

LUNACY

INQUIRY COMMISSION

(IRELAND), 1879.

REVIEW OF REPORT AND EVIDENCE.

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Houses of the Oireachtas

PREFACE.

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THE following review appeared from time to time in the pages of *The Medical Press and Circular*, and the author has to thank the kind courtesy of the Editor of that journal for permitting the reprint. When the earlier portion was published there appeared to be a strong probability that the Government of the day would introduce a measure into Parliament based on the lines drawn by the Commissioners. However, the history of former Commissions has repeated itself in this case also. Nothing has been done, and matters remain exactly as they were when the Commissioners drew up their Report.

Houses of the Oireachtas

THE
LUNACY INQUIRY COMMISSION.

THE Blue Book containing the Report of the late "Poor-law Union and Lunacy Inquiry Commission" is a work of great interest from many points of view, and seems to us to have received, both from the medical and general public, far less attention than it deserves. One of the most unfortunate characteristics of social life in Ireland is the difficulty there is in obtaining a hearing from the general public for any questions not having an obvious bearing on party politics, even when such questions relate to matters so far removed from the domain of party as the due organisation of great public charities. But the condition and the interests of those who are afflicted with the most terrible of all diseases should never be a matter of indifference to the medical profession. To members of the medical profession the unhappy class of lunatics owe every great amelioration that has taken place in their condition since the time

when they were treated like the worst criminals, when they were fettered with chains and beaten with whips. The Irish physician especially may remember with pride that to the high talents and bold enthusiasm of an Irishman are due the final expulsion of cruelty and restraint from the Pharmacopœia, and the establishment on a firm basis of the rational and humane method of treating the insane.

We feel, then, that we need hardly apologise to our readers for entering at some length upon a consideration of the Report before us, touching as it does upon almost every point of importance connected with the Lunacy Department in Ireland.

Without doubt the most important question which the Commissioners have investigated is that of the additional provision so imperatively required in Ireland for imbeciles and idiots. It has been long felt that our present asylum arrangements are insufficient for this purpose. It will be recollected that when Mr. Gladstone introduced the Irish Church Bill some years ago he referred to the notorious deficiency under which Ireland laboured with regard to the proper maintenance of a large portion of the insane, and mentioned the surplus that would remain after disestablishment as a fund out of which the requisite provision could be easily made. Long before that time, however, the attention of Government had frequently been directed to the incompleteness of our asylum accommodation, and the wretched condition of the insane at large. Various commissions had examined into the matter and reported upon it; but their labours were followed by no legislation, and led to no results. The reports of these older

commissions not unfrequently crop out in the document before us, being sometimes referred to by the recent commissioners for purposes of comparison, and sometimes quoted to lend emphasis to conclusions at which the latter had arrived by independent investigation. It is earnestly to be desired that this last effort after improvement will not be equally inoperative for good. Some months ago Lord O'Hagan expressed his intention of not bringing forward the bill he had prepared on the subject, as he understood Government was about to take the matter up. Lord Cairns, in replying to the ex-Chancellor's remarks, gave utterance to something more than a hope that legislation would not be much longer deferred. Under these circumstances it is perhaps not going too far to expect a Government measure next session.* It will be much deplored if the matter is allowed to drop.

It may strike our readers to inquire how it comes about that additional provision for the insane is an urgent question in Ireland, and not in other parts of the United Kingdom. The alleged fearfully rapid increase of insanity in Ireland may be regarded as at least problematic, and we believe the true reason is to be found in the poverty of the country. In England the simple and ready step of building a large number of new asylums could be immediately taken, and if more money were spent than the necessities of the case absolutely required, it would be a matter of comparatively small consequence. Unhappily, the

* These sentences were published in January, 1880. Towards the close of the late Parliament Lord O'Hagan again introduced his Bill, but it only reached a first reading.

reverse holds good in Ireland. Money is hard to get, and all classes feel the necessity of economy. Money for public purposes is scarcely to be had. The cost of building an asylum is very great; indeed—considering the financial condition of the country—enormous. Again, the maintenance of an asylum, even though the Irish asylums are conducted on a far cheaper scale than the English, is a very costly affair, quite sufficiently so to be a very heavy burden on an already impoverished district. Happily in human affairs, necessity, painful at first, often brings about the best results by the ingenuity it forces us to exhibit. If such changes could be effected, that all the neglected insane in the country could be brought under due supervision, and that large numbers of imbeciles and idiots whose lot is now most miserable, could be placed where they would obtain the care and attention they require, while at the same time the extreme over-crowding of our asylums was relieved, and these were thus rendered more valuable than at present as curative establishments—a great step being made in the direction of that *classification of the insane under treatment*, the lack of which is so much felt—if all this could be done at an expense comparatively trifling, the average cost per head of all the patients to be detained being very much less than it is for those now in our asylums; and this although the acute and curable cases of insanity whose treatment must always be expensive would receive no less care than at present; if, in a word, the leading recommendations of the Commissioners, whose report we are considering, were carried out, the Government would not have need to regret having studied economy, since

the result would be far more beneficial to the insane than if the public money had been lavished in constructing and supporting a large number of new and costly asylums.

Be this as it may, the state of affairs that at present exists is most unfortunate, and surely calls loudly for legislative interference.

In the 27th Report of the Inspectors of Lunatic Asylums in Ireland (referred to in the volume under review as "The Last Report") the number of lunatics of whom the Lunacy Department has cognisance is stated as amounting to 12,373. Besides these there are, according to the constabulary returns, 6,709 lunatics "at large;" in other words the number of lunatics at large equals rather more than half the number that is under the care of the Lunacy Department.* Of the lunatics at large 4,479 are returned by the constabulary as idiots.

Some no doubt will ask does "at large" necessarily imply "neglected?" Is not the condition of some of the lunatics mentioned in the constabulary returns what it ought to be? Of the total number 1,886 are returned as "belonging to the middle classes," and though it must not be too readily taken for granted that all these are well-cared for, yet it does not appear that legislation is urgently needed in their relief. Far otherwise is it with the unhappy individuals "belonging to the lower class." "Without," says the work reviewed, "assuming the existence of cruelty or gross

* Compare the English statistics. According to the Report of the Commissioners in Lunacy for 1878, there are in England and Wales 70,823 insane persons. Of these 6,000 are returned "at large or with friends (paupers)," to whom, however, we must add an "estimated 2,500."

neglect in the treatment of this class of poor, or without doing any injustice to the kind and charitable feeling that is ordinarily extended to them by all classes—by the humbler classes especially—it is yet certain that owing to thoughtlessness, ignorance, inability to control them, narrow resources of large and struggling families, great misery is inflicted upon these helpless beings. The Royal Commission of 1857 obtained a return of ‘lunatics at large’ at that time, which professed to exhibit the condition as to treatment of that class. From that return it appeared that of the total number, 3,352, no fewer than 1,583 are returned as ‘neglected.’ While within the last twenty years the number of that class has increased by more than 100 per cent.—from 3,352 to 6,709—we doubt whether there would be found to be any diminution in the proportion of those who may be still classed as ‘neglected.’”

