

With reference to the 451 registered single patients, the Commissioners express their general approval of their care and treatment, which they describe as having materially improved of late years.

They report, however, that while the insane in workhouses are generally well cared for, they have had occasion in some cases to complain of grave defects, but so far from there now being a general desire to detain in workhouses patients who ought to be sent to asylums, the tendency is rather to take advantage of the four shillings allowance, and crowd the asylums unnecessarily with those who might, with a little more liberal provision in the way of food and supervision, be adequately dealt with in workhouses.

The Commissioners conclude an interesting and suggestive report with the following tribute to the memory of a deceased colleague, which those of our readers who, during his long career as a Commissioner, were brought into official relation with him, will cordially endorse:—"The Secretary having reported to the Board the death of their colleague, Mr. W. G. Campbell, it was resolved to express their deep sense of the loss sustained by themselves and the public. During six-and-thirty years Mr. Campbell's career on the Commission exhibited remarkable diligence, judgment, and ability. His ripe judgment and long experience were of the greatest value both to themselves and to the public."\*

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*Twenty-Fourth Annual Report of the General Board of Commissioners in Lunacy for Scotland. 1882.*

We agree with the Commissioners that it is more useful to give once in five years a detailed review of the progress which the statistics of asylums reveal rather than to do so in each Annual Report. Such a review was given two years ago; in the present report, therefore, the general progress of the Board is merely indicated. From this it appears that from 1858, when it was established, the total number of

\* The useful List of Medical Superintendents, &c., in appendix (F), requires to be really, as well as nominally, "corrected to date of publication, 1882." We have been unable to discover from it who is the present superintendent of the Royal Naval Hospital, Yarmouth, the gentleman whose name is given having left long ago.

lunatics in Scotland known to the Board and on their Registers has increased from 5,823 to 10,355. The increase and decrease are thus represented:—

	Increase since 1858.	Decrease since 1858.
1. Private Patients—		
(a) Placed in Establish- ments.....}	392	—
(b) Placed in Private Dwellings..... }	96	—
2. Pauper Patients—		
(a) Placed in Establish- ments.....}	4054	—
(b) Placed in Private Dwellings.....}	—	216
	<hr/> 4542	<hr/> 216

The figures appended show the difference between the modes of distribution at the beginning and end of the period:—

	Jan. 1. 1858.	Jan. 1. 1882.	Increase since 1858.	Decrease since 1858.
In Royal and District Asylums.....}	2380	6187	3807	—
In Private Asylums ...	745	156	—	589
In Parochial Asylums	—	—	—	—
In Parochial Asylums and Lunatic Wards } of Poorhouse.....}	839	2068	1229	—
In Private Dwellings	1804	1684	—	120
In the Lunatic Depart- ment of the General Prison.....}	26	62	36	—
In Training Schools ...	29	198	169	—
	<hr/>	<hr/>	<hr/> 5241	<hr/> 709
Total increase or decrease			5241	709

In the increase (5,241) of patients in public institutions we may account for 709 by the decrease in private asylums. Not reckoning these, the net increase of 4,532 represents 78 per cent. During the period the population has increased only 24 per cent. This apparently alarming increase is,

however, to be explained by "the increasing readiness to place persons as lunatics in establishments." Allowing for population, the number of private patients in asylums has since 1858 increased 12 per cent., and that of pauper patients in asylums 92 per cent. It is satisfactory to learn that private asylums of the class which received patients at the lowest rates have entirely disappeared, most of these patients being provided for as paupers in public institutions, doubtless immensely to their advantage.

In 1858 pauper lunatics formed only 6 per cent. of the total paupers. In 1882 they form 14 per cent.—an increase explained by the fact that "a large class of persons who were regarded as ordinary paupers in 1858 are now dealt with as pauper lunatics." This is probably only one reason. However, it is no doubt true that we must not infer from these statistics "any greater prevalence of insanity among the destitute poor."

The number of lunatics in Scotland on the 1st of January, 1882, was as follows. (See Table on next page.)

Registered lunatics increased during 1881 by 333, there being an increase of 337 pauper and a decrease of four private insane. There were 38 voluntary patients admitted into Scotch asylums during the year, and their whole number on January 1, 1882, was 31. The average number admitted for the quinquennium 1875-79 was 49. We are not surprised to find the Commissioners stating their belief that the admission of voluntary patients is a useful provision of the law, and we wish the practice was introduced into England. There is another regulation also, which might with advantage be adopted in England, namely, the supervision by the Commissioners of private patients who have been insane for more than a year, and are even *not* kept for profit in private houses, if they are subject to compulsory confinement to the house, to restraint or coercion of any kind, or to harsh and cruel treatment. Not less useful is the provision that a patient in a single house need not be placed under the supervision of the Commissioners if a medical man certifies that such patient is afflicted with a malady which is not confirmed, and that it is expedient to place him for a temporary residence, not exceeding six months, in such house. This is common sense.

We think the observations of Deputy-Commissioner Fraser on the tendency to resort unnecessarily to asylum treatment, and to detain patients longer than is necessary,

NUMBER OF LUNATICS ON 1st JANUARY, 1892.

