

gave twenty *cysticerci cellulosa*, on two occasions, to a criminal; and it is recorded that "afterwards" nineteen tapeworms were found in his intestines; and thus the converse of feeding pigs with the proglottides of the *tænia* was experimentally manifest. It appears to have been reserved for a Viennese specialist to make what is probably the first experiment upon an insane person, and we record the fact with regret and reprobation. Those members of the Association who attended the Moscow Congress, and who heard the discourse of Krafft-Ebing on general paralysis, may be already aware of the circumstances; for we gather from an account of the proceedings of the Congress (as they related to Psychiatry) which appears in our French contemporary, *Annales Médico-Psychologiques* (Nov.-Dec., 1897), that this address made mention of the experiment alluded to. The announcement, it is stated, caused considerable surprise and emotion, as we can readily believe. It would appear that a certain specialist in Vienna, whose name is not disclosed, being desirous of throwing light upon the question of the relationship between syphilis and general paralysis, conceived the idea of inoculating with the former disease nine general paralytics taken at random from his clinique. Of these six remained free from syphilis, but three contracted it, the conclusion being that syphilis was not the cause of the general paralysis in these latter cases. The moral laxity which permitted this shameful indulgence of scientific curiosity was justly censured by the public Press. The *Deutsches Volksblatt* of August last has an article upon the subject entitled "Human beings in place of rabbits for experimental purposes." The enemy have indeed had occasion to blaspheme.

PART II.—REVIEWS.

*The Fifty-first Report of the Commissioners in Lunacy,
England, July 5th, 1897.*

Notwithstanding their special supplement issued earlier in the year, dealing with the alleged increase of insanity, the Commissioners in Lunacy most unwisely open their Annual Report to the Lord Chancellor for 1896 with an expression of "regret" at the very large increase in the number of lunatics in England and Wales on January 1st, 1897. This indiscre-

tion, for such alone it can be called, after their very deliberate conclusion that insanity is not greatly increasing out of proportion to the increase of population, has naturally been followed by a buzz of excitement in the lay Press, which at this season of the year is but too keenly anxious to grasp at any sensational item from which to elaborate highly speculative articles and alarmist leaders. Following the line of argument we have all along adopted, the Commissioners in their supplementary publication accepted certain influencing factors as undoubtedly operative in minimising, to a great extent, the apparent *pro rata* increase of the insane in our midst, and, making a slight bid for consistency, they add a weak explanatory paragraph further on in this Report accounting for the apparent increase during the past year. Why, then, if this increase can so logically be explained, should they express regret? Is it, perhaps, that their onerous duties, which are steadily increasing year by year, are so heavily weighing on them that the expression is fathered by a hope that additional Commissioners may ere long be appointed to aid them in their inspections, their visitations, and their criticisms? If so we are entirely at one with them, for we are certain that the number of active Commissioners is far too small efficiently to cope with the enormous amount of work that has annually to be done; but could a veiled official desire, if such it be, not have been less ambiguously worded? The ordinary reader of this Report, and the lay Press critic when trenching on matters dealing with lunacy statistics is very ordinary indeed naturally accepts their expression of regret as an authoritative acknowledgment that insanity in its more active phases is a rapidly progressive malady in the community, likely ere long to encompass its ruin. The result of this is that we have, as in previous years, to clear the way by combating these erroneous conclusions with a wearisome reiteration of all our old arguments. Shortly to summarise the factors we deem of sufficient importance to affect this question, and which we have for some years past insisted upon as quite impossible to disregard, we may mention: 1. The increase of population. 2. A gradually diminishing death-rate in asylums. 3. A gradual prolongation of age-periods in asylums above the middle age-periods. 4. The improved facilities for location in asylums of paupers and the increased popularity of asylum care, etc. 5. The more ready transference of pauper insane from workhouses to asylums

