PART III.—PSYCHOLOGICAL RETROSPECT.

1. *Insanity in Ireland in* 1872.

The Irish Blue Book for 1872—the twenty-second Report of the Inspectors and Commissioners of Control of Asylums for the Insane in Ireland—did not appear in time to be reviewed in our issue for last October along with the Reports (for the same period) of the English and Scotch Commissioners. We now, however, take the first opportunity of noticing its contents, and only regret that our space is too limited to enable us to do them justice. The report is a most interesting one, and the appendices, which are very full and complete, bear evidence of the bestowal of much labour on their compilation.

We may preface our remarks by stating that the total number of persons known to be of unsound mind in the United Kingdom was 86,322 at the beginning of last year. They were distributed as follows:—

In England	60,296
In Scotland	7,849
In Ireland	18,177

England was the only division in which there was any marked change in the numbers from those at the commencement of the year. The small increase in Scotland was more than counterbalanced by the falling off in Ireland, the numbers on 1st January, 1873, having been respectively 58,810 in England, 7,729 in Scotland, and 18,327 in Ireland. The decrease in Ireland has been entirely among the "Unregistered" insane. Those under official cognizance increased in numbers during the year from 10,767 to 10,958. These latter were distributed as follows:—

In the 22 District Asylums . .	7,140	
In Dundrum "Criminal" Asylum .	175	
Supported by Government in the Registered Hospital at Lucan .	30	
		7,345
In 18 Private Asylums . . .	350	
In 3 Registered Hospitals . . .	297	
		647
Total in the 44 Public and Private Asylums		7,922
Total in Union Workhouses . .		2,966
Gross Total . .		10,958

The population of Ireland, which was close on 5,790,000 in 1861, had fallen down to nearly 5,400,000 in 1871. In the sixteen District Asylums (which correspond to our English County Asylums) the

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average numbers resident during 1862 were 4,426. In 1872 they had risen to 7,107, inhabiting twenty-two asylums. Alluding to this want of correspondence between the decreasing general population and the increasing insane population—the total number of the latter (including those in every class of asylums) amounting at the beginning of last year to 7,851 against 5,257 at the commencement of 1863—the Inspectors make the following remarks:—

> Notwithstanding the continued drain of the population by emigration to the United States of America and elsewhere, so far from the numbers of insane being on the decline, as might naturally be expected, they would seem, on the contrary, to be decidedly on the increase . . . . With a numerical diminution of the active, intelligent, and energetic portion of the masses of society, the mentally affected who have been left at home appear, relatively speaking, to increase in proportion to the extent of emigration. Taking the last twenty years, our numbers have probably fallen two millions, principally out of the rural population, at the same time that the insane have remained at home. Hence, making allowance for incidental cases of lunacy which spring up in the human family from time to time, there is now quite as large, if not a larger, aggregate of insanity among a population of perhaps little more than five millions than there was in 1854, when the population was over six millions.

We are reminded by the inspectors that in estimating the value of statistics for the decision of the moot point as to the *increase of insanity*, two matters should be taken into consideration, viz., 1st,—The greater *longevity* observable now than formerly among those affected with mental diseases, due to the improved methods of treatment, and the "quietude of asylum life" as contrasted with the life too often led in former days by the wretched imbecile, "tied down and secreted in back places" in almost every village in the country. 2nd,—The greater readiness with which now-a-days people place their insane friends under treatment *instead of concealing* them as formerly. This, they say, is due to all classes of society now looking upon insanity as a disease equally curable with others to which flesh is heir, and its being a recognised fact that those who recover from mental affections "return to society with, if possible, increased faculties (*sic*) and memories altogether unimpaired." We cannot stop to discuss here the novel doctrine propounded in this last extract (taken from p. 25 of the Report). We, therefore, pass on to another subject referred to by the Inspectors—

Separation of Incurable (or more properly Chronic) from Curable Cases.—The Inspectors have long advocated the establishment in Ireland of institutions somewhat akin to our Metropolitan District Asylums at Leavesden and Caterham. Their views remain unchanged, as will be seen by the following observations:—

> The insane poor, instead of being placed with reference to two distinct classes, are at present, all alike, located in the same institutions; idiots, the hopelessly demented, the incurable, and epileptics constituting a large per-centage of inmates in establishments more properly intended for curable and acute cases. A double disadvantage arises herefrom:—(1) The asylums are overcrowded, and (2) a heavier expenditure is incurred without proportional benefits—an expenditure, too, which is progressively advancing.