MODE OF DISTRIBUTION.	Male.	Female Total.	PRIVATE.			PAUPER.			State Patients in General Prison, Perth.			Inmates of Training Schools for Imbeciles.					
			M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
In Royal and District Asylums .....	3040	3147	655	593	1248	2386	2554	4939	...	...	...	...	...	...	...	...	...
" Private Asylums .....	46	110	46	110	156	...	...	...	...	...	...	...	...	...	...	...	...
" Parochial Asylums ...	636	714	...	...	...	636	714	1350	...	...	...	...	...	...	...	...	...
" Lunatic Wards of Poorhouses .....	322	396	...	...	...	322	396	718	...	...	...	...	...	...	...	...	...
" Private Dwellings.....	656	1028	1684	45	116	611	957	1568	...	...	...	...	...	...	...	...	...
	4700	5395	10095	746	774	1520	3954	8575	...	...	...	...	...	...	...	...	...
" Lunatic Department of General Prison }	42	20	62	...	...	...	...	...	42	20	62	...	...	...	...	...	...
Training Schools .....	122	76	198	70	48	118	52	80	...	...	...	70	48	118	52	28	80
	4864	5491	10355	816	822	1638	4006	4649	42	20	62	70	48	118	52	28	80

are very important in their bearing on the melancholy and expensive accumulation of patients in pauper asylums in England. He says:—

“The reports of many of our medical superintendents of asylums . . . contain complaints of having to admit patients who in their opinion could have been sufficiently cared for in a private dwelling, or at home. Many rural inspectors of poor seem to regard the asylums, not only as a place for the treatment of the insane, but also as a hospital for the treatment of any form of nervous disease with which mental enfeeblement may be associated, or as a home for aged persons whose faculties are failing; and relations now prefer the asylum for their paralytic friends to the poor-house, as the former implies a more dignified form of pauperism than the latter. The question suggests itself to me: Has not the misuse of asylums now set in? And I feel forced to reply that I perceive what seems to me unmistakable evidence of a too ready inclination to resort to them as the only provision for all who suffer under any form of mental unsoundness.”

On boarding out insane paupers as a remedy for overcrowding, Dr. Fraser says:—

“In my report of last year I discussed the various agencies and influences which affect and promote the boarding-out of lunatics. Further experience has proved to me, however, that no mere discussion of the subject can enable a person to appreciate the capabilities of this scheme of providing for the chronic insane, its present extent, and the good results which have been obtained from it. I am also convinced that a practical insight into its real nature is necessary to all concerned in providing for the insane. As it is out of the question for any one who has never inspected or studied asylums to speak intelligently of the care and treatment of the insane in asylums, and of the capabilities of such institutions to fulfil their humane purpose, in like manner it cannot be expected that the practicability and the advantages of domestic care can ever be properly understood by any one who has not carefully observed what is going on in those localities in which the system is in active working order.

“I would, therefore, recommend all interested in the question of how the ever-increasing number of chronic lunatics is to be provided for, and especially I would recommend medical officers of those asylums in which overcrowding is beginning to be felt, to make themselves, as far as they

have opportunity, practically acquainted with the condition of the boarded-out insane.

“Let me, however, sketch briefly what would be seen by a visit, say to Gartmore, where 30 patients are provided for. The patients in this village would be found enjoying the amenities of private homes, and the majority the freedom of rural life,—their physical condition good,—their complexions indicative of life in the fresh air and of a satisfactory dietary,—their clothing, cleanliness, and tidiness as satisfactory as those of their neighbours and as the nature of their work will permit,—the homes in which they live clean and orderly, having been well selected,—their guardians generally good Scotch housewives,—the expression of their faces happy and contented, except where their insanity determines it otherwise,—their interest and participation in family matters evident,—and the individuality of each patient made prominent by being engaged each in a special sphere of duty. A melancholic will be found acting as nurse, a maniac with fixed delusions will be seen in full charge of the byre and its contents, another maniac will be found earning 6d. or 1s. a day on a farm, and only those will be found idle who are really incapable mentally or physically of engaging in work. The cry for home is very rarely heard among the lunatics in private dwellings, and as regards the village of Gartmore none of the villagers or residents in the neighbourhood have complained of the presence of these lunatics in their midst.”

It is of interest to know the class of cases from a mental point of view which are cared for as pauper lunatics in private dwellings. Dr. Lawson gives the following percentages:—

Imbeciles	...	...	...	49·8 per cent.
Idiots	...	...	...	15·7 ”
Dements	...	...	...	12·3 ”
Melancholiacs	...	...	...	2·4 ”
Maniacs	...	...	...	19·8 ”

