THE CARE AND TREATMENT

OF

THE INSANE POOR,

WITH SPECIAL REFERENCE TO

THE INSANE IN PRIVATE DWELLINGS.

BY

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THIS abridgment and *recast*, by the author, of an article which appeared in the January number of the *Journal of Mental Science* is given here, because it is thought that the views discussed in it should be made known, and will prove interesting to the profession generally; and also because the subject is one to which great and increasing attention has of late been directed.—*Ed. E. M. J.*

CARE AND TREATMENT OF THE INSANE POOR.

In his address as President of the Medico-Psychological Association, Dr Robertson discusses the various modes of making public provision for the insane poor; and one of the three modes which he recommends is that of disposing of a certain number of them in private dwellings.

The address recognises the principle that the insane poor are not to be provided for in one inflexible way. Provision is to be made for them according to their requirements, and it is admitted that these vary. The management of insanity is not to depend on its name, but is to be determined by the varying needs of those labouring under it. *Asylums*, *poorhouses*, and *private dwellings* are accordingly sanctioned and recommended; and among them Dr Robertson says that the whole of the insane poor may be distributed "with due consideration of all their claims and requirements."

Without formal acknowledgment, perhaps, but still in fact, the principle is a guide of action with all physicians engaged in the treatment of insanity. One patient, regarding whom advice has been asked, is removed at once to an asylum, another is sent to travel, another is taken from home and boarded with strangers, another is left among his friends, and so on—the counsel given to different patients being regulated by differences in their condition and circumstances. The very statutory certificate on which a lunatic is placed in an asylum recognises the same principle, since it is necessary that it shall not only certify the person to be of unsound mind, but also that he or she is a fit and proper object for care and treatment in an asylum. Our whole laws, indeed (for England and Scotland both, though not equally), rest on the idea that some of the insane may properly be left out of asylums, and they accordingly make provision, more or less effective, for the protection of such patients.

In his address, Dr Robertson makes frequent allusion to "harmless and incurable lunatics" and to the "chronic and harmless

stages" of mental disease, and points out clearly that asylums are only needed for the "majority" of the insane. One-fourth of their whole number, he thinks, may be provided for in poorhouses, "with due consideration of all their claims and requirements," and 15 per cent. more in private dwellings. "I am very far from asserting the opinion," he says, "that all the insane poor without exception ought to be treated in the county asylum or in the workhouse. A certain proportion might, with increased enjoyment of life, be restored to their own families;" and he elsewhere tells us that there are patients now in asylums who "might certainly, under proper restrictions, be restored" to their homes.

Something of the nature of the "*increased enjoyment of life*" which is here referred to, we learn from a statement he makes to the effect that, with a certain class of patients, "mixing with persons of sound mind is a comfort much appreciated, as also the greater freedom, the facility of visiting old friends and associations, and such like."

But it would not simply be a certain number of the insane who would derive happiness from the operation of these views, for he tells us that "great comfort would result to many families in having their afflicted loved ones again with them." Both the patients and the friends of the patients would thus be benefited; and this is not yet all, for the advantage would extend to the asylums themselves. By adopting this home treatment, Dr Robertson says that "*the confidence of the poor in the authorities of the asylum would be greatly strengthened.*" This important statement may be appropriately linked to another from the same pen, which tells us that asylum populations "include a large proportion of incurable lunatics, *whose treatment, speaking generally, is a matter of organized system rather than of individual observation.*"

At various times and from various quarters opinions of a character not unlike the foregoing have been expressed in Scotland. That a certain number of the insane poor, carefully selected and under proper restrictions, may be satisfactorily provided for in private dwellings, is the opinion held and acted on by the Scotch Board, and it will be found to rest on considerations very much like those which lead Dr Robertson to the same conclusion. Yet, with much inconsistency, everything that has been done and said on this matter by the Scotch Board receives from him a wholesale condemnation; and as the question is an important one, and is daily becoming more so, it seems to me that it will prove of practical utility to show the real scope and nature of what has been called the Scotch system.