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Besides the 7,140 patients already referred to as tenanting district asylums, there are in union workhouses no less than 2,966 mentally affected.

The cost of maintenance of lunatics in asylums may be set down, one year with another, at £23; that of the pauper insane in unions at £11. In England, but particularly in London and the Metropolitan counties, a similar state of things existed, which, within the last few years, has been materially obviated by the erection of intermediate institutions between asylums and union workhouses, into which a large percentage of hopeless cases find admission; at the same time, however, though with a less expensive staff, and an organisation not so complex in detail, the wants and comforts, as well as the moral and physical treatment of the inmates, are peculiarly attended to in a manner which would totally disassociate them from the same category as the ordinary poor in union workhouses. Indeed, so far back as the year 1858, we, in our report for that year, advocated the establishment of a system which is now in efficient working order in the sister country, as the following extract from that report will make manifest:—"Taking a broad view of lunatic accommodation, it is obvious, for many reasons, that the most suitable place for *every* demented person, lunatic or idiot, harmless or otherwise, is an institution specially devoted to the care of the insane, under the superintendence and management of experienced officers and attendants, who are practically acquainted with the treatment of mental disease in every form, and directed and controlled by that department of the public service to which the supervision of all matters relating to such establishments properly belongs; and we regard the question as deserving the consideration of the executive—namely, whether the time may not have arrived for making provision for the complete separation of the insane poor of *every class* from the sane portion of the community, which, whilst effecting a moral duty towards the latter, would insure for the insane poor, idiotic, or imbecile, more care and comfort than they can possibly have in ordinary workhouses. We feel that objection to a change may be advanced on financial grounds, and that it may be argued, considering the extremely low position some, particularly the idiotic, occupy in the human family, both socially and mentally, that they are comfortably circumstanced and sufficiently well cared for at present. Another and most desirable object would be obtained by this measure. All the chronic and incurable cases which have been for many years accumulating and at present take up a great deal of valuable room in the several district asylums (that could otherwise be more beneficially devoted to recent and acute cases) might be removed to these auxiliary buildings, by which means a twofold advantage would be gained, viz., the provision of proper accommodation for the class in question, and the disembarrassment of the present houses from all but those suffering from recent and acute affections, or those whose malady afforded reasonable hope of an ultimate recovery, thus leaving them free to exercise their proper and legitimate functions of *hospitals for the cure* of insanity, instead of being mere receptacles for the safe keeping and maintenance of chronic cases." The advocacy of the system expressed in the preceding extracts was first undertaken in our Eighth Report, but as the question of inadequate accommodation grew to be one of more pressing importance from month to month, we adverted to it again. In view of the much enlarged accommodation and the great numerical increase in insanity, which in the intervening 16 years has been developed, we are now enabled to see the more fully that the course then suggested was the soundest and most judicious we could have recommended.

The new cases admitted during the year into the District Asylums numbered 1,787; the relapsed cases 378. Of the total number of admissions, 2,165, no less than 1,119 were sent under *police* escort, and thus treated as if criminals. The law unfortunately sanctions this method of procedure; but if we are to deal out even-handed "justice to Ireland," the act should be repealed at once, and the mentally

