On the Provision for the Insane Poor in the Future.

By D. Hack Tuke, F.R.C.P.

(Read at the B.M.A. Meeting, Aug. 14.)

Should the future provision for the insane poor in Yorkshire, and not in this county only, but in other counties of England, be conducted on the same lines as the past provision has been?

This paper aims at being something more than historical, and faces the practical questions which naturally arise from the survey which I have just made.

At least four questions arise?

I. Can the boarding-out of pauper patients with strangers be introduced into Yorkshire on a sufficiently large scale to sensibly relieve asylums from the pressure which, judging from the past, will be their experience in the future?

II. Is it possible to relieve the pressure on asylums by paying a more liberal sum for the maintenance of harmless and incurable patients in their own homes?

III. To what extent ought workhouses to be utilized? Has this utilization been carried as far as it suitably can be in providing accommodation for incurable lunatics?

IV. Closely connected with this question is the consideration of the operation of the Government Capitation Grant.

V. Lastly, would it have been wiser to build two asylums instead of one so as to provide a comparatively small establishment for the recent and acute cases, and another of a less expensive character for the demented, and, as part of the same question, should the smaller institution be on the same estate and under the same management as the other?

Unless we are prepared to maintain that the provision made for the insane and idiotic is as perfect in its character as the wit of man can devise, that there is no reasonable probability of preventing the enlargement of existing institutions by developing the home or cottage care of this class, or providing more lunatic wards in workhouses, or that if more asylums have to be built they cannot be planned more wisely than in the past, I say, unless we are justified in taking this optimistic position, there is an ample field for practical advice from those who are constantly engaged in attending to the needs of the indigent insane. Even if we decide that nothing better can be done in the future than has been done in the past, there will be the satisfaction of having obtained this testimony from those who are competent to judge.

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I. Should anyone present chance to have read my article on the "Boarding-Out System in Scotland" in the "Journal of Mental Science" of January last, he will allow that I am no enemy to the system, but that, on the contrary, I am likely to be hopeful rather than despondent as to the effect of its application to the congested lunatic districts of Yorkshire. And when one reads what Dr. Rutherford says in his last Report, that by adopting this remedy the number of pauper patients in the asylum belonging to the district in which it is located, so far from increasing, has actually diminished during the period between 1869 and 1888, I say, when we see such a happy result as this, one cannot but ardently desire to see a similar course pursued in this county, provided only that it be practicable, beneficial to the patients, and (what is too often overlooked) not harmful to the families in which they reside.

Before, however, recommending the system of boarding-out pauper lunatics as one means of preventing or lessening the accumulation of this class in public asylums, it is surely wise to ascertain what conclusions have been already arrived at in this matter by those on the spot competent to judge, and who are only too anxious that it should succeed. Now, Dr. Mitchell, the late Superintendent of the Wadsley Asylum, and Dr. Major, of the Wakefield Asylum, seriously contemplated carrying out the Scotch system some years ago. They came, however, to the decided conclusion that it was not practicable to adopt it in Yorkshire, mainly on account of the character and density of the population they had to deal with. Dr. Bevan Lewis is unfortunately driven to precisely the same conclusion, and holds that the objections to boarding-out in Yorkshire are legion, that is, using the term "boarding-out" in the sense in which it is generally employed, of placing patients with strangers for profit.*

II. Although, however, boarding-out the insane poor on the Scotch system appears to be impracticable, or, at least, injudicious in Yorkshire, a good deal has been done in sending from the asylums suitable cases home to their friends, which although one form of boarding-out, is better understood as the "trial-out system." This meets with Dr. Bevan Lewis's approval. Again, in the annual report of the Wadsley Asylum for 1883,

* I have vainly endeavoured to discover how many of this class are scattered about in Yorkshire, but the number is stated to be extremely small. I have obtained returns from Scarborough, Barnsley, Doncaster, Halifax, Pontefract, Sheffield, Holbeck, Wakefield, Wharfdale, Wortley, and N. Brierley, arranged under three heads:—In Lodgings and Boarded-out, 1. With Relatives, 175. Alone or in Almshouses, 9. Total, 185.

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it is stated that 46 patients had been discharged to the care of their friends, having improved or become so feeble that they could with safety and convenience be entrusted to the care of relatives. In the reports for 1886 and 1887, Dr. Mitchell states that the decision of the Committee to grant to patients discharged on trial a weekly sum equivalent to the cost of their maintenance in the asylum, has been attended with satisfactory results, Dr. Mitchell observing that "as only a small proportion of the cases thus dealt with have been sent back, the result of the efforts made to avert, by such means, the pressure on the accommodation of the asylum and to meet the requirements of fresh cases may be said to have been fairly successful."