In my last general report to the Board of Lunacy, I stated, as the result of experience, that the *majority* of single patients should consist of "the fatuous and idiotic." Dr Robertson says that the

very "existence of the system is condemned by this official admission." It certainly is a fact that a considerable majority of the insane in private dwellings in Scotland may be tabulated under the headings of the demented and idiotic; but is not the same thing true of the 6638 single patients in England, and is it not true, also, of the inmates of poorhouses? With reference to the 6638 single patients in England, we are plainly told that "they are chiefly cases of idiocy and dementia," and with reference to the lunatic inmates of the ordinary wards of poorhouses, that they are "idiotic and demented." Nevertheless, when Dr Robertson speaks about Scotland, he writes as follows:—"I would just ask you to recall the demented and fatuous inmates of one of our county asylums, with their depraved habits and many wants, and to remember the daily, hourly care required to keep them decently clean, and to retain some faint image of humanity and civilisation about them, in order to realize what their condition must be when all the costly remedial agents of the asylum are once withdrawn." This, of course, is true of a certain number of the idiotic and demented; but of some of them, is it not a fact that little, or next to nothing, of it is true—there being many degrees and many forms of dementia and idiocy, some giving great, and others but little difficulty in their management?

It is not proposed to interfere with the present 6638 single patients in England, unless by sending some patients out of asylums, and so adding to their number. These single patients, therefore, will still consist "chiefly of cases of idiocy and dementia."

Objection is taken to the fact that we have 28·5 per cent. of our pauper lunaties in Scotland in private dwellings, instead of 15 per cent., which is the proportion in England.

The history of the Scotch number is briefly this:—In 1855 there were 1363 single pauper patients, or 32 per cent. of all pauper lunatics; in 1859, under the operation of the Lunacy Law, the number had risen to 1877, being an increase of more than 500; in 1866 the number had fallen to 1568, being still 200 above the original number, and constituting 28·5 per cent. of all pauper lunatics. Of the original 1363, and the additional 514 whom the inquiries of the Board brought to light, a considerable number were improperly kept in private dwellings, and were removed to asylums at the instance of the Board.

Dr Robertson gives the proportion for England at 15 per cent. He gives no reason whatever for adopting this proportion except that it is the one which presently exists.

But the operation of such a system as that under discussion is not to be regulated by a pre-arranged percentage. On the contrary, the percentage must be determined by the number of suitable cases, and the power of providing for them satisfactorily. All those patients whose wellbeing and happiness will be increased by being

at home, for whom a comfortable and safe provision can be found there, and whom asylums cannot benefit, should be left at home or should be sent there, whether their proportion to the whole number of the pauper insane be 10, or 15, or 20 per cent. And in practice it will always be found that the percentage is one thing in one country and another in another; one thing even in one parish and another in another; and such differences will be proper ones, arising sometimes from accidental causes, and sometimes from causes of more fixity or permanence, such, for instance, as may be involved in the habits or in the circumstances of the people.

I have before me the published report of a country parish, liable for the maintenance of 18 lunatics, who are as 1 to 232 of the population. Of these patients 9 are in asylums and 9 in private dwellings, that is, 50 instead of 15 per cent. A variety of circumstances combine to bring this about and to make things possible in that parish which are impossible in others almost adjoining.[1] For example, 9 of the 18 patients happen to be suitable; relatives and friends of the patients, with comfortable homes, are found willing to be guardians; the Parochial Board takes a liberal view of its obligations in these cases; the medical officer and inspector of the poor are interested in making arrangements to satisfy the Board of Lunacy; and the circumstances and occupations of the people of the parish are favourable. All these and other things combine to give the result I have stated, but if any one or two of them were changed, we should immediately have a different result, reducing the proportion, perhaps, even below 15 per cent.

This same parish furnishes in another way an illustration of how widely the operation of the system may be influenced by local and other causes. One of the nine patients left at home was at first regarded as of doutful suitability, but a well-considered and liberal arrangement for her comfort and safety was made by the parish, and for many years she has done well. In other words, the very range of suitability seems capable of being widened by good management.

As yet, indeed, we know little of the extent to which the system may and should be worked; 15 per cent. may be found generally too high, while, on the other hand, it may be found safe to go as far as 30 per cent., or beyond it. Very much will depend on the spirit and way in which the trial is made. Where failure is desired there will not be much chance of success. It will be very easy, indeed, to secure failure, if that is wanted, for even the most earnest and honest desire after good results will assuredly encounter at the outset a multitude of difficulties and discouragements, which will neither soon nor easily be removed. Hitherto in no country has a full and fair trial been made. More, however, has been done in Scotland than anywhere else, though the difficulties and hindrances

[1] In the very next parish, out of five patients in private dwellings, four were removed by the Board to an asylum.

there have not been few. Still more, I trust, will yet be done, since already the general result leaves no doubt as to the propriety of allowing a certain number of the insane poor to remain at home, and as to the possibility of increasing their number. It will be difficult, indeed, to say that we have reached the limit so long as there is one "harmless and incurable" patient in an asylum, whose removal to his home would give him "increased enjoyment of life."