for the sake of the 4s. grant. These and certain other minor influences are effectual in swelling the aggregate without in the least, as we have so often shown, increasing the true ratio of occurring insanity to population. From the Report we learn that the total number of patients under the supervision of the Commissioners on January 1st, 1897, amounted to 99,365, an increase on the number on the same date in the previous year of 2,919, and this increase is the cause of the Commissioners' "regret." We endeavoured last year to show that to adopt a date-estimation as a basis of calculation in taking an asylum census thus is an error, and that a far more reliable comparison of yearly work is the difference between the average number resident in all institutions, for the occurrence of insanity is, as we maintained last year and as the Commissioners themselves show elsewhere in this Report, liable to periodic quantitative fluctuations, so that an enormous number of admissions at one period may be followed by another of comparative inactivity and *vice-versa*. Whether our criticisms of their Report are ever to have weight with the Commissioners we cannot say, but we can only express the hope that ere long many of their statistical tables will be subjected to a thorough revision, so that information more precise and valuable, which might certainly be collected from the numerous returns and reports supplied by institutions to their office, may be granted us. Many of these tabular summaries have in their present form been served up annually for half a century, and it is high time they were regarded as trite and out of date.

The increase in the reported number of insane on the date chosen by the Commissioners is the largest on record, and assuming the numbers for a moment truly to represent the increase of insane in asylums, etc., the average annual increase for the decade has thereby been raised from 1,437 last year to 1,847. The ratio of reported insane to the population, according to the Commissioners' calculation, rose on January 1st, 1897, from 31·40 to 32·00, a differential increase of ·60 on last year's ratio, making an average annual ratio for the decade of 30·38 per 10,000. This, and the preceding table (Nos. I. and II.) are especially noteworthy as monuments of inaccuracy, for reasons we gave last year, and their continuance in their present form in an official publication is certainly deplorable. The same remark applies, but perhaps with not such force, to

Table III., that dealing with the ratio per 10,000 of the number of patients admitted into various institutions during the year. Did the Commissioners but content themselves with merely a tabular statement of the actual numbers, discarding all ratios to population (save those ratios dealing with insane to sane paupers) as untrustworthy, their totals would then be of importance and interest, but where all sorts and conditions of admissions, which at the same time happen to be those insane only who come under the Commissioners' cognisance (first admissions, recurrences, relapses, transfers and recertifications), are heaped together and then made to bear comparison with an estimated whole population value, we are merely obtaining a little elementary arithmetic of no particular value to anyone who has ever given lunacy statistics a thought. The Commissioners evidently accept their own calculations as quite unimpeachable, for they freely comment on their value to two places of decimals, speaking of the slight decrease of .01 per 10,000 in the ratio of private patients to population. The results to be gathered from Table II. are exactly not what the Commissioners would have us believe; we are asked to accept as a conclusion, from the absurd miscalculation in this table, the absolute (not the approximate) deduction that one person in 313 is insane, and that this ratio is a progressively diminishing one, from which an indiscreet statistician has quite recently in a popular publication computed the startling result that in A.D. 2301 we shall all be mad! Such is one of the simple results of the Commissioners' arithmetical fallacies.

The ratio per cent. of pauper insane to paupers of all classes (Table IV.) is one of the few sound numerical summaries in the Report. We have here the actual number of pauper insane on a given date compared with the actual number of sane paupers on the same date, and as the pauper insane with but very few exceptions come under the review of the Commissioners' office, we may, knowing that the ratio of sane paupers to the population is almost constant, make a fairly approximate estimation of the prevalence of insanity in England and Wales. The table is, therefore, one of some value. We shall find on examining it that the ratio per cent. of insane to sane paupers is almost a fixed quantity, the average for the decade being 10 per cent., a value differing not materially from that of previous decades. Fluctuations above that percentage can reasonably be put

down to a greater readiness to resort to asylum treatment and care. The steady rise in the actual number of pauper insane during the last five years (the average per annum increase being 2,287), while the ratio shows no greater variation above 10 per cent. than 71 per cent. at any time during that period, is perhaps the most convincing numerical proof of the stationary condition of insanity; every other computation bristles with inaccuracies.

