

promptest attention. The sensation novelist has ceased from raging about asylums just now. While this pest of society is busy with anti-vivisection and anti-vaccination the law could quite safely do something for the unfortunate insane.

Part II.—Reviews.

*The Fifty-eighth Report of the English Commissioners in Lunacy,
June, 1905.*

Among the more important topics dealt with in this Report, perhaps none is of more practical interest than the Commissioners' remarks upon the *transference of aged insane paupers from workhouses to asylums*. A perusal of the annual Reports of asylum medical superintendents will show that for several years this question has been regarded as a pressing grievance and as tending to usurp the proper functions of an asylum. The Commissioners have felt it desirable to obtain definite information upon the subject, and procured returns of all persons *æt.* 70 and upwards who were admitted during the years 1903 and 1904 into the county and borough asylums direct from workhouses. They point out that their inquiry was limited to the pauper insane in workhouses, and did not deal with those removed to asylums direct from their homes, who number approximately twice as many as the former in the age-periods here dealt with. The request for these returns were coupled with an invitation to the superintendents to indicate those who in their opinion could have been suitably cared for in the workhouse. It is stated that definite replies were received from the majority of the superintendents. On reading through some of the replies quoted, a considerable amount of caution is observed to permeate them. The Board fully recognise how troublesome and necessitous many of these senile cases are. But they, nevertheless, as the outcome of their inquiry, are of opinion that in many instances the "transference has not been effected with due discrimination, and has operated prejudicially to the subject of it who has been removed from the environment to which he (or she) has been accustomed." They are further of opinion that "it is incumbent on the Guardians, especially of the more populous Unions, to provide special care and accommodation in their workhouses for inmates whose mental derangement is mainly due to the advance of years, so as to obviate the necessity for sending away from their accustomed abode those amenable to slight control." They add that they urge this mainly in the interests of the patients themselves, but are not unmindful of the fact that if such provision were made it would operate to the advantage of asylums, which yearly show an increasing proportion of aged inmates.

An important pronouncement is made again this year upon the *ratio of increase of insanity* and is referred to in detail below under Statistics.

COUNTY AND BOROUGH ASYLUMS.

The Board was able to state that, with few exceptions, they had reason to be satisfied with the management of these institutions and the condition in which they found them.

By the partial opening of the new Storthes Hall Asylum for the West Riding their number became raised to eighty-eight. They contained on January 1st, 1905, 87,091 patients (40,155 male and 46,936 female). Of the total of 23,208 (11,346 male and 11,862 female) patients admitted into them during 1904, 14·5 *per cent.* were transfers.

Of the deaths, twenty-two were due to suicide. In six instances the patient was absent from the asylum on leave, trial, or parole, and in five the act was committed before admission.

In reference to the frauds discovered at the Horton Asylum, which have already been reported in this Journal, the Board express their full approval of the most important of the recommendations of the Special Committee appointed to inquire into the matter. This refers to the appointment of an independent accountant, whose duties should cover a much wider scope than those of the Local Government Board Auditor.

Among the details concerning suicides and other fatal casualties a lengthy reference is made to the lamentable deaths by misadventure of four female patients at the Portsmouth Asylum, following an overdose of chloral, due to an error in dispensing. With reference to the future dispensing of draughts and the custody of poisons, the six recommendations of the Commissioners who held an inquiry into the circumstances are quoted.

The average weekly cost of maintenance was: For county asylums, 10s. 1½*d.*; for borough asylums, 11s. 3½*d.*; or in both taken together, 10s. 5*d.* Compared with the average weekly cost of the previous financial year, that in county asylums has risen by 1½*d.*, that in borough asylums by as much as 7*d.*, or in both taken together, by 3*d.* The majority of items of expenditure show some increase, but "salaries and wages" and "necessaries" are the ones mainly concerned.

Temporary buildings still remained in occupation at the Durham, Essex, Glamorgan, Nottingham City, and three of the London County Asylums.

New asylums are in course of erection, sanctioned or approved, for the counties of Essex, Leicestershire with Rutland, London, Middlesex (since opened), and Surrey.

Deficiency of asylum accommodation is mentioned as existing in the counties of Durham, Glamorgan, Lancashire, London, and Shropshire, and in the county borough of Devonport and Swansea.

Zymotic diseases.—There was no marked example of the introduction of infectious disease into asylums, and it was not felt necessary to enter into details concerning them, except in regard to dysentery.

Dysentery showed a gratifying diminution in the number of its cases, as also did "epidemic diarrhoea." In 1903 the registered cases of dysentery were in the proportion of 14·7 per 1000 inmates, and the deaths from this cause amounted to 3·4 *per cent.* of the total mortality.