The late Commissioners proceed to give the details of a case of neglect that has come under their notice. An English tourist, travelling through a county in Ireland which is not named in the Report, was attracted by “a most peculiar howling noise” issuing from a small farm-house. Proceeding to investigate the origin of this sound, he says—

“To my horror, when I came near the house, I saw a lunatic, *stark naked*, confined to a room, and looking through the wooden bars that closed the windows, for there was no glass whatever. He is about nineteen years of age, and I have heard from his mother that up to ten or eleven years he was a most intelligent boy, but at that age he suddenly lost his power of speech, and became moody and abstracted, wandering about the

fields alone, and constantly uttering a low, muttering noise, and with incessant tendency to mischief. By careful watching the family prevented him injuring himself or others, until of late he has got so strong and unmanageable, and his inclination for destruction is so great, that they have been obliged to confine him in the room I have described. He breaks the window directly it is glazed, tears his bedclothes into shreds, and won't allow a stitch of clothing to remain on his body; besides, his habits are most disgusting. It is really a sad case, and the more so as there are two grown-up sisters in the house."

The tourist having written to the inspectors of lunatic asylums, they communicated with the incumbent of the parish. He, however, had but little to add. He remarks—"The case is, indeed, only suited for a lunatic asylum. The form which his lunacy has assumed is most shocking, and is detrimental to morality."

The Commissioners do not pause to waste any indignation over this case. They merely commend the fortunate accident that led to the unhappy creature's removal to the district lunatic asylum, and they appear to think such cases by no means rare. Lest, however, anyone should say that the existing state of affairs should not be judged by one, perhaps exceptional, case they tell us of their own personal experience.

"We took occasion ourselves to visit several of these cases in different parts of the country. Some of them we found in a deplorably neglected condition; others disturbing the arrangements of a whole family. . . . It admits of no doubt that many a case, if taken in hand at an early stage, might have been restored to society

instead of lapsing into hopeless, incurable insanity. Serious evils often result from the freedom with which idiots of both sexes are permitted to wander abroad, often teased and goaded to frenzy by thoughtless children, often the victims of ill-treatment, or the perpetrators of offences far worse."

It is scarcely necessary to point out the studied moderation of this statement. Every sentence of it indeed might be the text of a weighty discourse. "Some of them we found in a deplorably neglected condition." There are no details here, like those which horrify one in the case brought to light by the tourist, but we may be sure that "deplorably neglected," in the careful and moderate language of the Commissioners, is a literal statement of fact. "Others disturbing the arrangement of a whole family." Now, if we consider that according to the proportion of neglected lunatics to lunatics at large, as ascertained by the Commission of 1857—there must be at present almost 4,000 neglected lunatics in this island—we shall be able to see how many families must be hopelessly disorganised by the presence of a neglected lunatic in their midst, how great must be the mass of preventible misery which this state of things brings about. Again, the reference to the torture inflicted by children (and, it might be said, ill-disposed grown persons too) on wandering idiots is merely a hint which no one would care to have amplified whose feelings have been harrowed by having witnessed the matter referred to. Finally, much might have been said as to evils resulting from idiots of both sexes being allowed to wander unprotected through the country—often a source of hideous immorality.

Not unfrequently idiot females are known or suspected to be the subjects of rape, and the number of cases of this kind that come under the notice of the police is probably small compared with the total.

Very sad and very true, also, is the remark that many curable cases are by this miserable system of neglect allowed to fall into a condition of chronic and hopeless insanity. Anyone who is practically acquainted with Irish asylums knows how many cases are constantly admitted to each of these institutions, having lapsed into a state beyond the reach of medical art—cases that might have been curable had treatment been applied in the earlier stages of their disorder. From many causes, often from a kindly, but injudicious, reluctance on the part of friends, and often because friends fear the reproaches of their neighbours, persons are kept at home during the early and curable times of the illness, and only sent to asylums when recovery is evidently hopeless, and when relatives are weary of taking care of them. Nor should it be overlooked that this is not merely a matter of regret to the profession: it interests the ratepayer too. The incurable lunatic becomes not only a misery to himself and a sorrow to his family, but also a life-long burden to the State.

To the class of the insane who are curable but neglected, the inspection of lunatics at large, as recommended by the Commissioners, would bring relief; but something further is required in the case of idiots, to whom may be added those classed in the Constabulary Returns as epileptic imbeciles, and numbering 1,243. That an ordinary lunatic asylum is not a fit place for the treatment of idiots will be generally admitted, and

even if it were, how is room to be found for such cases in the already over-crowded wards of our asylums? The idiots that are at present scattered up and down in different asylums occupy space that can hardly be spared from the use of curable cases, while they are themselves too few, except perhaps at the Richmond Asylum, to justify the formation of a separate department for their care.

“There are no institutions connected with lunacy administration in England that deserve higher commendation than those that are specially devoted to the care and treatment of idiots. In no respect is the lunacy administration in Ireland so defective.” What, then, can be done to improve this unfortunate state of affairs?

A large number of the workhouses in Ireland, as is generally known, were built at a period when there was much more pauperism than at present. Consequently, in these buildings there is much vacant space,* whole blocks or divisions being empty or only partly occupied. The Commissioners recommend that portions of several workhouses in suitable localities be so altered and arranged as to meet the wants of a certain class of the insane—idiots, namely, and imbeciles. By this plan accommodation would be afforded for a considerable proportion of those who are now “neglected lunatics,” while all the idiots and imbeciles from the asylums would be provided for, thereby affording a very much-

* It may be observed that even in the present season of distress the accommodation remains too large for the requirements of the sane paupers, few workhouses recording an increase in their numbers, and the increase, where it exists, being small.

needed relief to the latter institutions. Considering the requirements of the case and the circumstances of the country, and having regard to the facts adduced in the Report, and the mass of evidence which has been collected on the subject, this recommendation appears to be admirable.