Dr Robertson is of opinion that, in the superintendence of patients in private dwellings in Scotland, "the amount of the official inspection they receive cannot be worth much." In the Ninth Report of the Scotch Board it is thus described:—

"Patients in private dwellings are visited by a medical man at such intervals as the Board shall determine; and it is directed that at each visit an entry shall be made in a book, kept in the house for the purpose, of the date of each visit, and of the mental and bodily condition in which the lunatic was found. As a rule, these visits are required by the Board once a quarter. By the Poor Law Act it is further provided that every pauper shall, unless under certain exceptional circumstances, be visited at least twice a year by the inspector of poor or his substitute. By the authority of the Board, every patient in a private dwelling is directed to be visited by one of the Commissioners or Deputy-Commissioners once in every year, unless such dwelling shall be situated in Orkney or Shetland, or the Western Islands, when, owing to the difficulty of communication, a biennial visit only is required."

In exceptional cases, the visit of the parochial medical officer may be ordered to be made monthly or fortnightly. In like cases the visits of the Commissioners or Deputy-Commissioners may be two, three, four, or five in a year. In addition to these official visits, there is also that daily inspection which arises from the fact that persons going into or passing the cottage in which the patient resides, see him, and care is generally taken that he is such a one as this may be true of. The selection is made with the knowledge, in the first place, that the Board may order removal to an asylum if the guarantees for proper treatment be not deemed satisfactory, or if it be thought that asylum treatment will promote recovery or improvement; and, in the second place, that after such removal has been ordered, the patient cannot be taken off the poor roll without the Board's consent. This knowledge tends to prevent, on the part of the local authorities, such a selection of patients, or such arrangements for their keeping, as they expect to find condemned, since this would involve them in a twofold trouble. Considerable importance is always attached to the fact that a patient is in such a state as will permit of his going in and out of the cottage in which he resides, at his own pleasure and like any of its other occupants,—so that the inspection of neighbours may thus

be secured as frequently as possible. As regards the visits of the Commissioners or Deputy-Commissioners, there are patients for whose safety and comfort provision has been made of so satisfactory and sure a character that the annual visit may be, and occasionally is, omitted, without fear of consequent injury to the patient. There are other patients, again, whom it would be desirable to visit, and who are visited, oftener than once a year.

I think this correctly describes the general nature of the inspection and of the guarantees for the proper care and treatment of the single patients in Scotland. If these be of little, they are still surely of more value, than the inspection which is recommended for the 15 per cent. in England, and which Dr Robertson thus describes:—"The medical practitioners in the district should be employed to make a quarterly medical report to the visitors, and, in exceptional cases, further visitation could be made by the medical officers of the county asylum," and there is also "a periodical visit" by *a relieving officer*, who is to be added to the staff of the asylum.

This relieving officer, or the medical superintendent of the county asylum, is to fix the allowance given to the guardians of the patient for his maintenance, and this allowance is not to exceed the asylum rate. This refers only to those patients who have been in asylums; and his "machinery" *does not in any way reach the great majority of single patients, who have never been there.* I do not know how he would deal with them, or with the cases of those patients who only require aid from the public while in asylums, and whose friends are willing and quite able to support them at home. Between such cases and those in which the whole maintenance of the patient must be provided by the public, wherever he is, there occur all gradations. The dealing with questions of this kind, and the dealing with them arbitrarily, would be a peculiar and difficult part of the duties of an asylum physician. He would have to sift the claims of applicants for parochial aid, and inquire into their circumstances; and he would have to reject these claims, or fix their extent if he thought them established. This would be somewhat difficult, even in the cases of patients who have been in asylums, and who are allowed to return from them to their homes unrecovered, for it is admitted that some patients obtain admission into these asylums by evading the restrictions of the Poor Law. But if difficult with this class of patients, what would it not be with *those who have never been in asylums, and who are always the great majority, and many of whom reside with their friends in districts remote from those to which they are chargeable?*