Dr. Merson, of the Hull Borough Asylum, whose experience is quite in accordance with that of Dr. Mitchell, informs me that many of the harmless cases are, in his opinion, much better with their friends, when the latter can be induced to take them. In Hull, he finds that the friends, as a rule, are willing, and even anxious, to take charge of such cases without remuneration. During the ten years of his residence there, he has admitted 722 pauper patients. Of these, 100 who were deemed incurable and suitable for home-life were given up to the care of friends, with the exception of about ten sent to the workhouse. Sixty-seven have not been returned to the asylum at all. Thirty-three were sent back to it, but most of them after a considerable time. Of these, 11 were again entrusted to the care of their friends, so that 78 of the 100 so treated are still outside the asylum. There are no lunatics boarded out with strangers in Hull.

If the friends are able to take back these chronic cases without remuneration, well and good, but I think that, as a rule, it will be found necessary to give it.

I am glad to see that Dr. Chapman, in his last report of the Hereford Asylum, has dwelt strongly on the point of granting more liberal allowance to the relatives of patients kept at home, and recommends the grant of 5s., 6s., or 7s. a week, whereas at present it rarely exceeds half-a-crown. He advises that for all pauper lunatics "the County Council should have power to determine whether a patient should be placed in an asylum, the workhouse, or with their friends or others, with power to order the allowance in the latter instance, and to arrange for adequate inspection." This is just one of the points in which we may be of use in advising the new authorities in regard to their proceedings in the care of the insane poor.

You are aware that Dr. Duckworth Williams, the late Super-

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intendent of the Sussex County Asylum, staved off the evil day of having to erect additional buildings by making provision for a considerable number of quiet and harmless cases outside the asylum. I have obtained from him the exact result of his praiseworthy endeavours in this direction, and, seeing that what he has done has proved so successful, it is probable that the same plan may be pursued, to some extent at least, in this county. I say "to some extent," because conditions may exist in Yorkshire which are not so favourable to the success of the experiment as obtain in Sussex.

Dr. Williams was appointed Superintendent of the Hayward's Heath Asylum in 1869, when the beds were being rapidly filled up by an annual excess of 25 admissions over discharge and deaths. As the population of Sussex was steadily rising, a still greater increase was to be expected. Well, during the 18 years Dr. Williams was Superintendent, he, by encouraging, or rather pushing, the discharge of chronic and harmless cases to the care of their friends, reduced the average yearly increase to 10 patients, and by that means saved the county the expense of building another asylum.

From time to time cases were picked out which were considered fit for trial, and having ascertained that the relatives were both willing and able to receive the patient, Dr. Williams recommended him for discharge in the usual way. He was able to report after a trial of 2½ years that the anticipations entertained of the feasibility of this plan had been most encouragingly fulfilled. Fifty cases were discharged to the care of their friends, with the result that 23 remained with them, only six returned to the asylum, two died, one had to go to the workhouse, while 10 started again in life to resume their former avocations. (Result unknown in eight cases.) During the whole period of 18 years ending Jan. 1st, 1888, 600 chronic lunatics, or 15 per cent. of the admissions, were discharged either to the care of friends or to the workhouse. How many of these went to the latter, and how many to their friends, I cannot ascertain. During the six years ending Jan 1st., 1888, however, 132 of 277 discharges were sent to the workhouse and the remaining 145 were placed under the care of relatives.

In the evidence which Dr. Williams gave in 1877 before a Select Committee of the House of Commons, he urged an amendment of the present laws by which the boarding-out of pauper lunatics with relatives and others might be facilitated. I think his proposals were very wise, namely, that the county asylum should be the head-quarters of all the pauper lunacy in

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the county; that all lunatics should be on the books of the institution; that all chronic and harmless cases boarded with relatives or sent to workhouses should be retained on the asylum register. It was also proposed that they should be visited weekly by the Union Medical Officer, and quarterly by a medical man on the asylum staff, who should have the power to at once send away on his sole authority any case which he may consider should be readmitted into the asylum. Further, that the Union Medical Officer should at once report to the Medical Superintendent any change he might notice in the patients he visited, and that the Committee of the asylum should have power to order an allowance to be made to the person with whom a lunatic is boarded.