The Commissioners having very carefully investigated the question of workhouse accommodation throughout Ireland, inform the Government that if these measures were carried out, "nearly 5,000 additional lunatics could be provided for." About £15 per bed is the estimated cost. In one part of the Report we are informed that "the cost of adapting the portion of workhouses that might be selected (in Ulster) would not exceed £15 per bed;" but in another page we are told "the cost of adapting workhouses as auxiliaries should not be estimated at less than £15 per bed." The estimate seems to have been deliberately arrived at, and it is evident there is no desire to understate the cost of the proposed alterations. On the contrary, the tendency of the evidence seems to show that the changes could be effected for a much less sum. On comparing Ev. 2,202 and 2,203 with Appendix C., No. 8, it appears that an arrangement, once on foot, but subsequently abandoned (owing to some disputes between Poor-law and Asylum Boards) would have transferred 120 lunatics from Belfast Asylum to Ballymena Workhouse. The architect employed to draw up the estimates calculated that £452 would be required to make the proposed alterations. Again, comparing the table of auxiliaries (*i.e.*, adapted portions of workhouses), given at page 83, with the Report of Mr. Wilkinson, Architect to the Board of

Control of Lunatic Asylums (Appendix C., No. 10) we find two workhouses mentioned in both. The Commissioners give 75 as the approximate accommodation in the Lisburn Union, 100 in the Monaghan. Mr. Wilkinson estimates the cost of adapting the former as £768, the latter as £1,045, in each case a little over £10 per bed. On the other hand, the buildings at Catletown Devlin Union, with a cubic capacity less by 12,000 feet than those at Lisburn, would cost £1,092.

Nevertheless, with all respect to the authorities that are against us, when we consider the special wants of the insane, no matter of what mental class, and see how ill-fitted in many ways the workhouses at present are for their reception, we are inclined to apprehend that the general estimate of £15 per head is too low. Supposing that our view in this matter is correct—let us take a wide margin, and say the cost of the proposed alterations would not average more than £30 per bed—it is still very far from being as great as that involved in the construction of new asylums. For according to this calculation 5,000 additional lunatics could be provided for at a cost of £150,000 (or if the Commissioners' estimate be accepted, at a cost of only £75,000). Turning to a previous page of the Report, one finds that the asylum at Downpatrick, built in the year 1869, to accommodate 300 patients, cost over £60,000, while the six asylums of Ennis, Letterkenny, Downpatrick, Castlebar, Monaghan, and Enniscorthy, with a total of 1,769 beds, cost considerably over a quarter of a million of money (more exactly £292,155 1s.). A somewhat smaller sum (£261,995 10s. 3d.) was required for six

asylums built some years earlier, those, namely, of Cork, Kilkenny, Killarney, Mullingar, Omagh, and Sligo, accommodating collectively 1,760 patients. Of these Cork cost more than 79,000, and contained 500 beds.

Therefore if the question were merely one of first cost, it is, we take it, abundantly proven that the plan of adapting workhouses is vastly preferable to the erection of new asylums, since by the former arrangement (if we accept the estimate of the Commissioners) 5,000 of the insane can be housed for £75,000, a lesser sum than would be required to build an asylum for 500 patients, similar to one of our present district asylums! While if we double the cost calculated by the Commissioners, and rate the alterations at the comparatively large figure, £150,000, we still reach little more than half the sum spent in the year 1869 in providing accommodation for less than 1,800 lunatics.

But there is another matter, compared to which the question of initial expense, important as it is, sinks into insignificance. It is well known that the current expenses of a lunatic asylum are very large, owing to the numerous staff required, the special attendance so many of the patients need, &c., and it seems to be admitted on all sides that a very considerable proportion of the insane could be supported in workhouse auxiliaries at about half the cost usual in our lunatic asylums. "In his evidence before the Select Committee on Grand Jury Presentments (Ireland), Dr. Nugent says—'There are many poor-houses unoccupied. When they are in a wholesome, healthy situation, and where there is a quantity of ground attached to them, I can see

no difficulty whatever in adding to them a certain number of rooms, and putting one or two attendants to every forty or fifty patients, and to the patients having a better dietary than is afforded to the ordinary paupers of the institution. They could be maintained perhaps in that way at £10 or £11 per head, whereas in the ordinary lunatic asylums they would cost double that amount, totally irrespective of the cost of building accommodation for them.' ”

Dr. MacCabe, Local Government Inspector, is able to give more exact information on this subject. He tells the Commissioners that there are 150 lunatic patients in Cork Workhouse, and that their total cost per head has been 4s. 10d. per week. Now this amounts to £12 11s. 4d. per annum, while the average in the district asylums for the year 1877 was £24 13s. 9d. per head (compare Dr. MacCabe's evidence, p. 79, with the table given at p. 65 of the Commissioners' Report). These facts are the more important because the Cork Workhouse was decidedly not one of those where the lunatics have been neglected. Of the female lunatics no less than 32 per cent. were discharged recovered during the year 1877. Though we may regret that it should have been necessary to send *curable* lunatics to a workhouse, though we hold that a workhouse is no fit place for *curable* cases, yet we cannot but say that this result is most creditable, and indicates that however economical the workhouse authorities have been, they have not sacrificed the interests of the patients.

It must be remembered that the additional accommodation so imperatively required can only be obtained by adopting either of these two courses—constructing new

asylums, or adapting buildings already in existence. No third proposal has ever been made, nor is it easy to see what form any such proposal could take. It remains to be seen how far the latter plan corresponds with the present working arrangements of the Lunacy Department in Ireland; how far it tallies with the recommendations of the Commissioners for remedying certain other abuses that have long been crying for rectification in that department; and how far it is supported by the evidence of the specialists whom the Commissioners have examined on the question.

According to the 27th Report of the Inspectors of Lunatic Asylums, there are at present 3,365 of the insane in workhouses. As the supervision of these patients seems to be very imperfect, as they appear to have arrived in their present position in a very accidental sort of fashion, and to be, indeed, very much "nobody's children," it might have been anticipated that the Lunacy Inspectors would have found much reason to complain of the treatment and management of this unfortunate class. But exactly the reverse appears to have been the case—at least for the last few years. We are agreeably surprised to find nearly five folio pages of the Commissioners' Report filled with notices extracted from the Inspectorial Reports of various workhouses. These are all favourable, some absolutely flattering. It may be said "they are a selection chosen for a purpose." Even if this were true, the very fact that such notices could be culled from the Inspectors' Reports more than proves the case which the Commissioners advocate. Almost everything connected with the detention of the insane in workhouses is at present imper-

fect. It is confessed that due inspection is often difficult, sometimes impossible. The buildings occupied by the insane have, certainly in most cases, never either been erected for their accommodation, or subsequently modified to adapt them for that purpose. Those who have practical experience of the matter will often have noticed that a considerable number of the insane occupants of workhouse wards are but sojourners pending the commission of some slight assault which will enable them to be transferred to the nearest lunatic asylum as "dangerous lunatics or idiots." In spite of all this, the Inspectors are able to say that those patients whom they visit in workhouses are "duly attended to," are "humanely attended to," are "kindly attended to," &c. Further, they praise the cleanliness and comfort of the wards, the scale of diet, the clothing and bedding, the ventilation, &c., and in several passages express themselves well pleased with the manner in which the general health of the patients is looked after.