While the total number of patients under detention on January 1st, 1896, amounted to 73,580, or an increase on the number on the same date in the previous year of 2,265, the total number of admissions during 1896 was 18,854, a number only 60 in excess of the previous year's admissions.

The following table shows the variations as to increase and decrease in admissions during the year in the various institutions and modes of care:—

	County and Borough Asylums.	Registered Hospitals.	Metropolitan Licensed Houses.	Provincial Licensed Houses.	Naval and Military Hospitals.	Criminal Asylum, Broadmoor.	Private Single Patients.	Idiot Establishments.	Total.
Increase ...	266	—	3	—	7	—	—	—	276
Decrease ...	—	68	—	77	—	3	9	59	216
Total increase ...									60

As compared with last year's admissions we once more have to note the remarkable fluctuations presented by these figures in occurring insanity so far as can be gauged by admissions into asylums; then there was a marked increase both among the pauper and private insane, and it merely shows how utterly useless it is to attempt any dogmatic inferences from figures which deal with but a section of the insane population. The remarkable diminution in the number of certified private patients, however, calls for remark, and we shall briefly deal with this subject later on.

The table dealing with transfers is inserted merely in support of the adjacent tables; nothing of practical interest can be gathered from it.

The readmissions on fresh reception orders due to the expiry of previous reception orders remains in total nearly the same as that of last year.

Recoveries during 1896 numbered 7,178, an increase on

the previous year's total of 105, the increase occurring mainly in County and Borough Asylums, where the greater number of patients renders the range of fluctuation greater.

The percentage of recoveries to the total number of admissions rose from 38·18 to 38·53, an increase of ·35 per cent., but still below the percentage average of recoveries for the five preceding years by ·85 per cent. The Commissioners are careful to regard these merely as "stated recoveries," and the table must therefore be looked upon as only approximately trustworthy. The proportion of recoveries to the average number resident (which, as we showed last year, it would be perfectly fair to tabulate, seeing that the only possible objection to such a calculation, viz., that for comparison of recovery-rates the computation would be a fallacious one, as the average number resident depends on varying causes in different asylums, here falls to the ground in a general survey of all classes of asylums) shows diminution in the recovery-rate by ·24 per cent. on the previous year's ratio. We are inclined to regard such a calculation as more reliable than the usual rational estimation of recoveries to admissions, for admissions can bear but a subordinate relation to recoveries which on the other hand are closely bound up with the average number resident in all institutions. For the sake of comparison of recovery-rates of different asylums, however, the ratio of recoveries to admissions is the only correct method of estimate. On examining the tables given below, showing recoveries to admissions and recoveries to average number resident, we may observe the steady declination in the average recovery rate for each successive quinquennial period during the last twenty years, a possible numerical illustration of how asylums have of late become crowded with non-recoverable cases.

The actual total number of deaths during 1896 amounted to 6,806, a decrease of 429 on the previous year's number, diminishing the asylum death-rate (properly calculated here to the average number resident) from 10·01 per cent. to 9·05 per cent., a remarkable diminution, and the lowest recorded during the last twenty years. We give as usual a table of comparative death-rates (per 1,000) taken from the Commissioners' tables, and the Registrar-General's ratio (per 1,000) of deaths in the whole population to the estimated whole population for 1895. Comparing the

insane to sane death-rates at various age-periods for the three years 1893-1895, it may be noted (discarding the extreme age-limits) that the main variations in death-rate occur at age-periods in which it may be presumed acute manifestations of mental disease are more common, while in the age-periods 45 and upwards, the rate remains fairly constant. This will serve also to show that in asylums the death-rate of cases over the middle age-period not only tends to approximate more closely to the sane death-rate as age advances, but also remains very nearly constant. Hence it is that we have so great an accumulation of senile cases, especially females, in all asylums.