We have now a complex Lunacy Act in which these wise proposals have been to a certain extent recognized. Section 40 enacts that when the Asylum Committee is satisfied, on application from the relative or friend of a patient confined in an asylum, that he will properly care for him and is approved by the Guardians,* the patient may be delivered over accordingly, and the authority liable for the maintenance of the lunatic shall pay to the person to whom the lunatic is delivered such allowance, not exceeding the expenses incurred in the asylum, as such authority may on the recommendation of the Committee of Visitors think proper. It is also provided that the patient should be visited once in every three months by a medical officer of the district of the Union in which the lunatic is resident, and such medical officer shall within three days after each visit report the result thereof to the Committee of Visitors to the asylum. It will be admitted that this is a very important section. Dr. Williams informs me that if his proposals had been adopted when he was Superintendent, he could have easily doubled the number of out-door lunatic paupers. While I do not believe that what is true of Sussex would to anything like the same degree be true of Yorkshire, I am heartily glad that facilities and inducements will soon be in operation along with some, at least, of the safeguards which are absolutely essential to the suitable carrying out of the system of out-door relief to chronic pauper lunatics.†

* If the proposed residence is outside the limits of the Union to which the lunatic is chargeable, the approval of a justice having jurisdiction in the place where the relative or friend resides must also be obtained.

† Sub-section 5 of this Section enacts that so long as an allowance is paid, the lunatic shall not be deemed a pauper lunatic in an asylum for the purposes of the Lunatic Act, 1853, Sect. 66.

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As to the proportion of cases which are likely to be cared for either with their friends or others, I think that at the very outside it will be 10 per cent., more probably eight. At present it is about five per cent. in Yorkshire, and seven or eight per cent. in England and Wales.

III. There can be no doubt that very great relief indeed has been afforded to the Yorkshire asylums by the judicious use of the union workhouse. The extent to which workhouses can be properly utilized or even extended as substitutes for county asylums must always depend upon a careful selection being made of the chronic cases proposed to be sent there. Dr. Mitchell, in a letter recently addressed to me, speaking of his experience at the Wadsley Asylum, says that they were able to transfer far more patients to their respective workhouses than to the care of their relatives, and that he had the less hesitation in pressing this course as he knew that the imbecile wards of the West Riding Workhouses were, on the whole, very well managed, and he goes so far as to say that he had reason to believe that the patients were happier and more contented than they were in the asylum, as they could visit or could be visited by their friends much more frequently than when confined in the latter. In one of his annual Reports (1885), Dr. Mitchell expresses his regret that "the policy of providing for suitable cases in workhouse-wards which has the approval of the Commissioners in Lunacy, and which has been repeatedly advocated as not detrimental to the class of patients concerned, is not more generally followed. The immediate effect of refusal to act upon it on the part of any union may relieve local rates, but the course can hardly be right and just towards other unions, which adopt a different and, it is contended, a wiser view. One policy has the tendency to avert—the other to render constantly necessary—the call for costly asylum extension and new institutions out of proportion to the number of cases which require, or can be benefited by the more expensive accommodation."

Dr. Bevan Lewis has kindly favoured me with his experience on this vitally practical question, and arrives at the conclusion that "there is no remedy for the relief of our choked up asylums beyond a far greater development of the lunacy wards of our union workhouses, better managed and officered than they now are." This is a very important observation, and when we speak of workhouses we ought to make it clear that we mean workhouses prepared for the admission and proper care of lunatics.

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The Commissioners in Lunacy have on several occasions brought the unnecessary removal of chronic and harmless cases from workhouses to asylums under the notice of the Local Government Board, and have obtained from the superintendents a return of patients who might be taken care of in workhouses :—

1. In special lunatic wards.
2. In workhouse infirmaries with paid nurses.
3. In ordinary workhouse wards.

The returns thus obtained convinced the Commissioners in Lunacy that a very considerable proportion of the present asylum population might be adequately and more economically provided for in workhouses. It is gratifying to find that their inspection of workhouses satisfied them that on the whole "the treatment of the insane and imbecile inmates is fairly good, and that Boards of Guardians will frequently adopt reasonable suggestions for their improvement. In many workhouses, indeed, the services of these inmates are most valuable and save the cost of much paid labour" (39th Report, page 114).

Having for many years taken a special interest in the insane in workhouses, I may say that my experience is in accordance with these observations.

As to the percentage of cases which may properly find shelter in workhouses, it may be put at 25 per cent. at least. At present it stands in Yorkshire at 22·7.

IV. This brings me to the operation of the Government Capitation Grant of 4s. a week to the Guardians in aid of the maintenance of each pauper lunatic maintained in county and borough asylums. Unquestionably the original intention of the Legislature in allowing this grant was praiseworthy, having for its object the encouragement of Guardians to send recent and curable cases to asylums instead of retaining them in workhouses from motives of economy. Its operation, however, has extended far beyond this desirable result, and the feeling and experience of the Superintendents of the Yorkshire asylums have been, and are, strongly averse to this unfortunate grant.

I could bring an overpowering amount of testimony in support of this conclusion. As I am aware that some are still unconvinced, I must be allowed to quote the observation of the present Medical Superintendent of the Wakefield Asylum in a letter received from him a few months ago: "The Capitation Grant," he writes, "has been most demoralizing in Yorkshire, and my experience of the co-operation of union and asylum work has been far from cheering."