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afflicted in the Sister Isle treated no worse than their brethren in misfortune on this side of the channel. We never could understand why the Relieving Officer should not have the same duties to perform in regard to the insane poor in Ireland as he has in England. We have the same complaint to make about the class of patients too often sent to public asylums in England which is made by the Irish Inspectors when they protest against magistrates ordering to be sent to District Asylums, "the bedridden, aged and infirm, nay even children when troublesome, noisy, and difficult of control, or idiotic." Humanity, however, has not been so far forgotten in England as to give ground for complaint about the manner in which our patients are (in most cases at least) handed over to our care. They are never given up to us as if culprits! The Irish nationalist M.P. has in this matter a good subject for the exercise of his energies when dilating on the "wrongs of Ireland" during the approaching session. It appears that this return to barbarism is sanctioned by the statute generally known as "Lord Mayo's Act." This is the statute to which we drew attention on a former occasion,* as the one compelling so unjustly medical men to give certificates of insanity without any fee. We would now again urge most strongly its repeal, and thus remove the disgrace to our code of having embodied in it an Act which empowers two magistrates to "commit" a person of unsound mind to a District Asylum as a "dangerous lunatic," although, to use the words in the blue book, "in a state of extreme physical exhaustion or actually dying." No wonder the Inspectors, after a five years' experience of the working of the present system, speak so strongly in its condemnation, particularly when it is known to them that these magistrates' "warrants" have frequently been actually "signed without the justices having had any personal knowledge of, *or even inspected* the parties committed, who thus become fixtures on the public rates, and —what is still worse—occupying room that could be so much better reserved for curable, violent, and urgent cases." The allusion to the "fixtures on the public rates" is due to the fact that, under the present system, there is no legal power of discharge, after recovery, of a patient "committed" by the magistrates. Once in a District Asylum as a "dangerous lunatic" always there, unless your friends *choose* to remove you! The Board of Guardians are under no obligation to remove such an unfortunate! No one! This has naturally resulted in the overcrowding of the district asylums in Ireland to such an extent, and so quickly, that in some of them extra provision has become necessary to meet pressing requirements. The Inspectors conclude as follows their justly severe and well-timed remarks on the "indiscriminate use" of the powers given by "Lord Mayo's Act" (30th and 31st Vict., c. 118):—

> This facile method of procuring admission into district asylums has almost superseded the normal and legitimate one exercised with such deliberation and

* Vol. xiii., p. 562.

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discrimination for so many years by Boards of Governors and Medical Superintendents who, under that system, were enabled to keep a watch with a view to the exclusion of unsuitable cases, while a full discretion was given them in deciding as to what might be considered cases fairly eligible for asylum relief. One thing is clear, that magistrates have not hesitated to employ the Act in disembarrassing their respective localities of characters whose troublesome proclivities afforded some colour or pretext of insanity.

The Inspectors seem to overlook the fact that establishments similar to our "Registered Hospitals" form a separate class in themselves. Accordingly we cannot give the number of admissions into them during the year. We know, from the Blue-Book for 1871, that there are in Ireland four such institutions, of which St. Patrick's, commonly called "Swift's" Hospital, is the oldest and best known. It is obviously incorrect to speak of these as "Private Licensed Houses." The latter term should be confined to strictly "proprietary" establishments. We hope to find the error rectified in their next report by the separation of Appendix E into two portions, for the tables in it, as at present given, cannot be made available satisfactorily for comparison.

The recoveries in the district asylums amounted to 1,068. They compare favourably with those in English and Scotch similar establishments. The per centage on admissions was 49·3 in Ireland, 43·6 in England, and 42·6 in Scotland. The Inspectors appear anxious to check premature discharges which swell the number of admissions of "Relapsed Cases." Accordingly they publish the totals for each asylum of those re-admitted after having been discharged as "recovered." But there is an obvious error in the figures relating to this subject given at pages 103—5. Table xiv gives 378 as the total number of relapsed cases admitted, whereas the sum of the numbers given in Tables xv and xvi represents a total of 381. The former total should really be larger than the latter instead of smaller; for it is supposed to include *all* the relapsed cases, whereas the latter is only made up of those entered as "recovered" on their previous discharge. We find that in 234 of these cases discharge and re-admission both took place within a twelvemonth. The Inspectors think it would be more correct to calculate the per centage of recoveries on the total number under treatment during the year than on the admissions.

The deaths in the District Asylums numbered 638, including ten from "accident, violence, or suicide." So, at least, the numbers are given at page 109. If, however, we turn to Appendix C, table 2, we find that there were only *four* from "Accidental Causes," one having occurred in each of the following asylums, viz., Castlebar, Ennis, Letterkenny, and Omagh. In this table all the 49 deaths in the Cork Asylum are attributed to "Natural Causes," whereas at page 109 we find six of them recorded under the heading "Accident, Violence, or Suicide," the remaining 43 being ascribed as follows:—6 to "Abdominal Affections," 9 to "Cerebral and Cerebro-Spinal Affections,"