Year.	Percentage Ratio of Recoveries to Admissions.	Percentage Ratio of Recoveries to Average Number Resident.
1877	37·30	10·71
1878	39·94	11·31
1879	40·50	10·96
1880	40·29	10·77
1881	39·72	10·51
1882	39·41	10·22
1883	38·50	10·28
1884	40·33	10·30
1885	41·99	9·89
1886	41·16	9·73
1887	38·56	9·41
1888	38·71	9·54
1889	38·81	9·44
1890	38·59	9·87
1891	41·04	10·58
1892	38·94	10·08
1893	38·45	9·95
1894	40·31	10·13
1895	38·18	9·78
1896	38·53	9·54

The Commissioners make a passing comment on the increase in the percentage of paupers treated in asylums, and the diminution (amounting to exactly the same total) of the proportion of paupers treated with relatives, etc., and

in workhouses. "This tendency," they say, "has an important bearing on the amount of asylum accommodation which it becomes necessary to provide. In the last 10 years there has been an advance of 6·6 per cent. in the proportion of pauper lunatics treated in asylums, hospitals, and licensed houses. The effect of this advance has been that 7,938 more pauper lunatics are now maintained in these institutions than would have been so maintained under the proportion existing at the commencement of the period."

Age Periods.	Death-rate per 1,000 Reported Insane, 1895.	Death-rate per 1,000 whole population, 1895.	Death-rate, Insane to Sane, 1896.	Death-rate, Insane to Sane, 1891.	Death-rate, Insane to Sane, 1883.
Under 5	{ M. } — { F. }	{ M. 64·4 } { F. 53·7 } 58·5	—	—	—
5—9	{ M. 42·9 } { F. 94·1 } 68·5	{ M. 3·9 } { F. 4·0 } 3·9	17·5 to 1	25·5 to 1	8·5 to 1
10—14	{ M. 60·1 } { F. 74·8 } 67·4	{ M. 2·4 } { F. 2·5 } 2·4	28·0 to 1	22·9 to 1	25·0 to 1
15—19	{ M. 78·1 } { F. 66·8 } 72·4	{ M. 3·7 } { F. 3·7 } 3·7	11·4 to 1	11·1 to 1	14·6 to 1
20—24	{ M. 47·8 } { F. 38·9 } 43·3	{ M. 5·1 } { F. 4·6 } 4·8	9·0 to 1	11·7 to 1	12·1 to 1
25—34	{ M. 81·7 } { F. 71·9 } 76·8	{ M. 6·8 } { F. 6·3 } 6·5	11·8 to 1	10·4 to 1	8·9 to 1
35—44	{ M. 113·7 } { F. 57·5 } 80·1	{ M. 11·4 } { F. 9·8 } 10·6	7·6 to 1	7·5 to 1	7·9 to 1
45—54	{ M. 106·3 } { F. 65·5 } 85·9	{ M. 18·9 } { F. 15·0 } 16·9	5·0 to 1	5·1 to 1	5·7 to 1
55—64	{ M. 132·1 } { F. 82·4 } 107·2	{ M. 35·7 } { F. 30·2 } 32·9	3·2 to 1	3·7 to 1	3·3 to 1
65—74	{ M. 224·6 } { F. 144·9 } 184·7	{ M. 70·2 } { F. 62·1 } 66·1	2·7 to 1	3·0 to 1	2·5 to 1
75—84	{ M. 383·3 } { F. 265·4 } 324·3	{ M. 155·3 } { F. 144·3 } 149·8	2·1 to 1	2·7 to 1	2·3 to 1
85 and upwards	{ M. 379·3 } { F. 522·4 } 450·8	{ M. 305·2 } { F. 275·6 } 290·4	1·5 to 1	1·3 to 1	—

The causes of death are again tabulated, and there is a notable increase in the number of deaths from general paralysis (28·6 per cent. in 1896, as compared with 15 per cent. in 1895 of the total number of deaths), but the other main causes, pulmonary phthisis (14·03 per cent. in 1896, 14·7 per cent. in 1895), senile decay (8·69 per cent. in 1896, 7·5 per cent. in 1895), pneumonia (6·37 per cent. in 1896, 7 per cent. in 1895), cardiac valvular disease (5·73 per cent.