It is evident, then, that the further provision for lunatics in adapted portions of workhouses has *primâ facie* this in its favour, that it is merely an extension with improvements of a system which has been already in work, and which, even under most disadvantageous conditions, has met with the approval of the heads of the department. But if the recommendations of the Commissioners be carried out, most of the disadvantages under which the present system works will be removed. Isolated cases of insanity will not be scattered about through workhouses in a manner which sets a thorough supervision at defiance. On the contrary, special buildings set apart and prepared for the purpose

will be reserved for the reception of considerable numbers of the insane of a particular class, and it is hard to see in what way this plan will fall short of the older usage, while the facilities for complete inspection and systematic treatment that it offers are obvious

It is scarcely necessary to remind our readers that the Commissioners do not desire to place in workhouses all the lunatics at present needing accommodation, but only those of them who can be classed as imbeciles or idiots. The space at disposal is far more than sufficient for the reception of all such who are at large and neglected, and it is recommended that the surplus room be utilised for the accommodation of the numbers of idiots and imbeciles who have drifted into our district asylums. While the Inspectors, as we have seen, are lavish in their praise they bestow upon the workhouses, there is one fault or imperfection in our district asylums, to which they are never weary of calling attention. In report after report—both at individual institutions, and in the yearly summary for the whole department—they deplore the evil of over-crowding. It is much to the credit of the Irish inspectors that they have never been inclined to look upon our public asylums merely as places of safe detention for lunatics, but have always seemed to consider that the first and most important function of these institutions is to be hospitals for the cure of the mentally afflicted. To this view they have steadily adhered under the most discouraging circumstances, and have persistently and conscientiously expressed their opinions when their voice was but as one crying in the wilderness. The attention that the

Government and the public usually pay to these matters is essentially rhythmical. At the end of a long period of individual effort, public feeling is stimulated to some philanthropic outburst. This outburst is almost always ill-considered, often misdirected, and when once it is over, is invariably followed by a lull, during which popular sentiment refuses to answer to the most urgent stimulant. In the case before us, when the call for some proper place, where some of the heretofore neglected lunatics could be guarded and taken care of, had at last made itself heard, decisive action was taken by the construction of a number of lunatic asylums throughout the country. When this was done it was scarcely to be expected that any further attention would be given to the subject for a few generations more. To be sure the department has increased, but, in a polypoid sort of fashion, by "an irrelative repetition of similar parts." There has been no change of plan, no improvement, no development. Not the less on this account, nor because they received no encouragement and apparently no hearing, did the Inspectors continue to deplore the swamping of the asylums by the detention in these institutions of incurable cases whereby their powers as curative establishments have been grievously crippled. The resident medical superintendents of the various asylums have confirmed the view taken by the Inspectors, and the Commission of 1857, having reviewed the evidence of both, reported—

"At present the district asylums are, to a great degree, deprived of their utility as curative hospitals for the insane, by the last proportion of probably incurable cases which they contain;" and proceeded to recom-

mend that portions of workhouses should be appropriated for a certain class of the probably incurable.

No action of any kind has followed this recommendation, and the evil has gone on increasing ever since. The only remedy applied to the overcrowding complained of so continually has been to build new asylums or additions to those already built,—in either case at an expense which, considering the poverty of the country, may be well termed enormous, and in view of the evidence adduced before successive Commissions, seems utterly unjustifiable and uncalled for.

As has been already pointed out, there are “at large” and “neglected,” a very considerable number of curable cases of insanity—cases which it is neither humane nor expedient to permit to fall into an incurable condition. All these cases could be easily provided for in our district asylums, if the latter could be relieved of their present plethora of incurable patients, and in this manner (the idiots and imbeciles at large having been accommodated in workhouse auxiliaries) the class of neglected lunatics would disappear from the country, while, at the same time, one of the most serious drags upon the efficient working of the district asylums would be removed.

It remains to consider the evidence of the medical men connected with asylums, whom the Commissioners have questioned as to the feasibility of this scheme. When the Commissioners visited Ennis, they examined Dr. Daxon, the superintendent of the asylum there, and Dr. Cullinan, the visiting physician. Both gentlemen expressed their approval of the plan, the latter, indeed, claiming the credit of having made a similar proposal

long ago. But more than this, "the Ennis Asylum," the Commissioners say, "is not crowded, as the harmless and incurable are drafted to the workhouse by the resident medical superintendents." In his evidence Dr. Daxon states that he has now sixty patients who could be transferred to adapted workhouse buildings.

Here then we see that one who has tried the experiment as far as it was possible under present conditions, is so far satisfied that he is ready to go further than present circumstances permit. The superintendents of the asylums at Mullingar and Monaghan express decided approval of the scheme, while the superintendent of the Richmond Asylum, Dublin, seems also to approve of the principle on which it is framed, though personally he would prefer to see a few large special asylums (like those of Leavesden and Caterham) in place of several smaller buildings set apart for imbeciles. Sir Dominic Corrigan was a member of the Commission of 1857, whose recommendation as to the establishment of workhouse asylums has been above referred to, and we find from his evidence before the present Commissioners that he "concur[s] entirely with their view" in this matter, though he is far from looking favourably upon the system which scatters lunatics by twos and threes through workhouses in such a manner that they are often grossly neglected. Dr. MacCabe, now Local Government Board Inspector, formerly an asylum superintendent, also expresses himself decidedly in favour of the establishment of auxiliary asylums in connection with workhouses. We have above referred to his very remarkable evidence with reference to the working of the lunacy department in Cork workhouse,

which shows what can even now be done in workhouses under favourable circumstances and clever management.

We are not surprised, however, to find that he is very strongly of opinion that the accommodation for lunatics in workhouses in his district has hitherto been generally insufficient in quantity and defective in structural arrangement.