In Scotland, 70 to 80 per cent. of the pauper patients in private dwellings have not been in any asylum, being in such a state at the time of becoming chargeable as to make that step unnecessary. It is the object of the Board to secure that the single patients consist of a properly-selected class, and that their safety and comfort are

reasonably provided for; and that this double object is possible, and has been practically attained, there is evidence in these two facts —1st, that with an average number of between 1600 and 1700 there has been no suicide or dangerous assault during ten years; and, 2d, that the yearly mortality has maintained throughout a remarkably low figure, being at its highest 6·4 per cent., at its lowest 4·5 per cent., and on an average about 5·2 per cent. These two facts cannot fail to carry weight, and they go far of themselves to justify the recommendation of the Board as to the propriety of providing for a certain class of the insane poor in private dwellings.

This recommendation is further strengthened by the consideration, that this disposal of the patients being more economical, and not injurious to them, it is but fair and right to the ratepayers, since the support of the insane poor, while a duty, is also a charity, and is only one of many like duties which we are bound to discharge.

If it were generally known, as well as it is to me from the nature of my duties, how many insane persons there are on the confines of pauperism, whose claim for public aid is rejected, chiefly for the reason that lunacy is already felt to be an oppressive burden, the increase of which is studiously avoided, this consideration would not be lightly passed over, by those at least *whose desire is the greatest good of the greatest number*. After a time such applicants for relief cross the Rubicon, and come unmistakably within the region of pauperism; but relief is then given when it is comparatively useless, and when the disease is fairly confirmed.

It has further to be considered that there are many cases in which the friends of patients refuse relief when offered, because the accepting it would involve removal to an asylum, which they regard as a separation unto death. I know many instances in which extraordinary struggles have been made, painful privations endured, and cruel restraints imposed on the patient, in order to prevent removal to an asylum from which they expect no return.

We know the number of pauper patients who leave our asylums cured. We are constantly regretting its smallness, and properly complaining that so many of those who enter the asylums are already in a hopeless state of disease. If, then, in addition to those who leave them cured, but few others leave them unless on their way to the grave,[1] we cannot marvel much at these mistaken views on the part of the people. And if these views can be corrected without injury to any of the insane, and if the confidence of the poor in the authorities of the asylum can be strengthened by returning to their homes a certain number of unrecovered patients,—that should certainly be done, if possible.

[1] The difference between the discharges of *unrecovered private patients* and *unrecovered pauper patients* is always exceedingly great, so great as to force us to the conclusion either that many private patients are improperly discharged, or many pauper patients unnecessarily detained. This point is one of much practical importance, and deserves careful investigation.

Finally, it has to be borne in mind, that the first and highest aim of an asylum is the cure of those labouring under mental disease—a disease so frequently requiring in its treatment those special appliances which the homes of the rich cannot furnish, and still less the homes of the poor. It is the second aim of an asylum to provide for the safe keeping of those lunatics who are dangerous to themselves or others, irrespective of curability, and to provide also for the comfortable keeping of those who, though not dangerous and not curable, are in such a state from their disease as to make it difficult, if not impossible, to provide properly for their peculiar needs anywhere but in a special institution. When asylums pass these two aims they exceed their proper functions, and they do this to the injury of the whole body of the insane poor. That there is a feeling that these aims are being passed, and that an injury to the deepest interests of the insane poor is being thus done, late writings on lunacy supply good evidence. In his recent and very able work on the "Physiology and Pathology of the Mind," Dr Maudsley speaks strongly and clearly of the desirability of lessening the sequestration of the insane, and of allowing many of the harmless and incurable to spend their days in private families, with the comforts of family life and the blessings of the utmost freedom that is compatible with their proper care. He tells us that he thinks the future progress in the improvement of the treatment of the insane lies in this direction, and he goes on to say that when it has been found possible to act on such views, "then will asylums, instead of being vast receptacles for the concealment and safe keeping of lunacy, acquire more and more the character of hospitals for the insane; while those who superintend them, being able to give more time and attention to the scientific study of insanity and to the means of its treatment, will no longer be open to the reproach of forgetting their character as physicians, and degenerating into mere house stewards, farmers, or secretaries."

In their last report, the English Commissioners, when speaking of chronic patients in asylums, say,—"A patient in this state requires a place of refuge; but his diseases being beyond the reach of medical skill, it is quite evident that he should be removed from asylums instituted for the cure of insanity in order to make room for others whose cases have not yet become hopeless;" and they say further, that the removal of such patients will render "the present asylums effective for the reception of curable cases, and such as require special care."

