

becoming law. The Parliamentary Committee of the Medico-Psychological Association, with its usual vigilance, may be trusted to be on the alert to anticipate this probable activity of legislation affecting the interests of the insane.

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## Part II.—Reviews.

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### *The Sixty-second Report of the Commissioners in Lunacy for England and Wales, 1908.*

The increase in the number of certified insane persons during 1907 was 2,096, the total on the 1st January, 1908, being 126,084. This increase was less by 315, than the annual average of the last decennium, and by 328 than the quinquennium.

Hence, although the rate of increase has somewhat diminished, the proportion of insane per 10,000 of the population has advanced to 1 in 280. This proportional increase is obviously due to accumulation, since the admissions per 10,000 of the population have fallen from 6·93 in 1902 to 6·26 in 1907. The first admissions have also fallen from 5·76 per 10,000 in 1902 to 5·18 in 1907.

This diminution in the rate of increase of insanity, although it has persisted for several years and corresponds to a similar diminution in Scotland, and to some extent in Ireland, cannot be accepted as yet as evidence of an actual decrease. The social and economic causes leading to fluctuations extending over several years are too complex to be briefly stated, but the present variation probably gives more reason for hope that the high-water mark of production of insanity has been reached than any of the fluctuations at previous periods.

The fact that if the ratio of first admissions obtaining in 1902 had continued, the number of first admissions would have been upwards of 1800 larger in 1907 is evidence at least of the striking character of this statistical wave.

The proportion of private admissions has undergone a more remarkable variation, having diminished slightly from ·70 per 10,000 in 1889 until it rose suddenly in 1901-2 to ·76, since when it has dropped to ·68. The sudden rise may have been due to social conditions, etc., following the Boer War, but probably has been mainly due to the classification of paupers whose maintenance was paid for as private, and the greater facilities for cheap treatment afforded by the private annexes of public asylums. Since 1899 the Report shows that the number of private patients in county and borough asylums has increased from 1,434 to 2,801, whilst the numbers for the same dates in registered hospitals were 3,707 and 3,738, in metropolitan licensed houses 1,582 and 1,577, and in provincial licensed houses 1,289 and 1,318, and resident with relatives and others 415 and 505. The whole increase of private patients has been practically in connection with pauper asylums.

That the ratio of admissions of private patients to the population—in spite of the sources of increase alluded to above—has diminished slightly in the last ten years would indicate a considerable reduction in the occurrence of insanity in the well-to-do classes were it not probable that there has been a great increase in the number of such cases treated without certification, owing to the constantly growing desire of the friends to make arrangements, however expensive, to avoid this social drawback.

The recurrence of insanity is dwelt on in the report from the point of view of reassuring the public of the permanence of the recovery in a large proportion of cases. Pessimistic public opinion has assumed that all cases are certain to relapse, and such a reassurance is very desirable and necessary.

The report makes a very graceful recognition of the services of the After-care Association in the prevention of relapse, and expresses the opinion that an extension of its operations might lead to a still further decrease in the number of relapsed cases.

The "Causes of Death" table has been re-cast to facilitate comparison with the tables published by the Registrar-General—a very desirable and useful reform.

General paralysis of the insane would appear, from the statistics given, to be distinctly less frequent, both as a cause of death and of need for asylum treatment, the return per 10,000 of the population of the admissions from this disease having been 0·83 for males and 0·19 for females, from 1889 to 1893, whilst in 1899 to 1903 the similar figures were 0·70 and 0·14 respectively. This is supported by the fall in the number of deaths from this disease in asylums from 20·0 *per cent.* in 1895 to 15·7 in 1903 and 16·8 in 1906.

The Report alludes to the revised system of registration which it has adopted, and speaks warmly of the co-operation of the Medico-Psychological Association and of the medical staffs of the asylums.

The old table of the causes of insanity, it is announced, is published for the last time, and will be replaced by a new table more in accordance with modern views. The Report dwells on the difficulties attending on the ascertainment of the antecedent factors in the causation of insanity, but this is a reason for more strenuous effort in this direction. Nothing can be of greater importance to the nation, in relation to possible measures of prevention of insanity, than the clear statement of the actual antecedents of mental disorder; in regard to which the existing statistics of causation are not only deficient, but actually misleading. The Commission would do well to direct much effort in this direction when the long-talked-of addition to its *personnel* gives sufficient power to undertake additional work.

The registered hospitals again call for comment on "the discrepancy between the incomes of some of them and the amounts which they contribute to the maintenance of necessitous patients."

It is again reiterated that "the primary function of all of them should be to extend their comforts and benefits to as large a number as possible of suitable patients."