Again, Dr. Hatchell, one of the Inspectors of Lunatic Asylums, though he had much to say against the manner in which lunatics are at present accommodated in portions of workhouses ill-adapted for the purpose, and often so placed that sufficient inspection is impossible, seems on the whole to approve of the plan recommended by the Commissioners, and to see no insuperable difficulties in the way of carrying it out. In fine, the evidence in favour of the establishment of auxiliary asylums as recommended is very strong, while we are unable to discover that any really important objections have been brought forward on the other side.

In the work we have been reviewing, the plan for adapting portions of workhouses for the reception of imbeciles and idiots is closely associated with a further scheme recommended by the Commissioners for the division of the district asylums into two classes:—Curative hospitals and asylums for incurable cases requiring special care who could not well be treated in workhouse auxiliaries. As, however, a number of points arise in connection with this matter, which are quite distinct from those involved in the question of workhouse adaptation, we have thought it well to treat the two subjects separately.

Houses of the Oireachtas

II.

IN our late numbers we considered at some length the recommendation of the Commissioners as to the establishment of auxiliary asylums in connection with some of the workhouses in Ireland. The next most important point touched upon in the Report is that of the classification of our existing district asylums, involving as it does a very considerable change from the present arrangement of these institutions.

Some such division of the Irish asylums as that recommended by the Commissioners seems to have been in contemplation for many years. The Commissioners quote the 7th and 9th Victoria, cap. 109, Section 15 :—

“Be it enacted, that in order to provide for the more effectual treatment of pauper lunatics by a better classification of the same, it shall and may be lawful for the Lord Lieutenant or other chief governor or governors of Ireland, by and with the advice and consent of Her Majesty’s Privy Council in Ireland, from time to time, and at all times whenever and so often as shall seem expedient to him or them so to do, to direct and order that any existing asylums, or additional buildings which may be made to existing asylums, under the provisions of this Act, shall and may be exclusively appropriated for the sole and exclusive reception, custody, and treatment of a particular class of the said pauper lunatics

distinguishable by the nature and character of the disease, and whether recent in its origin or chronic, or whether considered curable or incurable."

But though this Act has now been passed nearly thirty years, nothing has yet been done to put this provision in force.

We have already observed, when treating of work-house accommodation, that the inspectors and the superintendents have long complained of the overcrowding of the asylums with incurable cases. The feeling seems to have been general that the primary purpose of an asylum is the cure of such cases as are capable of cure, and that this object is hindered by the accumulation together of the curables with a large number of incurables. These opinions have been long held by Irish physicians connected with lunacy, as is shown by the evidence of Dr. Cleghorn, "an eminent physician attached to Swift's Hospital," given before the Parliamentary Committee in 1817. "Places of this kind," he states, "unless under strict rule for a limited term of residence, beyond which no patient should be allowed to remain, will shortly become asylums for mad people, and not hospitals or places for the cure of insanity." From the date of the Irish Lunatic Asylums Act (1 and 2 George IV.), sixty years ago, till the present time, the complaint of Dr. Cleghorn has been continually in the mouth of the managers and superintendents of our asylums. It is not merely that overcrowding has been complained of; not merely that there has been frequently cause to deplore the difficulty of finding room for recent cases in the already too full asylums; but, further, the difficulty which the massing of curable and incurable

cases in the same asylum throws in the way of efficient treatment, has been repeatedly referred to. The Commission of 1857 reports, "At present the district asylums are to a great degree deprived of their utility as curative hospitals for the insane by the large proportion of probably incurable cases which they contain." One of the witnesses called by that Commission, Dr. Stewart, the Superintendent of the Belfast Asylum, said: "On the removal of many chronic and incurable inmates occupying a great deal of valuable room in several district asylums, the latter could be more beneficially devoted to recent or acute cases of lunacy, and then *efficiently serve as hospitals for the cure of insanity, instead of being mere receptacles for the safe keeping and maintenance of hopeless patients.*"

Now let it be observed that the complaint of want of room is particularly loud in Ireland, where the actual amount of asylum accommodation is very small compared with the number of the insane, but that the questions of the classification of asylums, and the separation of recent and chronic cases are making themselves heard with daily increasing distinctness in other countries, notably in England, though there the provision already existing for the insane is so much more complete than in this country. Therefore it is clear that even when the amount of accommodation available for the insane has been increased by the establishment of auxiliary asylums connected with workhouses, the point will still remain for consideration whether it is not advisable to separate that class of chronic cases, for whom these latter institutions are not adapted, from the class of recent and curable cases. As the matter is one

of abiding interest in connection with the treatment of lunacy, and is not in any way a local question, it may be interesting to observe the tone of English and foreign opinion on the subject before entering on the consideration of the evidence the Commissioners have collected.

At the last annual meeting of the Medico-Psychological Association Dr. Wilkie Burman, late Superintendent of the Wilts County Asylum, read a remarkably able paper on "The Separate Care and Special Medical Treatment of the Acute and Curable Cases in Asylums."

"Throughout the length and breadth of the land," says Dr. Burman in his preamble, "from the 'Dan' of Inverness to the 'Beersheba' of Bodmin, if there is one universal wail, and one that is more continuously and persistently than any other given vent to in asylum reports, it is that which refers to the fact that our asylums are becoming day by day more and more transformed into *receptacles* for the *care* of the insane rather than hospitals for the *cure* of insanity, and that the more important and paramount object in view is being gradually swallowed up and thwarted." He then deprecated the common tendency to view the question of asylum accommodation chiefly from an economic standpoint.