The effects of such a withdrawal of chronic cases on the functions of asylums will be the same, whether the patients are sent to poorhouses or to private dwellings; it will enable the asylums to receive the two classes—*the curable, and such as require special care*—and will tend to establish their medical character.

The general recommendations of the Scotch Board seem to me to spring from reasons which are sound and unassailable. With

this object in view—the greatest good of the greatest number—they appear to be offered; and what are they, after all, but an extension of that *non-restraint* which is the boast of this land and the glory of Conolly? It is a necessary effect of what he introduced, that the character of asylum populations should somewhat change, and also that the very number of those who are classed as the insane should be somewhat widened. Hence comes a *new state of things*, of the growing existence of which I believe all are conscious, though some may be unwilling to acknowledge it, and though there may be differences as to those *other new things* in which the redress is to be found. The recommendation to provide for a certain number of the insane in private dwellings may be regarded as an extension and a product of *non-restraint*, and it is so in the sense just indicated, but it is so in a still more literal sense; for if there be in an asylum an "incurable and harmless lunatic," whose "enjoyment of life" would be increased by a return to his friends, is not his detention in the asylum a *restraint*, and should not efforts be made to bring it to an end, and to place him in those circumstances which will best promote his happiness?

The efforts which have been made, and the discussion which has taken place as to the management of a certain number of the insane poor in private dwellings, and as to the condition and treatment of the insane at Gheel, have already borne fruit. There are few men dealing with insanity whose opinions have not through this source undergone some modification, and the fruit is further to be detected in the management and construction of many an asylum, and in the strength and width which have been given to the great principle of non-restraint.

The different ways in which pauper patients in Scotland can be legally provided for in private dwellings are as follow:—

	Percentage of patients in private dwellings (Scotland) disposed of in the different ways.
1. With their relatives as guardians.....	75·5
2. With persons as guardians who are not relatives—there being only one patient in the house.....	21·1
3. With persons as guardians who (as in No. 2) are not relatives, but who have obtained from the Board a special licence, and who may, according to the Board's approval, receive either one, two, three, or four patients.....	3·4

The first and second methods are in operation in England as well as in Scotland; the last is in operation only in Scotland. But there, as in England, the great majority of persons in private dwellings are under the care of relatives. Wherever suitable guardians can be found in relatives, these are chosen in preference to strangers, and accordingly we have 75·5 per cent. of the single patients boarded

with their friends. The remaining 24·5 per cent. embraces those who live singly with persons not related to them, and those also who are in houses with special licences for two, three, or four. These last are but a small number, being in all 53 patients, and forming only 3·4 per cent. of the whole.

It naturally occurs here to inquire in what respect the position of the single patients in England differs from that of the single patients in Scotland.

There are in England 6638 pauper lunatics in private dwellings, and it appears that 81·6 per cent. of them live with relatives, and 18·4 per cent. of them with strangers.[1] These last all live singly, *so far as we know*. In Scotland, a small number (53 patients) do not live singly, but in twos or threes; that is,—in a few instances, instead of intrusting only one patient to a guardian, two or three are intrusted to him. It is only, therefore, in reference to these fifty-three patients that Scotland differs from England. And even this difference, which, after all, is a matter of degree rather than of kind, might disappear if we knew as much about the single patients in England as we do about those in Scotland.

It is true that the proportions of the patients under the care of relatives and under the care of strangers differ in the two countries; but this does not affect the principle of "farming out," which, if it exist in Scotland, exists equally in England. Indeed, if you take absolute numbers, there are in England 1221 patients so farmed out, and in Scotland only 384.

The 6638 single patients in England are under the care of boards of guardians and their officers, while in Scotland the 1568 single patients are under the direct and immediate control of the Board of Lunacy, who have considerable powers in respect to them. In Scotland their condition has been carefully inquired into, and is well known. In England little is known of their condition, and that little, we are told, is not much to its credit.[2]

In Scotland, the law places the whole body of the insane poor under the care of the State, whether they be in establishments or in private dwellings. It fully and clearly recognises the latter class, and assigns duties and gives powers to the Scotch Board regarding them. Under these powers their condition has been carefully looked into, and efforts have been made to render it as satisfactory as possible, and to see that none requiring the appliances of an asylum for treatment or care are denied that advantage.