in 1896, 4.7 per cent. in 1895), exhaustion from mania and melancholia (3.62 per cent. in 1896, 3.8 per cent. in 1895), apoplexy (3.21 per cent. in 1896, 3.1 per cent. in 1895), chronic Bright's disease (2.56 per cent. in 1896, 2.9 per cent. in 1895), and bronchitis (2.46 per cent. in 1896 and 2.8 per cent. in 1895) appear to maintain a fairly constant proportion to the total number of deaths, the remaining ratios being distributed over a large number of diseases. Of the total number of deaths, accident, suicide and violence are represented by only .85 per cent.

Table XV. is new. It gives the actual number of patients admitted into various institutions during each month of the year 1895, classified into the principal forms of mental disorder, as well as the daily average for each month of these disorders. "In calculating these averages," say the Commissioners, "Sunday has been omitted, as few if any admissions take place on that day." The table of total numbers for each month, if continued for some years, may possibly be of some use in giving us an idea from year to year of the fluctuations of occurring insanity, so far as this can be estimated from certified cases only, though it is falsified in a degree by the inclusion of recurrences, relapses, fresh reception orders through inaccuracy, lapse, etc., but the daily average table is, so far as we are able to judge, useless. Such a tabulation is but of small value when limited to a single year and made exclusive of Sundays, an absurdly fanciful method of calculating a daily average. The table of totals for each month is an eloquent condemnation of the Commissioners' method of taking asylum statistics from which to draw conclusions, for if their total number of patients in asylums had been taken at the end of May, for instance, with its 1,707 admissions, there would have been a surprising difference between their sum total and the one taken at the end of the year, with but 1,357 admissions in December. We maintain, therefore, that no possible judgment approaching accuracy can be formed of the numerical increase of even officially recorded cases of insanity by the present system of enumeration on a particular date, to compare this with a like enumeration on the same date in the previous year. An ordinary censal estimation cannot be applied to asylums for the purpose of determining the increase or diminution of insanity under various forms of care when such wide departures from the monthly average, as in one case 252 above and in another 303 below, can be observed

to occur. The method of estimation, however, is a departmental one which custom has hallowed, notwithstanding its glaring errors, and we must fain be content.

The remark the Commissioners make on Table XV. is so very characteristic of the manner in which in all departments of their work they draw arbitrary inferences from wholly insufficient premises, that we cannot refrain from quoting it in full. Speaking of this tabular arrangement of the numerical incidence of insanity during the one year 1895, they say: "It would thus appear that insanity in a form requiring treatment away from home is more frequently developed in the spring and summer months than in the autumn and winter." Parchappe's study of the seasonal incidence of insanity is certainly in accord with this conclusion, but he was not so illogical as to draw his valuable deductions from one year's observation.

With regard to Table XVI. we can but repeat what we said last year, that as an official summary of the occurrence of insanity in various professions and callings it is absolutely untrustworthy. The yearly average of the total number of lunatics under the Commissioners' cognisance for the five years 1891-1895 is compared with the actual census enumeration in 1871 in some cases and in 1891 in others. The ratios thus calculated are erroneous and misleading.

The table giving the yearly average occurrence of the principal forms of mental affection for the five years 1891-1895, so far as is known officially, shows that 48·8 per cent. were the subjects of mania, 27·3 per cent. of melancholia, and that 4·8 per cent. were the subjects of senile dementia. The antiquated classification here adopted of "mania; melancholia; dementia, ordinary and senile; congenital insanity; and other forms" shows either a weak official clinging to routine or a lack of faith in more recent scientific classification. Maniacal and melancholic conditions alone are expressive of such varied types of mental aberration that the massing together of these under two common headings minimises the value of this table to a great degree. Of the yearly average, 70·5 per cent. were first attacks, 8·1 per cent. epileptics, 8·4 per cent. general paralytics, and 25·1 per cent. suicidal cases.

