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LUNACY IN SCOTLAND.*

THE subject of Lunacy, not only in Scotland but in the United
Kingdom, is one that is engaging the attention of medical experts
and indeed of the public generally in an increasing degree of late
years, and various and conflicting opinions are being entertained
regarding it. A large section of the community, chiefly however, of
the non-professional class, are strongly of opinion that lunacy,
especially pauper lunacy, is very seriously on the increase, and
the burden of its support, not only in the matter of maintenance,
but also in the erection of large and palatial asylums, is becoming
heavier and more oppressive every year. On the other hand, the
medical profession, especially those of them who have official
relations with the administration of the Lunacy Laws, contend that
while the cases of reported lunacy, and particularly of the pauper
class, are undoubtedly on the increase, this does not arise from a
real increase of the malady in the country, but rather from the
accumulation of chronic cases, and the greater readiness of the
relatives of the insane to place their stricken friends in public
institutions, in preference to keeping them at home. Then,
further, it will have been observed from the public press, that Dr.
Clouston, the experienced Medical Superintendent of Morningside
Royal Asylum, Edinburgh, has within the last few weeks, called
attention to the fact that a large proportion of the patients
admitted during the past year, have become insane through
alcoholism, and he seems to indicate that alcoholism as a cause of
lunacy is seriously on the increase. It may reasonably be

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in Lunacy in Scotland.

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expected, therefore, that this latest report of the General Board of Lunacy will give some reliable statistics and information on these important questions, and enable us to ascertain how the matter really stands. The report is a very elaborate, a very minute, and somewhat intricate one, but our space will only permit of a discussion of its more general and outstanding features. We may presume that the report deals with the state of lunacy during the year 1899.

And first of all we will look at the number of lunatics who have been reported or registered during that year, as compared with the preceding and former years. On page 10 of the report, we are informed that—"The general results during the year 1899, as compared with 1898, are in regard to registered lunatics as follows—(1) There was a total increase of 250, of whom 15 were private, and 235 pauper patients. (2) Of the total increase of 250, the increased number in establishments was 247, and in private dwellings, 3. (3) Of the increased number of 247 in establishments, 13 were private, and 234 were pauper patients. As the average increase in the number of private patients in establishments in the five years, 1895-99 was 37, and of pauper patients 303, the increase in this year for both classes has therefore been considerably below the average increase of the quinquenniad just completed."

This result, therefore, in so far as the year 1899 is concerned, is so far satisfactory, and it is to be hoped that the ratio of increase will continue to diminish. But the above statement by no means shews that there is not a continued increase of the number of registered lunatics. It only shews that there has been for that year a somewhat diminished increase. On page 63 of the report we have a table showing the ratio of increase per 100,000 of the population from 1880 to 1899, and from that table we learn that for the quinquennial period, 1880-84, the total ratio of increase per 100,000 of the population was for private patients, 41, and for pauper patients, 505; for the period, 1885-89, the ratio of increase was, for private patients, 43, and for pauper patients, 543; for the period 1890-94, the ratio of increase was, for private patients, 46, and for pauper patients, 525; for the period, 1895-99, the ratio of increase was for private patients, 50, and for pauper patients, 576. It will thus be seen that the ratio of increase during the last quinquenniad is considerably greater than that of the previous three periods, and therefore to say that the rate of increase during the last year of that quinquenniad is somewhat less than the average for that period is not to say very much for the check upon lunacy.

The report summarises the results of their table from 1880 to 1899 as follows: It will be seen from this statement that the number of private patients resident in establishments has increased by nine per 100,000 of population during the period dealt with. Taking the population as 4,200,000 at the end of the period, this represents an increase of 378 beyond what can be accounted for by increase of population.

"In the case of pauper patients the increase has been 44 per 100,000 in establishments, and 19 in private dwellings, which represents an increase of 1848 pauper lunatics resident in establishments, and 798 in private dwellings, over and above the increase which can be accounted for as due to an increased population."