In no other country is the law so comprehensive. Nowhere else in Europe is the saying of John Stuart Mill made so fully a matter of fact. "Insane persons," says this author, "are everywhere regarded as proper objects of the care of the State," and this is acted

[1] The proportions existing on 1st January 1864, are here taken, as no other figures are accessible. Since no influence has been at work to change the proportions, they may be assumed to be substantially correct.

[2] Journal of Mental Science, No. lii. p. 479 and p. 482.

on in Scotland to a larger extent than anywhere else. The Scotch law may have defects; but, taken as a whole, it is not only behind none, but is in advance of all, and its promoters may well find pleasure in the work they accomplished. When it has been twenty years in operation I hope it will be able to point to achievements equalling those already performed in England, which are regarded with as much pride by the Scotch as they are by the English, and which are less the triumph of a nation than the triumph of enlightenment and humanity.

Dr Robertson's remarks would lead his readers to suppose that a very large number of pauper patients in private dwellings in Scotland are under the care of those who have a special licence from the Lunacy Board to receive two, three, or four patients. The fact is, as I have stated, that only 3·4 per cent. of the whole single patients are thus disposed of. What their number will eventually be it is neither possible nor proper to predict. When suitable guardians can be found in relatives these will generally be chosen, and there is good reason for believing that the majority of single patients will always, as now, be found under the care of friends; but there are certain patients who have no friends at all, and yet who are harmless and incurable, and belong to the class whose enjoyment of life is increased by being out of the asylum; there are others, in the same condition, who have friends, but whose friends are not trustworthy, or are otherwise not suitable as guardians; there are others, again, also in the same condition, whose mental state has such peculiarities as to make absence from home and friends, though not detention in an asylum, desirable as a means of promoting their happiness and wellbeing. For these, and for other patients in like circumstances, it appears to me a very proper thing that the Board of Lunacy should have the power of sanctioning whatever arrangements inquiry shows to be satisfactory.

Various epithets are bestowed on the persons who are thus approved of by the Board as guardians. Dr Robertson, for instance, calls them *ignorant* and *needy*. I cannot call them *learned* and *affluent*, but I am able to state that they belong to the respectable working class, and this I regard as sufficient. I am able also to state that they are less ignorant and less needy than many or most of those relatives who are the approved guardians of single patients, and that they are certainly not more ignorant and needy than the class which yields the male and female attendants in asylums. Omitting the *ignorance*, and remarking only on the *neediness*, I have further to point out that, even in the case in which an approved-of guardian takes charge of two pauper patients solely and entirely for the reason that it will be of advantage to him, it is not necessary that he shall be needy in any other sense than would be applicable to a carpenter who undertakes to make a table, or to a surgeon who undertakes to reduce a dislocation. It should also be

borne in mind, that many guardians who are classed as strangers because they are not relatives, are, in reality, connected to the patients by old acquaintance and friendship, for the sake of which they agree to receive them into their families, and undertake the care of them, though unable to do this without remuneration.

The average allowance to patients in private dwellings in Scotland is sixpence per day, and Dr Robertson says:—"There is little but the sixpence a day between them and neglect and want." But if the sixpence a day does secure the patients against neglect and want, why make it a shilling, or why make it even sevenpence, or why, indeed, give anything beyond what is found sufficient?

Practically, the matter stands thus:—the friends or guardians of some patients ask and require but little aid from the public, perhaps only what will provide clothing; the guardians of other patients need more, and the allowance must be such as will cover food and clothing; in other cases, again, it must be larger still, and the whole maintenance of the patients must be provided, and some remuneration given to their nurses or guardians. There is, and there ought to be, a considerable range in the amount of the parochial allowances. Each case should get what each case requires. Between nothing and a large allowance, it would be an absurdity to have no stage. From the person who is beyond the need of public aid, we go by a long succession of steps down to the person who depends on it entirely. It matters nothing how cheaply a patient is kept, if he be well kept—the cheaper, indeed, the better. It is the result which concerns us, and if that be good and satisfactory, it is no fault that the price is not a great one.

It so happens, and I speak from observation, that the condition of a patient has no necessary relation to the amount of the allowance in his case. In other words, he is not the better kept the more he costs, any more than those are the best asylums whose rates are the highest.