The causes of insanity are dealt with in Tables XXIV.-XXVII. This official classification of causes is almost universally accepted as satisfactory, but we are inclined to the opinion that it might greatly be improved upon; to

take one objection only, it is almost impossible clinically to discard the influence of physical causes when mental causes apparently are prime factors, and *vice-versa*, and this is just what the Commissioners from the foot-note to Table XXIV. attempt to do. It is however recorded that 20·9 per cent. of the yearly average of admissions of males, and 8·5 per cent. of females, are insane through alcoholic intemperance, a disproportion between the sexes we are somewhat inclined to question, that 20·8 per cent. of males and 25·9 per cent. of females are hereditarily predisposed, and that 16·4 per cent. of males and 22·0 per cent. of females have had previous attacks. As might be expected, mental anxiety, worry, and overwork is nearly twice as fruitful a cause among private as among pauper patients, and alcoholism, though not differing so markedly in the two grades, is a greater causative influence among paupers. On comparing this table with that for the quinquennial period 1888-1892 we find but little difference between the percentage proportions. There is no appreciable distinction between the ratios of the causes of general paralysis and the causes of all other forms of insanity, and this in the light of recent scientific elucidation of the true origin of the malady is somewhat absurd.

The number of voluntary boarders remaining in Registered Hospitals on January 1st, 1897, was 92, in Metropolitan Licensed Houses 18, and in Provincial Licensed Houses 32. Of the 326 admitted during the year only 87, or 26·7 per cent., were certified. We could, did space allow, say much on this matter of the admission of boarders, but the Commissioners should surely know by this how frequently the privilege has been abused merely to save the publicity and trouble certification before admission would entail.

The admissions into the seventy County and Borough Asylums during 1896 amounted to 16,164, or 2,513 in excess of the decennial average. The recoveries came to 6,188 and the deaths to 6,123, in 4,893 of which (or 79·9 per cent., a proportion exactly the same as last year) post-mortem examinations were made. The Commissioners shortly enumerate the changes among the Medical Superintendents of Asylums during the year, but they make no special comment on the much discussed appointment to Portsmouth Borough Asylum. Particular mention is made of the enquiries at Norfolk County Asylum, the second of which certainly reveals a lamentable want of care and good

management. The insufficiency of asylum accommodation for paupers is as usual the subject of remark. It will be many years before local authorities can be brought to see the necessity of early and prompt provision for the ever growing insane population. As it is not only in well-to-do counties and boroughs, but also, and mainly, in the more needy that asylum care is called for, it naturally follows that there will always in the latter class be an insufficiency of accommodation, and it may ere long become needful for the Legislature either to make the matter of asylum provision a national one or so to reorganise county boundaries as to help poorer districts out of the difficulties in which they will sooner or later be struggling. The insanitary condition of certain asylums (seven of these were mentioned in last year's Report, one has been in the insanitary list for three years, and another for four years in succession) is detailed in a special section of the Report. There were twenty-two deaths from suicide, but only fourteen of these can properly be considered as having occurred while under treatment; ten of these were males and four females. Of the males three committed suicide by drowning, two by hanging, one by cutting his throat, one by poison, one by throwing himself under a train, one by precipitation from a height, and one by strangulation. Of the females two committed suicide by hanging, one by drowning, and one by setting herself on fire. We observe that the Commissioners are anxious to impress on the Lord Chancellor how vigilant they have been in urging the removal so far as possible of all conditions which may rank as adventitious aids to suicide. We are not so sure that the safety so acquired is not counterbalanced by a resultant lack of watchfulness on the part of attendants; besides, is it not one of the first principles of medical treatment of the insane to render their surroundings as much as possible perfectly normal and ordinary? An obtrusive withdrawal of all possible means to do harm to himself is frequently as suggestive to a suicidal patient as a careless non-observance of ordinary precaution. The deaths by misadventure numbered but six, two of which were from epileptic suffocation. The cost of maintenance in County and Borough Asylums per week per head shows a slight diminution on the amounts given last year.