That is to say, since the year 1880, the increase of registered lunatics beyond what can be accounted for by the increase of population amounts to 378 private and 2226 pauper patients, or 2604 in all, being at the rate of fully 130 per annum. But it must not be supposed that this increase represents the increase of the number coming upon the register of lunatics in each year during these periods, or shows that lunacy, as a disease in the community, is increasing in that ratio. It would be a sad pity if such were the case. There are two qualifying elements to be taken into consideration in this connection. (1) The accumulation of chronic cases who remain alive and undischarged beyond the number of admissions in each year. This is a very important factor to be considered. The number of deaths and discharges is naturally a good deal less than the number of admissions in each year, and consequently there is a continual accumulation of chronic cases, increasing year by year, until the total registered lunatics has reached the enormous number of 2374 private patients, 13,237 pauper patients, and 52 patients maintained at the expense of the State, being a grand total of 15,663.

In Appendix A, Table IV., page 4, a statement will be found showing the excess of admissions in each year since 1874 over...
removals from the registers in these years, and this will give the reader an idea of the accumulation of chronic cases just referred to. In the five years ending 1899, the average number of admissions per annum was 3297, while the average number of discharges by death and removal was 2949—excess of admissions over discharges, 348 per annum. During the quinquennia there was an accumulation of patients at the rate of ten per cent. per annum, and something like that rate has been going on during the last 25 years, so that this accounts to a large extent for the increase of registered lunatics, apart from the question of the increasing tendency to lunacy in the community.

But that there is prima facie, such an increasing tendency is also evident.

In Appendix A, Table V., a detailed statement is given showing the proportion of lunatics registered each year who have never previously been registered per 100,000 of the population since the year 1874. In that year the proportion was 44.2 per 100,000; in 1899, it was 62.1, or an increase of new cases of lunacy to the population of 40.5 per cent. Apart from other considerations, this shows that registered lunacy is on the increase, and that to a very considerable extent.

Now, the question arises, how can this increase in the ratio of new cases of lunacy to the population be explained otherwise than by a real bona fide increase of lunacy as a disease in the community? The Commissioners of Lunacy explain it on the hypothesis that the public are now much readier to take advantage of the facilities afforded in the excellent asylums now scattered over the country, and to send their afflicted relatives to these asylums instead of keeping them at home. That is to say, in former times there were large numbers of insane persons who were maintained at home, but who are now sent to asylums. We call this an hypothesis, for, so far as we are aware, there are no reliable data, officially known to the Board, to enable them to, at any rate, form an exact computation of the extent to which this movement takes place. But that there is a great deal of truth in the hypothesis is unquestionable. Prior to the institution of the Board of Lunacy in 1857, the formation of District Lunacy Boards, and the erection of District and Parochial Asylums, there were, practically speaking, little or no public accommodation for the great bulk of lunacy which existed. And for a considerable number of years subsequent to that period there can be no doubt that such a movement as has been referred to would naturally take place. It may also be conceded that, even in recent years, during which many new and superior asylums have been erected, this movement has in all likelihood continued to a considerable extent to the present time. Indeed, speaking from official experience, we are strongly of opinion that many persons are nowadays sent to the asylums who, but for the desire of their relatives to get rid of them, the zeal of medical officers, who scent lunacy in every aberration of the human mind, however harmless it may be, and the want of some intermediate and less expensive method of dealing with cases of delirium tremens and other temporary forms of mental disturbance, might never require to be subjected to the indignity or to occasion the expense of asylum treatment.