Sixpence a day is the *average* allowance for single patients in Scotland, and this *average* results from allowances considerably below and considerably above sixpence. Sixpence a day is also the *average* allowance for single patients in England—for both countries the average being thus the same. It does not follow, however, that sixpence in the two countries has the same value to the working class, and there are some reasons for thinking that a difference exists [1] which would be in favour of the North.

It is, of course, a proper thing to endeavour to lead the parochial authorities to take a liberal view of the peculiar wants of the insane, and in that direction much has been done in Scotland, where the average yearly allowance to single patients has risen, since 1858, from £7, 11s. 7d. to £9, 10s. 1d., or 25 per cent. But the requirements of each case have always been separately considered,

[1] Sixth Report of the Medical Officer of the Privy Council.

and the recommendations have never been made on any such assumption as that doubling the allowance *necessarily* involved the doubling, or even the increasing, of the comfort and wellbeing of the patient.

In providing for the insane poor, asylums take the place of first importance, and they do this *in a very emphatic sense.* Poorhouses, or something analagous to poorhouses, and private dwellings are merely supplementary. They complete the scheme, and become necessary as part of a whole. For obvious reasons, the need of these supplementary forms of providing for the insane poor is increasingly felt, and they are consequently receiving more attention than formerly. In Scotland this greater attention has for a considerable time been given to them, and with good results, both as regards poorhouses and private dwellings. It is to the last, however, that this communication almost exclusively refers, and I have endeavoured to make it convey a correct view of what is thought and done in Scotland in regard to the insane poor in private dwellings.

I think all will agree that it is desirable to ascertain the condition of lunatics in private dwellings, to see that none are there who require such care and treatment as an asylum only can furnish, and to see, also, that a proper provision is made for the safety and comfort of those whom residence in an asylum will not benefit.

This is the idea which underlies the so-called Scotch system. Its soundness no one can question, since every one admits the propriety of extending the care of the State to the whole number of the insane poor.

The system in no way or sense takes the place of asylums, being merely one of the *various* ways in which provision may be made for the insane poor.

That its operation may afford some relief to the accumulation of chronic cases in asylums is certain. Of the extent to which it may do this no one can yet speak with precision, but the experience of Scotland shows that it may be one which is quite appreciable.

There can be no doubt that where a system like that existing in Scotland is in full and active operation, many things are possible which are scarcely so in its absence. Asylum physicians, for instance, might have less hesitation in discharging unrecovered patients if they knew that the interests of such patients continued to be looked after, though they ceased to be under asylum care.

The discharge of such unrecovered patients increases the happiness and wellbeing of the patients themselves, gives pleasure to their friends, confers a benefit on the country, and is an advantage to the rest of the insane poor. This last is true even in a fuller sense than has yet been stated. "The rapid way in which county asylums are increasing in size, and the ever-recurring necessity of

building new ones,"[1] seriously interfere with the accomplishment of those other schemes for the benefit of the great body of the insane, of which we may dream, but which, under existing circumstances, we need scarcely propose. Is there anything, for instance, more needed than public asylums for the middle and lower middle classes? Could the country fulfil a clearer duty or do a greater act of charity than in providing them? Do we not require places where the brothers, sisters, sons, and daughters of doctors, and clergymen, and lawyers, and schoolmasters, and people of such classes, may find care and treatment, apart from ordinary pauper lunatics, but at moderate rates? Do we not even feel the need of some gratuitous asylum provision for such persons? And do we not know how much mischief and misery occur in the efforts to prevent the sinking into pauperism of a member of a family which is quite above the ordinary pauper class in its feelings, in its history, in its social position, and in every sense, but which cannot meet a continued yearly deduction of even £40 or £50 from its income?

Do we not also need training institutions for young imbeciles, and asylums for the care of the young who are degradedly idiotic? And should not these look for their origin and support to some surer source than the voluntary contributions of the charitable?

To approve of the disposal of a certain number of the insane poor in private dwellings implies no narrow view of the claims of the insane. On the contrary, I think, it involves a comprehensive benevolence in their regard, and the promotion of their best interests. Such an opinion I believe to be held by a yearly increasing number of men; and the more the subject is investigated the more do I think it will be acknowledged that a certain number of the insane may properly be provided for in private dwellings, and that such a procedure will, both immediately and remotely, be a benefit to the insane.

[1] Journal of Mental Science, No. xlvii., p. 362.

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