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9 to "Thoracic Affections," 4 to "Diseases of Heart and Arteries," and 15 to "Debility and old Age." The Inspectors classify all causes of death under seven headings. Six of them are given above. "Fever and other Diseases" constitute the seventh group. Deaths from suicide and violence having attracted much attention in England of late, we would welcome reliable statistics on the subject from the sister isle. We, therefore, regret much the want of correspondence between the figures given at pages 89 and 109 of the Blue Book. The report of the Cork Asylum itself does not help us to decide between them; for we find one line in the "Cause of Death" table in it running thus:—"Accident, Violence, or Suicide, Voluntary Abstinence, and Nervous Decay, 3 males, 3 females—total, 6." This is certainly a novel sort of classification. The rate of mortality calculated on the average numbers resident was 8·98 per cent. This compares favourably with the rate in English public asylums, 9·6, and is but little over the Scotch rate, which was 8½ per cent. The Inspectors calculate the per centage according to the old method, which has lately been advocated as the better one in our journal, namely, on the total number under treatment during the year. The percentages of deaths would in that case stand thus:—England, 7·53; Ireland, 6·97; Scotland, 6·35. In judging of the value for comparison of these figures, it must be borne in mind how much larger the proportion of paying patients is in Scotch public asylums than in those of either England or Ireland. How this affects the rate of mortality will be evident if we remember how glad, as a rule, the friends of private patients are to remove them when it is known they are near their end, and how difficult it often is to discover a single relative of a patient who has been supported by the rates. The following figures show how great was the disproportion referred to during the year under review:—

	Remaining 1st January, 1873.	
	Non-paying Patients.	Paying Patients.
In English County and Borough Asylums	30,094	379
In Irish District Asylums	7,140	165
In Scotch Royal and District Asylums.....	3,687	973

The "paying patients" were distributed among twenty out of the twenty-two district asylums, the numbers varying in each from 25 in the Limerick to one in the Carlow Asylum. The average contribution of each such patient towards maintenance was within a fraction of 5s. 2d. per week. The highest average charge in any asylum was 8s. 9½d, the lowest was 4s. 2½d. per week. There is no fixed rate at

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which "private patients," as we call them, are received into Irish district asylums further than that any contribution may be received provided it does not exceed the average of the general cost during the preceding year in the particular asylum, nor be less than half such cost. In special cases the Inspectors have power to sanction a still lower rate, which must, however, be in no case less than one-fourth of the general cost.

Included in the expenditure of Irish district asylums is an item never charged in England to the maintenance account. We allude to the item for repairs and alterations. Deducting it and the receipts for "articles, goods, and produce sold," we are able to institute a fair comparison between the expenditure for maintenance in the public asylums of both countries. Thus we find that the weekly cost per head was 8s. $9\frac{1}{2}\frac{1}{5}$d. in Ireland, and 9s. 8d. in England. It was only 8s. $5\frac{2}{1}\frac{}{0}$d. in Ireland the previous year. This advance in cost the Inspectors say has been due principally to "the exceptional rise in nearly all the articles of regular consumption" during 1872, "but especially to the enormous price of coal."

They advocate very strongly paying officers and attendants better than has been the case hitherto. They give, in one of their excellent appendices, a table showing the scale of wages and allowances for servants and attendants in each asylum separately. From this we learn that the highest wages given in Ireland to any head male attendant do not exceed £40, with clothing &c., and, in this case, the officer referred to performs also the duties of bandmaster. In the King and Queen's County Asylum, at Maryborough, there are eight male attendants receiving only £10 a-year, with clothing, &c.! It is to be hoped the committee of the asylum referred to will see the true wisdom and common justice of the following excellent and much to be commended remarks of the Inspectors:—

> It is false economy to deny a fair scale of wages to those who have to fulfil the necessary responsibility of watching over the insane at all hours, and are exposed to severe animadversion for the slightest neglect of duty . . . . Subordinate officers and attendants have as a body been underpaid; so much so that many of them have resigned from time to time for the purpose of leaving the country (just, too, at the moment when they became valuable from their experience), certain of being similarly engaged, and much better remunerated, in America or elsewhere. *This constant change of domestics* in asylums proves highly unsatisfactory, but particularly so with reference to the patients themselves, who are unsettled by it, and, in a curative point of view, injuriously affected by being placed under the care of crude and uneducated warders.