"Of the two principal objects at present more particularly engaging our attention, such practical steps as are being taken are rather in the direction of securing a cheaper *care* of the *incurable* great *majority* than towards affecting the *cure* of the small *minority*, which I am sanguine enough to believe it is within our power to recall more largely to a state of health, if only more determined and special efforts be made in such a grand

and worthy undertaking." But, he very judiciously adds, "the separate care of the chronic and incurable majority cannot but hasten the advent of a system of separate and special treatment of the curable minority, which I am now desirous of advocating." Before making his own suggestions Dr. Burman proceeds to examine the views of the medical and other "authorities." He quotes the opinion of Dr. Thurnam: "The proposed plan of erecting *asylums* for the *care* of the decidedly *incurable* and comparatively harmless, in addition to hospitals for the *cure* and care of other classes of the insane, appears to me to be worthy of every encouragement;" and he points out that a similar proposal had been previously made by Jacobi, of Siegburg, a great authority on these matters in his day, in his work "On the Construction and Management of Hospitals for the Insane" (a work, by the way, spoken of with commendation by Conolly). He refers to the evidence before the Paris Commission of 1864, given by "the most distinguished alienist physicians in France." "With regard to the *practicability* of providing separately for the curable and incurable cases of insanity, the great majority of the witnesses answered in the *affirmative*," while the distinguished M. Lelut was strongly in favour of separation, which he considered "desirable on economic grounds, and because the cure of recent cases could, in his opinion, be more thoroughly cared for in specially adapted asylums or hospitals." Dr. Burman further points out that Baron Mundy and Lord Shaftesbury, both men whose opinions on lunacy matters are of value, are in favour of a division of the curable and incurable, and he also quotes as supporters

of his plea, Dr. Bucknill, on the strength of his well-known experiment at Devon Asylum, and Dr. Lockhart Robertson (whose name is of much weight in connection with questions of asylum construction), since the latter gentleman is an advocate of the pavilion system, and proposes that separate and distinct pavilions should be set apart for recent and chronic cases.

Finally, Dr. Burman thus expresses his own opinion : "It seems to me highly desirable, both for medical and economic reasons, to deal separately and specially with cases that may be deemed curable, for I believe that if not thus dealt with, and being indiscriminately sequestered with the rest, it is impossible to give them such adequate and unremitting attention and special treatment as they certainly merit." Dr. Burman's proposal, as developed in the latter part of his paper, consists in the separation as far as possible of the curable from the incurable in the same asylum, and none of the authorities whom he has quoted above, except apparently the French, seem to suggest any further division. But it is evident that in many asylums structural difficulties would go far to hinder the execution of this plan. It is true that the asylums of the future are likely to be built in separate blocks according to the pavilion system recommended by Dr. Lockhart Robertson, and all the most lately constructed English asylums have approximated more or less closely to this design. But the great majority of asylums now existing could not easily be split up into curable and incurable wards, and it is hard to see what arguments there are in favour of treatment in separate pavilions which do not equally apply to treatment in separate asylums.

Both these modes of dealing with the insane have been tried in Germany, and therefore the testimony of the most illustrious of German specialists is of peculiar interest:—"From the commencement of the reforms," says Griesinger, "the conviction gained root, especially in Germany, that *the first condition of success in treatment was the separation of the curable from the incurable insane.* . . . Whilst in certain foreign asylums—as, for example, Salpêtrière—different departments of the same institution have for a long time been set apart, the one for cases requiring active treatment, and the others for such as had become quite chronic; in Germany, and occasionally in England, another principle has been adopted—the erection of special institutions, quite separate, for curable cases and for incurables (Sonnenstein, Siegburg, Leubus, Winnenthal, &c.)."—"Mental Pathology and Therapeutics," B. v., chap. ii., S. 5, New Sydenham Society Trans. After the adoption of this system of quite dissociating the curable from the incurable had been tried for some time, another "plan was formed, and in several cases carried out, of constructing two separate establishments, each complete in itself, but situated within the same grounds, and under the same medical superintendence, and having in common many economical arrangements (chapel, storehouses, kitchen, baths, &c.) . . . the so-called 'relativ verbundenen' asylum" (*loc cit.*). Having glanced at the history of this movement, Professor Griesinger continues: "In this system there is, at all events, one other institution required, to which, out of the relatively connected ('relativ verbundenen') chronic asylum—if this is not to become of stupendous propor-

tions—a regular draft can again take place of all such as are absolutely hopeless”—(*loc. cit.*)—in which remarkable passage the necessity for some triple division of all establishments for the insane, such as that recommended in the Report under review, appears most distinctly to be set forth. Dismissing absolutely the notion of congregating the insane of all classes, the great specialist of Berlin sums up the question of the comparative advantages of the dissociated and the relatively associated system in the following sagacious sentences:—“Whether, then, is it better to erect asylums which shall receive curable lunatics mingled with a certain select number of incurables, or such as are destined entirely for curable (recent) cases, and from which all who become incurable are again rejected? This is a question which cannot be answered in a general way. The solution of this, like so many practical questions regarding asylum concerns, depends very much upon the population of the country, upon the number of lunatics already in asylums, upon the possibility of making use of the existing buildings, upon the pecuniary resources at one’s disposal, upon the special aims which it is intended to combine with their erection (*e.g.*, clinical instructions), and most of all depends, in the end, upon the style of execution and the spirit which is imparted to the whole by those charged with the direction of such matters.”

On the whole, then, it appears that the need of a due classification of the insane under treatment is felt everywhere. From Dr. Burman’s paper we discern that the feeling of some great English authorities is in favour of the pavilion (partly associated, or “relativ verbun-

denen") system, while from the same source we gather that French opinion is rather in favour of the dissociated system. From Dr. Griesinger's great work we find that the first of German alienists, after an experience of the working of both systems, declares that the first condition of success in treatment is a due division and classification of patients, but considers that this can be carried out either way in accordance with circumstances which may be called local and accidental.

Returning to the Commissioners' Report, after a digression the length of which we trust will be pardoned in consideration of the importance of the subject, the general tendency of the medical evidence here as elsewhere is strongly in favour of classification. The plan brought forward by the Commissioners is one—to adopt the terminology used above—of dissociated treatment, and of dissociated treatment the witnesses approve. The partly associated system was scarcely considered. Of the twenty-two asylums existing in Ireland two or three at most present the requisite structural facilities. When the present over-crowding has been relieved by the accommodation of idiots and imbeciles in the work-house auxiliaries, there will be a good deal of vacant space in the district asylums, and long experience has shown that while there is a vacant bed—nay, till over-crowding has reached an almost incredible pitch—it is vain to expect the building of a new asylum. So that if any further attempt at classification than that involved in the removal of idiots and imbeciles is to be made it can—as far as appears—only take one direction, that of dissociation. Nor can this limitation be a matter of great regret when we reflect upon

the result of Continental experience as mentioned above.