In 1904 the corresponding figures were 11·8 per 1000 and 2·9 *per cent.* When a similar comparison is made between the two years, separating the asylums into three groups according to their size, a noteworthy falling off of cases of the disease in the larger asylums, where it most prevails, is observed. In their summary of the etiological considerations of the disease, the Commissioners say that, as met with in asylums, there can be no doubt as to its infectivity, but that the degree of the latter is not established, and that there must be conditions which render it at times more infective than at others. In reference to its determining causes, the opinion of three superintendents is quoted, who hold the view that habitual constipation is a powerful predisponent in "asylum dysentery." Of the total number of asylums dysentery occurred in 69·3 *per cent.* A useful measure of its potential prevalence would be a statement of how many *per cent.*, of the total number of patients under treatment during the year, appear on the register as having had at some time or other an attack of dysentery or epidemic diarrhoea. The inception of the register is probably too recent to admit with advantage of such a return.

Tuberculosis.—There were 17·5 deaths from tuberculous disease in every 100 deaths. We would again urge the value that would accrue from the establishment of a register of the incidence of tuberculosis in asylums, analogous to that adopted by the Commissioners for dysentery and diarrhoea.

STATISTICS.

The number of persons in England and Wales known to the Commissioners to be under care as duly certified insane on January 1st, 1905, was 119,829. This was 2630 in excess of the number for the previous year. The increase was satisfactory in that it exceeded the average annual increase in the ten years ending December 31st, 1904, by only 55, and was less than that in the five years ending the same date by 14.

The distribution of insane patients shows that the above increase is again mainly to be found in the county and borough asylums.

Classification of insane patients.—Allusion is made to a difference in practice, among the asylums, as to classification between private and pauper cases. It is laid down that, strictly speaking, whenever the whole cost of maintenance is refunded to the Guardians by relatives or friends the patient should be classed as private. But some asylums, in order to include the interest in the original cost and upkeep of the building, fix the minimum charge for a private patient at a higher rate than the bare cost of maintenance. We drew attention to this point in our review of their Report of June, 1902. It is instructive, the Commissioners say, to find that the increase in the total number of private patients is entirely due to the growing numbers of those who, admitted as paupers, are transferred to the private class. Later on in their Report a further reference is made to this point, and it is shown that, if no transference had taken place between those admitted as paupers and those admitted as private patients, there would have been 421 fewer private patients at the close than there were at the commence-

ment of the year 1904. A reason, other than that of *rate of admission*, why private patients have not increased in like manner to the pauper insane is mentioned, namely the much higher proportion of those *discharged* annually from the private class. Thus, taking a decade's figures, amongst pauper patients the total discharge rate was 44·5 *per cent.* (36·5 recovered and 8·0 not recovered), while amongst the private patients, in the same period, the discharges amounted to 78·1 *per cent.* (34·9 recovered and 34·2 not recovered). The wide difference between the two percentages belonging to the not-recovered discharges is probably explained by the number of harmless feeble-minded private cases discharged, who, if paupers, would be unable to obtain their living, and would, therefore, require to be retained in the asylum under control. The pauper patients now number 91·1 *per cent.* of all the certified insane. As regards the distribution of pauper cases, an interesting comparison is made between England (with Wales) and Scotland and has been set forth in the subjoined table :

England and Wales, January 1st, 1905.	Scotland, January 1st, 1904.
<i>Per cent.</i>	<i>Per cent.</i>
In asylums, hospitals, and licensed houses 78·62	In asylums 69·29
In workhouses (including the Metropolitan District asylums) 16·29	In poor-houses 11·80
With relatives and others 5·09	In private dwellings 18·90

Distribution of pauper insane in counties and boroughs.—In this relation two most instructive maps of England and Wales are supplied and contrasted, one showing the comparative density of population of the administrative counties including their contained boroughs (from the census of 1901) and the other, reprinted from the Commissioners' 57th Report, showing the comparative distribution of the pauper insane. It is stated that, as may be seen from these maps, there is no apparent relationship between the density of the population and the ratio of insane; four of the least densely peopled counties are instanced as examples of the highest insane ratio. But while in no way undervaluing the importance and interest attaching to such a comparison, we would venture to urge that such an inquiry is beset with difficulty, and that certain disturbing factors present themselves. Thus, it has been recognised that there is, especially among the more vigorous of the population, an increasing migration from rural to urban districts, resulting in a lowering of the intellectual level of the rural population. In one of the many counties instanced this migration has been into towns not within that county, but belonging to neighbouring counties, to the inevitable ultimate detriment of its rural inhabitants. There is no doubt as to the value of such a comparison; but we should like to see it carried a stage further and a similar one made between the various counties, deducting first the population of all their towns possessing a population above the fixed minimum, and then a comparison made between towns of corre-

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sponding populations. To free these comparisons from another possible fallacy, they should be made in corresponding age periods.