The Inspectors in several parts of their report refer, in terms of the highest commendation, to the way in which their duties, varied and onerous as they are, have been performed by the Medical Superintendents. To us in England it seems strange to read of a medical superintendent being held responsible for the correctness of all the accounts and the entire fiscal department of his asylum. It appears, too, that he has not only to see that all moneys are duly received and

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paid, and to account for the same monthly to his Committee of Visitors, but has also to furnish an abstract regularly to the Inspectors, to be by them submitted to the scrutiny of a public auditor sent down by Government to compare the fiscal statement with receipts, the "Want-book," &c. All this must necessarily involve a great amount of clerical labour calculated to weaken considerably energies which ought to be devoted to professional work. And yet—although so much work is thrown upon them—there are eighteen Superintendents in Ireland without an Assistant Medical Officer, as is shown by the Table at page 115 of the Report under review! One of these eighteen—Omagh—had a daily average number of patients amounting to 444. Another, Limerick, had 420 daily resident. The average of all comes to within a fraction of 270. Knowing all this, we cease to wonder at the fact brought out by Dr. Campbell, of Carlisle,* that only one solitary asylum in Ireland contributed to our medical statistics by the adoption of the Medico-Psychological Association's Tables in the annual report of the medical superintendent. There is another aspect of this question which it would be well to bring under the notice of the Boards of Governors of these eighteen asylums. They are undertaking the gravest responsibility in allowing their institutions to remain even for the shortest period without the actual presence of a medical officer. But this must frequently be the case for *many hours* at a time—as for instance when the medical superintendent is from home on his annual leave. During it the "Visiting and Consulting Physician" (an official entirely unknown to us in England, or in Scotland either), if he be very zealous and is not in large general practice, may spend perhaps two hours of each day in the asylum. During the remaining twenty-two the institution must "take its chance!" These Boards are aware, we presume, that if they do not see the necessity of putting an end themselves to such a "happy-go-lucky" system, it will probably be terminated—and the sooner the better—by the Lord Lieutenant exercising the absolute power given him by the fifth section of Lord Mayo's Act (30 and 31 Vict., c. 118)—a power which has been already exercised, we shall not say arbitrarily, but certainly very authoritatively, in the case of Chaplains, whom the Belfast Board, on principle, refused to appoint. The Inspectors themselves are not entirely free from responsibility in this matter, and we hope they will not shrink from their obvious duty as suggested by the section of the Act referred to. The scientific world looks to them (as being members of the medical profession) to take the lead in whatever may tend to the cultivation of the wide, but waste, field of psychological inquiry in Irish asylums. And here it occurs to mention that there is one very palpable deficiency in the establishments for the insane in the sister country—for which, however, the resident physicians can in no wise be held accountable—namely, with respect to

* *Vide* "Journal of Mental Science" for April, 1873, vol. xix., p. 68.

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post mortem examinations. These, in the absence of an assistant, it would be both unreasonable and out of the question to expect a medical superintendent to conduct—single-handed, over-worked and over-burdened, as he already is, with such a multiplicity of responsible duties. On every account, therefore, the Inspectors should be "up and doing" in this matter of the Assistant Medical Officers, and thus aid the Irish resident physicians to remove the reproach that they "sink science in economics, and lose their characters as physicians—or healers of disease—in their functions as house stewards and account keepers."

The Inspectors not only give their meed of praise to the medical superintendents but they also recommend an "improved modification" of the scale of salaries fixed by the Privy Council Rules of 1870. This scale we have tabulated below, giving in the last two columns the salaries, &c., to which the several medical superintendents are entitled, even though some of them may be continuing from choice under the old system:—

Class.	Accommodation.	Asylums comprised in each Class.		Medical Superintendent's	
		Names.	Total Number.	Annual Salary.	Allowances.
I.	800 and upwards	Richmond	1	£600	The same for all, namely:—Unfurnished apartments; fuel; light; washing; vegetables; bread and milk.
II.	600 and under 800.....	Cork	1	£550	
III.	500 „ „ 600.....	Omagh	1	£500	
IV.	350 „ „ 500...	Ballinasloe ... Limerick ..... Belfast ..... Mullingar..... Clonmel	5	£450	
V.	250 „ „ 350...	Monaghan ... Sligo ..... Downpatrick Letterkenny Enniscorthy... Ennis ..... Maryborough Castlebar	8	£400	
VI.	Under 250	Killarney ..... Londonderry Waterford ... Kilkenny ..... Carlow ..... Armagh	6	£340	

It will be seen from the above that only three out of the twenty-two Medical Superintendents of district asylums get what Lord Shaftesbury says should be the minimum salary. This opinion, moreover, was given fifteen years ago when the cost of almost everything in common use was 20 per cent. less than now. The Chairman of

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the English Lunacy Commissioners in his evidence before a Select Committee of the House of Commons thus expressed himself, in March, 1859:*—

> I cannot think that any superintendent ought to receive much less than from £500 to £600 a-year, besides a house and allowances. * * * * To the greater number of the medical superintendents very much larger salaries should be given, and unless you do that you cannot possibly secure the very best service. * * * * The great object must be to raise the *status* and character of the superintendents to the highest possible point.