Dr. Lawson observes that “the members of the first three of these classes constitute virtually one large group, characterized by one feature which is of great importance when the method of disposing of pauper lunatics is under consideration. That great feature is freedom from dangerous propensities. This large class then embraces 77·8 p.c. of all

the pauper lunatics I have visited during the year '1881. I am quite prepared to admit that there is room for honest difference of opinion, whether many or all of these 595 pauper lunatics might not enjoy many comforts in a well-managed and medically superintended institution which they do not enjoy in their present dwellings. Most of them might be fed with greater precision, and perhaps more nutritiously; their surroundings would be more luxurious, and their habits of living more regular. They might be placed in the presence of many amusements designed to relieve the monotony which had been superadded to their already too monotonous lives. They might even be trained to employ themselves to a greater extent than if they had remained in private dwellings. But there can be no reasonable doubt that they would also sacrifice much by the change. What leads a pauper to prefer a miserable pittance in a private dwelling to the comparative luxury even of a poorhouse? It is the sense of liberty; the idea of having a home, the desire for voluntary isolation, or for voluntary sociability. Imbecility does not repress these features of the mental life; dementia does not destroy them. Those who advocate asylums as the only places where persons of unsound mind can, with a view to their own welfare, be properly dealt with, argue the question from a speculative point of view. If they were to begin the consideration of the question by submitting themselves to a month's trial of the daily life of the most liberally managed institution for the insane; submitting themselves in every particular to the regularities and discipline and monotony of asylum life, there would be few who would advocate the placing of insane persons in asylums whose withdrawal from social and domestic life was not absolutely necessitated by the probabilities of danger or indecency. And however much the removal to asylums of these 595 imbeciles, idiots, and dements might be advocated on speculative grounds, I am convinced that in no case could such a removal be pleaded for on the ground of necessity; and such necessity would be the only ground upon which their removal ought to be sanctioned.

“It comes naturally however to any one to ask, if these 595 pauper lunatics had not been officially recognised and provided for in private dwellings, would it have been necessary for them to be intimated as pauper lunatics requiring treatment and detention in asylums or poorhouse wards; or would they have been dealt with simply as paupers, with-

out special provision being made for them on account of their mental peculiarities? It is impossible to give a direct answer to this question, because one cannot speculate upon the conduct under problematical circumstances of 253 parochial boards in 22 counties, administering the poor law under very diverse conditions and acting on different views of what constitutes sanity, or what will satisfy the dictates of humanity. Of two things, however, I am certain. The first is, that humanity required that these pauper lunatics should have an exceptional form of parochial and central supervision on account of their unsoundness of mind; and the second is, that patients such as those whom I have to inspect as imbeciles, idiots, and demented in private dwellings constitute no small share of the population of every pauper asylum I have ever visited. It would be of great public assistance in the determination of the possibilities of dealing in private dwellings with large numbers of those now resident in asylums, if asylum superintendents were to publish yearly in their reports a table such as that which I have preceded these remarks, showing the nature of the mental malady under which their patients labour. Most medical superintendents tabulate the mental disorders of patients on admission, but such a table gives no indication of the relative number resident on a fixed date of persons labouring under the different forms of mental imperfection or disease.

“Though I have spoken of imbecile, idiotic, and demented patients as being, as a class, free from dangerous propensities, instances occur amongst all of them which must be treated exceptionally. Such exceptions, however, would not materially affect the statement that as a class they are harmless. On the other hand, with regard to patients suffering from melancholia and mania, there might be more reasonable doubt as to whether they could be suitably dealt with in private dwellings. We have now, however, the experience of many years to draw upon, and we are in a position to speak with some authority on the subject. It is in some respects to be regretted that the Deputy-Commissioners should not have continued for a sufficient term of years to visit precisely the same district to enable them to make comparisons on an unchanging set of conditions. For reasons of another kind, the groups of counties visited by them have been frequently modified. But by placing some statistics, compiled by Dr. Mitchell in 1865, alongside of some figures recorded by Dr. Paterson in 1867, I am enabled to



show that some progress has been made in the direction of dealing with mania and melancholia in private dwellings.

	Dr. Mitchell's estimate in 1865.	Dr. Paterson's estimate in 1867.	Dr. Lawson's estimate in 1881.
Imbeciles,	} 87·7	86·5	77·8
Idiots,			
Demented,			
Melancholiacs,	} 12·3	13·5	22·2
Maniacs,			

“I think this table shows clearly that the experiment of dealing with persons in a more or less active condition of insanity has been attempted in private dwellings, and that it has so far succeeded as to lead to its being increasingly resorted to. It is true that neither the statistics of 1865 nor those of 1867 apply to precisely the same counties as mine, but the average given by my two predecessors in office can be quite fairly placed in contrast with those given by me. Be this as it may, the fact is unquestionable that 22·2 per cent. of the patients whom I visited in 1881 were labouring under melancholia or mania. In only one case was I called upon to order removal to an asylum, and the removal was effected, though the step was not very warmly approved of by the parochial board.”

These observations deserve great consideration. The main point on which we have any misgivings as to the success of this course, is the influence *on the families themselves* in which patients are placed. We think that this serious question hardly receives the consideration it merits. In some instances it is doubtless of mutual advantage, but must it not be admitted that in the majority of cases it is of more than dubious advantage to the family, whatever it may be to the patient and to the ratepayers?

There are several other points of great interest and importance in this report, but we must content ourselves with a brief review of this valuable blue book. The picture presented by the Scotch asylums is a favourable one, but judging from impressions produced by recent personal visits to the principal insane institutions in Scotland, the writer ventures to say that it is not by any means too favourable.