The ratio of the insane to the population was, on January 1st, 1905, 1 to 285; in other words, the ratio of the insane for 10,000 of the population was 35.09, showing an increase of 1.09 *per cent.* on the corresponding ratio for the previous year. Charts are appended which again show clearly that, whereas in the pauper class the proportion of insane to population has grown almost *pari passu* with the increase of total insanity in the population, there is no such parallelism in regard to private patients.

Ratio of admissions to population.—Excluding idiot establishments, 22,142 (2455 private, 19,450 pauper, and 237 criminal) patients were admitted during 1904 into single care and institutions for the insane. Of these 82.3 *per cent.* were *first* admissions. The total admissions represent a ratio of 6.56 per 10,000 of the population, and the *first* admissions a ratio of 5.40.

Comparison of 1904 ratios with those of 1869 shows that, in spite of the large numerical increase, "it will be found that when considered in relation to the growth of population the proportion of insane has *not* increased as much as the population." In their previous Report the Commissioners supplied a masterly analysis of figures dealing with this subject, taking as a basis the Census returns for 1891 and 1901 and dividing the persons considered into those *æt.* 20 to 54 and those *æt.* 55 and upwards. The deduction then made was that . . . "if comparison with the actual rate of increase of the population in the ten years be permissible, the rate of increase of the ratio of the insane to population is seen to be *below* the foregoing rate in the younger group, but *above* it in the older. It may therefore be inferred that the growth of insanity amongst those of the community upon whom its burden would most be felt is really lower than the rate of growth in population at the same period of life, and that it is only when that term is past that a rate of increase in excess of that of the population is to be found." The extreme importance of such a statement justifies its repetition.

The annual movement of asylum population.—The Commissioners have in this Report utilised the material in their possession, which has accumulated from the statutory continuation of reception orders, to furnish some very interesting figures. They find that for every 100 patients admitted in any given year not more than 48 will remain after one year, 37 after two years, 28 after four years, 21 after seven, and 15 after twelve years. They state that it is not possible to give the actual numbers of those who were discharged recovered or of those who died. We would venture to suggest the value of somewhat analogous figures in reference to cases discharged recovered whereby it would be possible to learn, from an authoritative analysis of a large number of cases, how many of 100 recoveries took place within 3, 6, 9, 12, 18 months, and 2 years of certification.

The recovery rate in proportion to the admissions (exclusive of transfers and statutory re-admissions) in 1904 was 36.67, which was below that of the preceding year and the average rate for the decade 1895–1904. It was higher amongst females (40.15) than among males (33.02). In 1885 it was as high as 41.99, and as low as 36.13 in 1902.

We have on previous occasions expressed an absence of feeling of surprise at such fluctuations, having in view the many fallacies attached to the accepted method of endeavouring to express recoverability.

The death rate, reckoned upon the average daily number resident, was 9.95 *per cent.*, being lower than that for the preceding year, but slightly above the average rate for the decade. A most valuable and instructive table is supplied which permits of the contrast between the insane and general death rates at different age-periods. It is somewhat startling to find that, while there is a slight gradual approximation as age advances, yet even where they are nearest the former is nearly twice as much as the latter, and from twenty to twenty-four the insane death-rate for each sex is nearly twenty times that of the general death-rate. Such figures, besides emphasising the physical basis of mental disease, are of vital importance to those interested in life assurance problems. This question has been at times raised with some urgency, and for its satisfactory answer we believe that to these very valuable figures the addition of certain others are necessary. It is well known that, of those dying insane, an appreciable number have been the subjects of mental disease for very lengthy periods, and might have been accepted as "first-class lives." It seems to us that each set of cases shown in the table as dying at certain age-periods should be capable of being further analysed to show, in a few broad age-periods, the age at which the insanity first appeared in them and the form of such insanity. These two additional data could be incorporated with ease in the statutory "statement of death."

Causes of insanity.—The difficulty of their determination is again alluded to, and caution enjoined as to the use which can be safely made of the figures given in the table. Special attention is directed in this Report to *alcoholic intemperance* as a cause, and a map is supplied illustrating the comparative prevalence of cases associated with this factor in the different counties of England and Wales. There is a marked contrast between it and the map showing the relative distribution of insanity in the counties. Another map is appended, from a comparison with which it is interesting to observe that the counties where the proportion of cases associated with alcoholic excess was large are mainly those in which, from the criminal statistics, crimes associated with drunkenness prevail. If the data are obtainable, we would suggest the addition of another map to show the comparative consumption of alcoholic liquors in the various counties.

The Report concludes with a sympathetic reference to the loss to the Board by death in August, 1904, of Mr. Frederick Andrew Inderwick, K.C., who had been a member since January, 1903. The vacancy thus created was filled by the appointment of Mr. Lionel Lancelot Shadwell.

Forty-seventh Annual Report of the General Board of Commissioners on Lunacy for Scotland, 1905.

THE Scottish Commissioners report a slight increase of 347 insane persons under official cognisance—the numbers having risen from 16,894 to 17,241 during 1904. There has been some alteration in the