The nineteen superintendents in Ireland who get less than Lord Shaftesbury's recommended minimum cannot even look forward to an increase in their salaries after any number of years' service. If they commence at £340 a-year, at that pittance must they remain, even though they devote fifty years to the service! If a Board of Governors desired to show their appreciation of a number of years' faithful devotion to duty, and asked the Lord Lieutenant to sanction an increase of salary, His Excellency would be obliged to refuse as having no authority to do so under the present Privy Council Regulations. With a view to the modification of these in regard to this point the Inspectors make the following suggestion:—

> When an officer attached to a smaller asylum for a series of eight or more years—whose professional capabilities must be fully equal to those at the head of the most extensive institutions of a similar kind—has efficiently and sedulously discharged the various obligations imposed on him, there should be a sort of *good service increase of pay* authorised on satisfactory grounds, and by a resolution of the Board of Governors addressed to the Executive.

This excellent suggestion supports the recommendation of the Royal Commissioners, who wrote thus in 1858:—

> The salary of the resident physician should be such as will secure the services of a competent medical officer, and we think it but just that it should increase with length of service, so that those who fill the situation may not be shut out from all prospect of bettering their condition.†

The superintendents of the nineteen smaller asylums may, it is true, look forward to a chance of getting promoted when a vacancy occurs in one of the other three; but such promotion involves the loss of all previous service in reckoning time for superannuation. In Ireland this is a serious matter, for there a medical superintendent requires to have served *forty* years before he can get a pension equal to two-thirds of his salary and allowances. An English or Scotch superintendent can get the same proportion after *fifteen* years. This is certainly not "justice to Ireland." The Irish medical superintendents hold their appointments direct from the Crown. Their salaries and retiring allowances ought, therefore, to be paid directly out

* See "Report from the Select Committee on Lunatics," ordered by the House of Commons to be printed 11th April, 1859.

† See "Report of the Commissioners of Inquiry into the State of the Lunatic Asylums in Ireland," p. 11.

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of the Consolidated Fund. Two good results would follow this change. 1st. The patron becoming also the paymaster, the principles of the British Constitution would be more strictly adhered to than at present. 2nd. In the case of a man whose service as a medical superintendent has been commenced in one district asylum and completed in another, there would be no difficulty about getting the first period reckoned for the purposes of the Superannuation Act. As the law stands at present all such previous service would count for nothing, the wording of the Act being—"Any officer whose whole time has been devoted to the service of *such* asylum."

We are sorry to find the Inspectors obliged to make the following remark:—

> We are much below what is noticeable in English hospitals for the insane with regard to means of recreation and indoor diversions—music, games, illustrated periodicals, and the like. Conversant from experience with the great advantages, in a professional point of view, derivable from such pastimes in the treatment of mental affections, our efforts shall always be directed to their future development.

The Inspectors, alluding to the great number—no less than 7,219—of insane persons "at large" in Ireland, draw attention to the probability of their transmitting to posterity the disease they labour under, and thus contributing to the perpetuation of one of the most terrible scourges of the human race.

If space permitted, we should be glad to quote extracts from the excellent remarks the Inspectors make on "Insanity in Criminals" and "Malingering."

But we must conclude by merely recommending a perusal of them to our readers, who will find in this and every other part of the report evidence of the care with which it has been prepared and of the breadth of view of its authors.

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2. *French Retrospect.*

By T. W. McDowall, M.D., Assistant Medical Officer, West Riding Asylum, Wakefield.

(*Annales Médico-Psychologiques September*, 1872, *to January*, 1873.)

Influence of the Events of 1870-71 *upon the Development of Mental Disease in France.*

In a very long communication, Dr. L. Lunier attempts to answer the questions; 1st: Do great political and social commotions determine the occurrence of a certain number of cases of insanity? 2nd: Do these tumults increase the number of lunatics? To obtain information for a satisfactory answer to these questions, he has not limited himself to Paris and the department of the Seine, but has made enquiry in all the Asylums of France.

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