The following is the summary which the Commissioners give of the evidence of the medical witnesses a little abridged:—"Dr. Hatchell . . . being asked whether the advantage that would result from the classification of asylums would be sufficient to justify an application for power to effect it, replies that he thinks it would. The opinion of Dr. Nugent as to the advantage of such a classification is still more distinct. . . . Other witnesses, not less entitled by their position and experience to speak with authority upon such a subject, give evidence still more emphatic in favour of classifying asylums in the way we propose. Dr. Robertson, the Medical Superintendent of the Monaghan District Asylum, Dr. Lalor, of the Richmond Asylum, Dr. Patrick Cullinan, Visiting Physician of the Ennis Asylum, Dr. Daxon, of the Ennis Asylum, and Dr. Berkeley, of the Mullingar Asylum, all men of great experience, approve of the proposal, as does also Dr. MacCabe, one of the Inspectors of the Local Government Board, who, as Medical Superintendent of the Dundrum Criminal Asylum and the Waterford District Asylum, has had ample opportunities of forming an opinion upon the subject. Dr. Robertson is of opinion that the classification of asylums in accordance with the provision of the 8th and 9th Vic., c. 107, would "fully meet" the difficulty of providing for the great increase of lunacy. Dr. Lalor is of opinion that the removal of the presumably incurable cases would facilitate the working of the establishment as a curative hospital; that the interchange of patients, sending the presumably curable to

one establishment, and the incurable to another, "would be a great improvement;" "a wonderful improvement on the present system." Dr. Daxon thinks that if accommodation could be provided elsewhere for a large percentage of the incurable cases of his asylum, the advantages of the asylum as a curative establishment would be very much increased. Dr. Berkeley thinks that the classification of asylums to which we are referring "would be most desirable on the ground of public policy and economy." This view Dr. Berkeley has long consistently entertained, and has frequently urged. . . . Dr. MacCabe, asked whether, in his opinion, the classification of asylums appropriating a certain number as curative establishments, and others for the detention and care of presumably incurable cases, replies without hesitation:—"I have not the slightest doubt on the subject. It would enable the existing staff of the asylum to devote themselves to the care of individual curative cases, instead of having their attention distributed over a large number, the vast preponderance of which are incurable. You could give all the care to the curable if you got rid of the incurable." Dr. Patrick Cullinan " . . . thinks that the establishment of three classes of asylums—1st, for the curable; 2nd, for the reception of chronic insane requiring special care . . . and, 3rd, the workhouse auxiliaries for harmless and incurable—would be based on sound theoretical and technical principles." The last witness to whom we shall refer as favourable to the proposal to classify asylums is one who gives to it the sanction of the highest authority. Sir Dominic Corrigan was a member of the Commission which inquired into the condition and management of

Irish lunatic asylums, and took an active part in its proceedings. His opinion, therefore, is not simply that of a witness of the highest professional position and attainments, but of one who has had special opportunities of ascertaining the defects of Irish lunacy administration, and of appreciating any suggestion for remedying them. Sir Dominic Corrigan declared the classification of asylums was 'most desirable.'"

Having surveyed with some satisfaction this formidable army of authorities, the Commissioners proceed to consider more particularly the proposed re-arrangement of asylums. They glance at the general statistics of the question,* and very judiciously leaving the completed arrangements of classification to "whatever department may be ultimately charged with the lunacy administration of the country," they merely enter into details of how it can be done for the purpose of illustration. They "take for that purpose the portion of Ireland in which there appears to be at present the most urgent need of asylum accommodation," namely, Ulster.

There are at present in Ulster seven district asylums affording accommodation for 2,418 patients. All these contain only 496 lunatics belonging to the "probably curable" class. Incurables of the class that require special asylum care number 1,549. Those incurables whom it is proposed to transfer to workhouse auxiliaries, together with those lunatics at present scattered

* Number of patients in the Irish district asylums at the end of the year 1877, 8,183 (*vide* 27th Report of Inspectors). Probably curable, 1,991. Probably incurable, 6,272. Of the probably incurable, 1,360, on what the Commissioners rightly call "a very moderate calculation" (based, we gather, upon the returns furnished by various superintendents), may be removed to the auxiliary asylums connected with workhouses.

up and down through various workhouses, amount to 1,456. The twenty union buildings which can be adapted for the reception of the last-mentioned class will accommodate 1,680, leaving a margin for the reception of a certain proportion of the lunatics at large in the province. It is recommended to set apart two asylums, Belfast and Monaghan, for curative purposes. The total accommodation in these two asylums is 834. Adding to the number of curables, according to the excellent practical suggestion of Dr. Robertson, 100 incurables in either asylum (50 of each sex) to assist at domestic and farm labour,* &c., there are found to be still 138 spare beds in these curative asylums (hospitals). Of the incurable patients to be provided for in the five remaining asylums, there is (when 250 have been subtracted for service in the hospitals) a total of 1,349, while the said asylums can contain 1,584, leaving 235 vacant beds.

So far the scheme seems admirable, since it provides accommodation for each of the three classes, and gives to every class a margin for increase. Some of the witnesses mentioned above spoke of economy as an advantage gained in the Commissioners' proposal. This, we apprehend, applies to the portion concerning the adaptation of workhouses, and not to the question we are more particularly considering at present. We do not think that the asylums for incurables or chronic cases could be advantageously conducted on a cheaper scale than those for curables, nor do we think any such endea-

* And thereby meeting the objection that might be made to the dissociated system on the ground of Griesinger and Conolly's remark that the company of incurables is often absolutely beneficial to the more recent cases.

your could be carried out. The great argument for the division of our asylums is the oft-repeated one that under such an arrangement the probably curable would have the advantage of early and individual treatment in establishments especially set apart for their reception where the time, energies, and attention of the medical officers would not be absorbed in attending to the wants of the numerically more important class of the probably incurable, and that thereby a greater proportion of cures could be recorded, and the great end of all lunacy administration, the relief of suffering, more efficiently attained. At the same time the chronic class would still retain the services of skilled men, and derive the benefit of that special care and special attendance which cannot be given but in an asylum—those cases only excepted who are admitted on all sides to be fit subjects for treatment in workhouse auxiliaries.

But there is one economic point which has been overlooked by the Commissioners. Long-continued insanity has always a tendency to end in harmless imbecility. Thus numbers of patients, who would at first occupy asylums for those of the insane requiring special care, could, after a time, be drafted to the workhouse auxiliaries—*i.e.*, the latter buildings would be the first to become over-crowded, the first to require additions and alterations; in other words, when the increased number of the insane under treatment required increased accommodation the increase would be at the cheap end of the scale, not at the costly.