But, notwithstanding all these considerations, we are not sure that it has been satisfactorily proved that lunacy, as a disease, is not increasing in the community. The statistics are prima facie against the theory, and the modifying circumstances are more speculative than demonstrative. The argument adduced by the Board on page 78 is that while among the upper classes the readiness to take advantage of asylums for their insane relatives has been much greater than among the general public, and the statistics of private asylums showing no increase during the last quarter of a century and it being only in the district or pauper asylums that the increase has taken place, therefore it is concluded that the increase in the latter indicates that the reluctance of the common people to send their relatives to such institutions is only being gradually overcome. We are of opinion that this argument is somewhat doubtful and inconclusive. One would think that the wealthier classes, who have abundance of accommodation, and who, moreover, are more susceptible to the opinion of their neighbours than those in humbler life, would be more disposed to keep their insane relatives in the seclusion of their own homes than to expose them to the observation of visitors in a public institution. And one would also assume that the humbler classes, with scantier accommodation and lesser means to employ skilled medical advice than the others, would be more ready to avail themselves of such establishment as the Board may feel disposed to establish.
themselves of the asylums. We have a shrewd idea that this is really the case; and our explanation of the stationary figures relating to private patients is that the district asylums are now so excellent and complete in their equipment and administration, and the charges so much more moderate than in the royal or private asylums, many people in fairly comfortable circumstances, who might otherwise have sent their relatives to private asylums, are now quite willing and anxious to send them to the district asylums. And here we would remark that this is a grievance which the middle and upper working classes have to suffer, that the rates of board in royal and private asylums are so high that it is only people of ample means who are able to maintain their relatives there. In fact, these asylums are becoming more exclusive than ever, and the rates are tending to increase rather than to diminish.

But why should the Lunacy Board be contented to show that lunacy, as a disease, is not increasing in the community, and not rather calling serious attention to the fact that it is not, like other diseases, on the decrease. All over the country the death rate has during the last quarter of a century been steadily diminishing, there have been great strides made by the medical and sanitary authorities in the prevention and cure of every other kind of disease. Is lunacy the only disease which is incapable of improvement in the way of prevention and cure? (1) Is it not possible to do something more than is being done for the prevention of lunacy? One would have expected that in a report by the Commissioners in Lunacy there would have been a statistical table (among the many others) showing what were the causes of the cases of insanity which are under their supervision. But so far as we can see there is nothing of that kind. A table shewing the causes of insanity in those cases which have been admitted during the year 1899, would have been of great importance and interest, and such a table could have been easily compiled. Every Medical Superintendent of an Asylum makes up annually a statement of this kind, and it could have been, and probably has been, submitted to the Board. Why is there no word of this in their report? It is a well-known fact that intemperance or alcoholism is one of the most potent causes of insanity, and as we have stated, Dr. Clouston has been calling attention to this fact only the other day. But every Medical Superintendent has the same story to tell. And, besides alcoholism, there are other causes of insanity which might be mitigated, such as consanguinary and other improper marriages, and others; and it would that surely be of service to the community that these causes should be tabulated, so that they might be avoided.

(2) It would perhaps be rash in a mere outsider to discuss the question of the cure of insanity. But it might be of some benefit were the Board of Lunacy to show in their report, and to express their opinion on, the progress of pathological science and the medical treatment of the insane. It seems to the ordinary mind that the principal treatment of this disease, consists of what may be termed natural or indirect, rather than scientific and direct; regarding insanity as a purely mental rather than a physical disease. We are aware that of late years the study of pathology and its application to brain diseases has made some progress. Well surely the General Board of Lunacy is taking some interest in that subject, and they might give the public the benefit of their experience in their Annual Reports, and give some encouragement for hope that the results of the study will by and bye be shewn in an increase in the number of cures.

