constructed entirely of brick, stone, or other fire-proof material.

The rarefying chamber for ventilation, together with the adjoining roof, should be entirely fire-proof; and a communication should be made with it by means of a slate or iron door-frame.

28. The best and most approved system of pipe or tubular drainage should be adopted, with a sufficient fall so as effectually to carry off to a sufficient distance from the asylum the soil and all other impurities; and the sewage should be collected in closed tanks, and so placed and constructed as to render the contents available for agricultural purposes.

Means of flushing should be provided.

29. The enclosed airing courts need not be more than two in number on each side, and should be of ample extent so as to afford proper means for healthful exercise. They should all be planted and cultivated, and any trees already existing within them should be preserved for shade. The walls should be sunk in a ha-ha.

30. The whole of the rain water from the building should be collected in tanks, suitably placed, for the purposes of the wash-house, and, if possible, at such levels as will dispense with the labour of pumping.

Lead is an objectionable material for pipes and reservoirs, as adulterating the water.

31. Lightning conductors should be placed on the most elevated parts of the building; and they may be connected with the stacks of iron rain-water pipes, which, in that case, should be fixed so as to answer the double purpose of rain-water pipes and lightning conductors.

32. The cottages, if adopted, should be of different sizes, each calculated to accommodate from three to five patients, in addition to the family of the occupier. The male patients should be placed either in single rooms, or in dormitories for three or four, and each cottage should contain a water-closet.

33. Farm buildings, with suitable stables, &c., should be provided, and also workshops suitable for the employment of the patients, according to the prevalent occupations of the district.

NO. 3.—PLANS REQUIRED.

1. One or more sheets of the Ordnance map, containing the county, borough, or district in respect to which the asylum is to be erected; or some other large map in which the situation of the proposed asylum, and all the public roads and footpaths in the vicinity thereof, are clearly and fully defined.

2. A general plan of the land (with the block of the buildings and offices)

and of the exercise grounds, garden and road of approach, with the levels of the surface of the ground at the quoins of the building, offices, and fence walls, figured thereon. (Scale of 100 feet to an inch.)

3. Plans of the basement, ground, and each other floor of the main building, subsidiary buildings and offices; also of the roofs and gutters, and of the principal elevation. (Scale of 20 feet to any inch)

4. Elevation of portions of the principal front, and also of any other parts, in which any variation therefrom takes place. (Scale of 10 feet to an inch.)

5. Transverse and longitudinal sections, or sufficient portions thereof to show the construction of every portion of the building. (Scale of 5 feet to an inch.)

6. Plan and section of one separate sleeping-room, dormitory, and eating or dayroom respectively, or of part of the same, showing the method of warming and ventilating each; also of the baths and washing rooms, and water-closets, and the construction of the apparatus for each. (Scale of 1 foot to $\frac{1}{4}$ an inch.)

7. An abstract of the draft contract and specification, giving a concise statement of the whole of the intended work; and also a detailed estimate of the building and the prices at which the different materials and workmanship have been calculated in making the estimate.

8. The thicknesses of the walls, and the scantlings of the timbers of the floors and roofs, to be figured.

9. The general system of heating and ventilation, proposed to be adopted throughout the asylum, to be fully described in the drawings and specifications.

10. Each plan to show the several classes and numbers of patients to be accommodated, in the wards, dayrooms, dormitories, cells, galleries, and airing courts, respectively, to which such plan relates.

*Excerpta from the Evidence given before the Select Committee
of the House of Commons on Lunatics. THE RIGHT HON.
S. H. WALPOLE, Chairman. March, 1859.*

The Right Hon. the Earl of Shaftesbury, Chairman of the Commissioners in Lunacy examined. "The course I should be inclined to take in this examination is this: first, I would state to the committee, as well as I can, the present condition of things, and then point out certain amendments which I think might be applied to the existing defects. Then the committee would probably put questions to me upon the various subjects, one after the other, and I think that would prevent confusion, as then one subject would be exhausted before we entered upon another. Having done that, I should then ask the permission of the committee to go more widely into the subject, and to point out to them what is the result of my long experience, and the result of the experience of my brother Commissioners, as to the real method of the treatment and cure of lunacy, because we are convinced that it stands at present upon a very vicious principle; and I should wish