It is noticeable that the institutions which perform the largest amount of charitable work are those which do not receive wealthy patients. Thus

Bethlem (which limits its receipts from paying patients to two guineas per week) maintains 71 *per cent.* of its inmates gratuitously; Bethel House receives 72 *per cent.* at less than cost, and St. Luke's receives 85 *per cent.* of its patients at one guinea or less per week. In fact the amount of charity performed would seem to be in an inverse ratio to the rates charged: the higher the rates the less the charity. It is desirable that some definite regulation should be arrived at in regard to the distribution of the profits of these Institutions. It has been alleged that some of them have become "charities for the wealthy classes," persons with incomes of several thousands a year availing themselves of the charity for themselves or relatives. In a case recently before the law courts the patient's income was upwards of £4,000, and this is by no means an isolated instance. These wealthy charity seekers raise the general rate of maintenance in the institutions that receive them to such an extent that the poorer patients are excluded, or, if admitted, have either to pay a high rate, and even when paying a rate that would ensure equally good maintenance in a less expensive place are credited as receiving charitable help, because they do not pay the inflated maintenance rate.

This evil result of extending charitable aid to the wealthy needs some check, but no direct recommendations to the governing bodies of these institutions can be found in the reports of the Commissioners' visits. The report refrains from naming the principal offenders, and these, being governed by committees with neither body to be kicked nor soul to be damned, are unmoved by the ignominy of allusions buried in a blue book. Probably a few inquiries in the House of Commons might arouse them to some sense of their iniquity, and the Lord Chancellor might find a suitable hen roost in the great profits. The plunder of the registered hospital hen roost should be devoted to the expenses of the Lunacy Commission.

The profits of the county annexes would also appear to be a suitable though smaller object for the predatory instincts of the Chancellor.

The most important departure in this report is the addition of a supplement giving an account of some of the clinical and pathological work undertaken by Asylum Medical Officers during 1907. This official recognition of the value of such work will be a great encouragement to the workers, and an efficient stimulus to additional effort. The record of work extends to twenty-five pages, and is a sufficient answer to those critics who have asserted that the scientific spirit is dead in English Asylums. There can be little doubt that the coming years will show a great increase in the volume of this supplement. The recognition of this scientific work is also a refutation of the charge, to which it has been too long exposed, that the Commission is interested only in the legal aspects of insanity.

This interest of the Commission in the medical aspects of insanity is further shown by the advocacy of the plan of strengthening asylum staffs by "internes," and of the greater use of Asylums as places of instruction for medical students.

The Report in very many ways shows a recognition of the importance of the duty of the Commission in regard to the treatment of insanity, as opposed to the mere legality of detention and avoidance of ill-treatment, which for so long a period were the all predominant

characteristics of these blue books. The great advance in this respect opens a new era in the value and interest of the Reports, will bring the Commission and the Asylums in much more sympathetic co-operation, and will greatly strengthen the influence of the Commissioners.

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*The Fiftieth Annual Report of the General Board of Commissioners in Lunacy for Scotland, 1908.*

On January 1st, 1908, there were in Scotland 17,414 registered insane persons and 494 non-registered insane persons (in the Criminal Department, Perth Prison, and in the Training Schools for Imbecile Children), giving a total of 17,908.

Of this number 2,633 were maintained from private sources and 15,226 from parochial rates. These figures, as compared with the previous year, show a total increase of 293, due to an increase of private patients by 59, and of pauper patients by 234. The total increase occurred in the number in establishments for the insane. The number of patients in private dwellings remained unchanged. The average increase of pauper patients during the preceding five years was 204, so that the increase of 228 during the year 1907 has been above the average increase for that quinquenniad.

Of the 494 non-registered insane persons, 49 were maintained at the expense of the State in the department of Perth Prison for the criminal insane—a decrease of two as compared with the previous year. Four hundred and forty-five were in training schools for imbecile children—24 more than on January 1st, 1907. Of the 445 imbecile children, 199 were maintained from private sources—an increase of 16 as compared with the previous year.

*Increase of insanity in proportion to population.*—For the year 1907 there is a slight increase in the numbers of the insane compared with 1906. There is nothing in the figures of the year under review to discourage the hope expressed in the last report that the burden of pauper lunacy in proportion to population has reached, or is fast reaching, its limit, especially when due consideration is given to the number of insane admitted, and to their age distribution. The Commissioners repeat the reminder contained in the previous report that there are still known to be in the country a large number of persons of unsound mind not at present on the register, and that it might be possible by administrative changes to bring many of these under official cognisance, and so to increase the amount of registered lunacy without any change having occurred in the actual proportion of mental unsoundness in the community.

An interesting table, which shows the number of lunatics placed on the register during each year from 1874 to 1907, reveals the fact that the increased number of lunatics on the register is merely the effect of accumulations due to a decreased rate of removal from the register by discharge or death.

The maximum number of admissions, *viz.*, 3,660, was reached in 1902. That number has never since been attained, and was markedly less in the years 1905–6. An increase of 247 took place during the