(3) Meanwhile the public have to deal with the incontrovertible fact that the number of registered pauper lunatics is yearly increasing at an alarming rate, involving a yearly increasing burden upon the ratepayers, not only in the cost of their maintenance, but in the cost of erection of large and palatial District Asylums. On page 41 of the Appendix we have a table shewing the expenditure of Parish Councils on account of pauper lunatics for each year from 1859 to 1899, and this table is a most instructive one. In 1859, the total expenditure was, £95,225, and in every subsequent year there has been a steady and an extensive increase, until for the year 1898–9, it reached the enormous sum of £309,356, being nearly one-third of the total expenditure of these Parish Councils for their entire pauperism. In addition to this expenditure, we find on page 44 of the Appendix, a statement of the expenditure of District Lunacy Boards during the year 1898, in providing, building, repairing, and fitting up and furnishing District Asylums. The total amount of expenditure for that year (excluding instalments of loans repaid) was no less than £161,775 which added to the maintenance expenditure for that year gives a
And surely it is not unreasonable to suggest that there is undue extravagance in incurring such an expense for a single patient, even taking into account the necessary attendants and other requisites for proper treatment of that patient. We do not blame the Board of Lunacy altogether for this extravagance, although it has a good deal of say in the matter. The local district boards are, as a rule, somewhat ambitious in vying with each other as to which of them will provide the most beautiful and luxurious building and equipments.

When we turn to the cost of the maintenance of the patients in the district asylums, we find a similar high rate of expenditure. This will be seen in the same Table. In the year 1898-9 the cost of maintenance and management amounted to £25 1s. 10d., which, added to the annual rent, gives us a total cost for each patient of £39 17s. 6d. for that year, and the average for the 10 years preceding was £37 4s. 3d. Now, we would not for a moment grudge this expenditure on patients who are in the acute and curable stage if it were really necessary; everything should be done for this class that would in any way tend to their recovery. But nearly one half of the patients in our asylums are beyond that stage, they are not only practically incurable, but, as a rule, they are quiet and harmless, and neither require very constant attendance, nor anything more than the diet of an ordinary sane person. And yet we find that, while a harmless, healthy lunatic costs the ratepayers £25 a year for maintenance and management and £14 for rent, an ordinary pauper, in a comfortable poorhouse, and belonging practically to the same social class, costs something like £12 per annum for maintenance and management and for rent. And in this latter class are included the hospital patients, who require both better food and better accommodation. We have long been of opinion that it is a mistake to incur this large expense in the housing and maintaining of chronic harmless lunatics in the district asylums, and that, instead of doing away with the lunatic wards of poorhouses, as the general Board of Lunacy are to some extent doing, these wards should be attached to every poorhouse in Scotland. From the Table on page 54 of the report, it will be seen that about £7 per annum would be
saved on each patient in such wards, as compared with the cost in the
district asylums. And from the reports of the Deputy Commissioners, we
are assured that in the lunacy wards the patients are sufficiently and
comfortably housed and fed.

But we are of opinion that more economy might well be
exercised even in the district asylums themselves. If there were
an official audit of the accounts of district lunacy boards, as well as of those
of the parish councils, and if there were greater control vested in the
Central Board to check extravagance, it is certain there would follow an
appreciable reduction in the cost of pauper lunacy in Scotland; and it is
high time that this result should be brought about.

We have thus, roughly and rapidly, and in a free and candid manner,
dealt with some of the salient points in this elaborate and very
interesting report, and we commend the volume, and the subject generally,
to the careful consideration of our readers.

S U P R E M E  C O U R T  D E C I S I O N S .

O U T E R  H O U S E .

(LORD KYLLACHY.)

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Pumpherston Oil Co. v. Wilson.

Poor Rate—Assessment—Deductions—Poor Law (Scotland) Act,
1845, sect. 37. This note was presented to have the respondents interdicted from doing diligence for the recovery of a
sum of £458, alleged by them to be arrears of rates due by the
complainers in respect of their occupancy and ownership of shale
works and buildings in the parish of Midcalder. A number of
questions were raised and settled by agreement in course of the
litigation. Only one remained for decision, and that was whether in
estimating deductions to be made in terms of sect. 37 of the Poor
Law (Scotland) Act, 1845, credit was to be given to the
complainers for sums spent by them on the upkeep of their retorts
and oil-distilling plant; and amounting to £4,366 per annum. The
section cited