A difficulty stands in the way of the classification which appears very formidable at first, but on examination turns out to be comparatively trifling. On the

supposition that all recent cases are to be sent at once to the curative hospitals, it is asked—"And do we not thus lose the manifest advantage of sending the case to the nearest asylum?" This sounds well, but will scarcely bear sifting. The districts which now supply our asylums are large, irregular, and straggling, consisting mostly of two counties each, and consequently it happens very frequently that the asylum to which the patient must, according to existing regulations, be sent is actually not the nearest to his abode. In the example the Commissioners have chosen—the province of Ulster—it may perhaps be admitted that one of the two curative hospitals is not well chosen locally, and the Commissioners seem to have felt this, and in their map Omagh in place of Monaghan is marked as an hospital. Taking the plan as thus amended, Belfast and Omagh are the two hospitals for the province. It is obvious that with this arrangement the Belfast district (*i.e.*, the County Antrim), and the Omagh district (Counties Tyrone and Fermanagh) are no worse than before. But on looking at the map we find that considerable portions of the Downpatrick district (neighbourhood of Donaghadee, Banbridge, and Newry), of the Armagh district (neighbourhood of Lurgan), and of the Derry district (neighbourhood of Magherafelt) are at least as well situated as heretofore, while on the west of the province, parts of Monaghan district (bit of County Cavan running up between Leitrim and Fermanagh), and of the Letterkenny district (neighbourhood of Ballyshannon), are absolutely nearer to Omagh than to Monaghan and Letterkenny respectively. On account of railway facilities too, the whole barony of Innishowen is brought closer

to Omagh than to Letterkenny. Thus this obstacle to a great degree vanishes on being examined. But the Commissioners meet the objection in another way. Where the curative hospital is not the nearest the patient "should be conveyed in the first instance to the nearest asylum (not being a workhouse auxiliary), the medical superintendent of which should determine within a reasonable time whether the case should be retained or sent to another asylum. The worst that could happen in such a case would be a transfer from one asylum to another." The matter is one of those details in which it is always easy to raise objections to any proposed reform—objections which will generally be found to disappear in practice before a strenuous endeavour to carry out desirable alterations.

Again, it is objected "the medical men placed in charge of curative hospitals will be spurred by emulation to work vigorously; those who are placed at the head of asylums for chronic cases will think they are in an inferior position, and will become careless of their patients." But no feeling of this kind, as Dr. Hatchell well remarks, should be allowed to operate if the scheme seems good on other grounds. And this objection reminds us of the great German specialist's observation, that all success depends finally on the spirit and working power of those entrusted with responsibility. Let men of tried experience and ability be appointed superintendents of all our asylums—and none other are fit to hold such posts—and then there is no danger of our hearing of laziness and neglect. Men of this stamp will find much that is interesting and important in chronic insanity, and the very division of the asylums by more

highly specialising the work of every man, will excite in all a desire for progress and improvement.

There remains one objection to the divisions of curable and incurable cases, which, had it not been very gravely advanced by men whose abilities entitle them to respect, we should incline to regard as rather frivolous. It is said, "You shut off all hope from those stigmatised as incurable. The division, too, is as irrational as it is cruel, for it is often impossible to say whether a patient, even after the lapse of two or three years, is curable or not. Some of your patients, after being drafted to the incurable asylum, will get well in spite of classification."* But this argument, if examined, appears to be merely a matter of words. For our own part we should have preferred to substitute the names "recent" and "chronic" for "curable" and "incurable" throughout the Report before us, because we believe that in the majority of cases the test for classificatory purposes must be the duration of the disease, and we have no doubt this test will be adopted if the proposal is worked. But in any event the asylum of the second class need not—indeed, must not—be entitled "The Incurable Asylum." There is no call to write over the door of any such institution, "All hope abandon ye who enter here."

In other branches of medicine it is not always usual to name an hospital after the disease it is built to receive. Examples are obvious; here is one:—Our county infirmaries are usually filled with cases adapted

* The benefit often resulting to old-standing cases from removal from one establishment to another has been urged by Zeller as a reason in favour of the dissociated system.

for active medical and surgical treatment; the cases in the workhouse infirmaries are generally of a very different character, but we have not heard it proposed to dub the latter incurable hospitals. Half-a-dozen terms suggest themselves all preferable to the one objected to. Now-a-days we say "asylum" in place of the old word "madhouse." Is another such euphemism not to be found? Or if the English language breaks down under the strain, why not adopt the plan of calling the second-class asylums as the two great asylums for incurables across the Channel — Leavesden and Caterham — are called, after places where they are situated.

We fear the illustrious Conolly was one of those who attributed too much importance to this point of nomenclature. We yield to none in our respect for the great apostle of non-restraint, but we think it a pity that even his authority should be appealed to as final, as though when his opinion is cited no more remains to be said. Save such objections as that mentioned above, Dr. Conolly appears to have had very little to say against the separation of the two classes of insane. However, in support of his views he refers to the events at Arran:—"Fifty-eight unhappy Scotch lunatics, chronic cases, and pronounced incurable, were, it seems, transported to the island of Arran," and horribly neglected till discovered by Dr. Hutcheson and deported to the mainland through his exertions. "Of these fifty-eight condemned as incurable he had the satisfaction of discharging seven cured."—(Clinical Lectures, II.) To all this, when adduced as a "modern instance," there is one simple reply—whatever the probability may have been of the recurrence of such an

event at the period when Conolly wrote, thirty-five years ago, it is now happily altogether impossible. The inspection and supervision at present afforded to the insane put such things out of the question. And we may well set off against Dr. Conolly's story the account given by Dr. MacCabe of the working of the lunacy department in Cork Workhouse during the year 1877. The class of lunatics sent to workhouses are not generally hopeful, nor are these places well adapted for curative purposes, yet we find the cures amounted to 32 per cent. Whatever may have taken place at Arran long ago, neither neglect nor despair rule now-a-days in Cork. Here, again, we see the wisdom of Greisenger's remark, already more than once referred to, that in the end all depends upon the style of execution and spirit which is imparted to the whole by those in whose hands the management of the institution is placed.

We feel that we can scarcely more appropriately conclude our observations on this subject than by a quotation from the words of the great author last named:—"I apprehend," he says, speaking at a time when similar matters were being discussed in his own country, "neither detriment nor danger in this crisis, which is merely the progress towards more complete organisation. To wish to ignore it would not improve the matter. The predetermined conclusion to see the only good and right possible in things as they now exist is a far greater hindrance to the discovery of truth. If science can present new points of view, if urgent wants are brought to light, which cannot be satisfied with the present means of publicly providing for the insane, the requirements must not in such circumstances be

ignored or denied, but the means must be made to suit the necessities. It was in this way that things were treated when the present asylums were founded; and is it possible that at the present time no further advance can be made?"

Houses of the Oireachtas

Houses of the Oireachtas