In a short paragraph dealing with Registered Hospitals as a whole the Commissioners allude to certain of these "in which the income is large" and "in which a small pro-

portion of it only is devoted to charitable purposes." It is perfectly well known to which institutions allusion is here made, and we may well ask why is this permitted? Registered Hospitals are placed on the same footing as regards privileges with licensed houses, but their conduct and control is absolutely autocratic, and they may if they please, armed with their bye-laws from the Secretary of State, snap their fingers at the Commissioners. They contain, as pointed out by the Commissioners in their Report for 1894, more than a third of the private patients under the review of the Commissioners' Office, and were one half of the irregularities which are constantly occurring in some of them perpetrated in licensed houses these latter would suffer a serious annual diminution in their number through revocation of their licenses. That Registered Hospitals are devoted to charity and Licensed Houses to venality is a false conception which for many years has dimmed the Commissioners' mental vision; can it be that the official eye is beginning to see more clearly? It is apparently a matter of congratulation that "the reports upon the Holloway Sanatorium have recently been of a favourable character."

The Commissioners very properly draw attention to the fact that the Legislature has largely neglected the care and management of idiots, and their suggestion that institutions for such should be put on a line with asylums for the insane will probably bear fruit in the near future. There is, however, a serious lack of special accommodation throughout the country for the large number of idiots and imbeciles who are at the present moment most improperly being treated in county asylums, private asylums and workhouses.

The Commissioners pertinaciously adhere to the statement we corrected last year that there are seventy-five licensed houses. We have again gone through their list—Appendix L—and again can find only seventy-two. Two suicides, both males, occurred in Metropolitan Licensed Houses, and one suicide and one death through misadventure in Provincial Licensed Houses. Copies of the entries made by the Commissioners at their last visit in the year are again furnished, and from these we gather that on the whole the management of licensed houses is generally satisfactory.

The number of single patients shows a further diminution, and the Commissioners remark that they are "unable to avoid the conclusion that while this form of treatment has

not diminished, the tendency has increased to apply it without resort to certification and its concomitant notification," and they are perfectly right, only the matter is not one of speculative opinion, but a glaring fact. The undisguised way in which patients are received uncertified into the houses of medical men, "nursing homes," "sanatoriums," etc., etc., conducted by medical men and others, is undoubtedly scandalous, and so great has the abuse grown that it is beginning seriously to diminish the number of certified insane of the private class. The open way in which the law is being evaded certainly does not redound to the credit of the Commissioners' Office. This and the gradual steady increase in the number of boarders can be due only to the publicity and difficulties with which certification nowadays is hedged around.

The Commissioners have, we all know, much to do, but were they to adopt a more scientific elaboration of the material supplied to them we should all benefit more largely; as it is, we can be but thankful for the crumbs of useful information with which they supply us in their Annual Report to the Lord Chancellor.

Thirty-Ninth Annual Report of the General Board of Commissioners in Lunacy for Scotland. Edinburgh. 1897.

The changes which have occurred in the registered lunatic population of Scotland during 1896 have resulted in the addition to the total number of 383, a considerable increase over that of the preceding year. This represents a percentage increase during the twelve months of 2·8, the estimated annual percentage increase of population being only 0·75; and the ratio to population has risen from 330 to 336 per 100,000. Taking Table V., of Appendix A, as an index of the occurring insanity of the country, the record of 1896, too, compares unfavourably with that of 1895, for, while in the latter there was an actual decrease of 4·6 per cent., in the former there is an increase of 2·9 per cent., the ratio per 100,000 of population rising from 56 to 57·2. But in making these comparisons it is only right to bear in mind that 1895 was, as regards lunacy in Scotland, a distinctly favourable year, and one cannot but regret that the good record of that year has not been maintained.

The table on p. 2 shows the manner of distribution of the total number of lunatics on 1st January, 1897, and the