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I learn from a recent letter from Dr. Mitchell that about eight or ten years ago the Halifax Guardians, influenced by the fact that this grant would come into operation, and being in want of room, actually appropriated the imbecile ward for general purposes, and sent Wadsley the whole of the imbeciles —some 140—of a class "wholly suitable for workhouse treatment, and who had been very well treated there." As the patients were near their former homes and relatives, they complained bitterly of being removed so far away from their old surroundings. These patients, Dr. Mitchell says, are still at Wadsley.

The remedy for the mischievous working of this grant lies, it seems to me, in extending its operation (if retained at all) to workhouses and cases of out-door relief. Other modes of re-apportioning the grant have been proposed, but I think that this re-adjustment would be the simplest, and would go far in effectually removing the temptation to transfer chronic cases from workhouses to asylums. In consequence of the recent Local Government Act, the Capitation Grant is now paid by the County Councils out of the funds they receive from the Probate Duty and Licenses which were formerly paid direct to the Imperial Treasury, but I have the best authority for stating that the County Councils have no authority for making any change in the mode of distribution of the grant. For this the sanction of Parliament will be required.

V. Passing on now to the last question, namely, whether it would have been wise to build two moderately sized asylums instead of one large one—the acute cases being located in one institution and the dements in the other—I have partly anticipated the reply in my Address when speaking of the Menston Asylum. I have no doubt that county lunatic asylums, wherever erected, should be more differentiated than was the case in former days. There should be the means of treating acute cases in a separate hospital block, one in the construction of which no reasonable expense ought to be spared, or there should be a hospital at some distance from the asylum on the lines laid down by Dr. Newington in his recent Presidential Address. For the chronic class of patients other buildings, constructed much more cheaply, will doubtless suffice. The number of patients must, in any case, be large, but it is hoped that the evils resulting from enormous masses of the insane being collected together in one building will be avoided in future more than it has been in the past, although I can by no means go so far as to assert with some that our present asylums are

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manufactories of dementia. Nor am I prepared to endorse the outspoken remark of the Medical Superintendent of one of our largest asylums, who said to me the other day: "The talk about separate asylums for the curable is all humbug. The advantage of our monster asylums is this—that a patient is left to himself; whereas, if you'd tinkered him with drugs, you would have made a chronic maniac of him!" While fully approving, however, of the separate treatment of acute cases in a hospital on the same grounds as the other blocks or elsewhere, I confess that I am not so sanguine as to the curative results as many are. In considering the amount of provision which ought to be made for curable and recent cases of insanity, I must say at once that at the very root of this question lies a fact which we are slow to recognize, and, when recognized, are unwilling to admit, but one which, it appears to me, it is idle to ignore, namely, that "recent" and "curable" cases are sadly far from being convertible terms, that the curability of insanity has been greatly exaggerated, and that if the liability to relapse is honestly taken into account, we shall be able to understand the disappointment felt in regard to the results of the conscientious and praiseworthy county care which has been extended to the insane poor, and we shall be guided to sound practical conclusions as to the extent of asylum accommodation which we ought to place at the disposal of the curable insane. It surely behoves us, before we speak scornfully of the existing county asylum system, or indulge in optimistic expectations and prophecies as to the wonderful cures which will result from separate hospitals for recent and acute cases, to realize these facts. A passage in one of Dr. Major's annual Reports of the Wakefield Asylum enforces the painful truth for which I am now contending. He says: "I am constrained to express my opinion that in the large majority of the unfavourable cases admitted, the unhopeful prospect has been due, not to want of recourse to early treatment, but, so to speak, to inherent unfavourableness determined from the very outset of the mental symptoms. *Experience soon shows how numerous are the cases admitted into any asylum, in which the insanity is given (and so far as can be ascertained correctly given) as being of recent date, and yet in which but little or no hope of recovery can be entertained.*" (Report, 1878, p. 16).*

* I would also mention in this connection some important evidence given at the Select Committee of the House of Commons on Lunatics in 1859 by the Chairman of the Hanwell Asylum Committee (Sir Alexander Spearman), when he was asked: "Is not the effect of keeping patients in an asylum, instead of trans-

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Dr. Merson has recently afforded evidence of the increased ratio of cases of general paralysis to the total number of admissions, and he is not alone in his experience. Whether the sum of occurring insanity is greater than formerly or not, there seems to be overwhelming evidence that this hopeless form of mental disorder has increased in frequency in Yorkshire and Lancashire. In his Report of the Hull Asylum, 1888, Dr. Merson says: "To show the hopeless character of many of the admissions I need only mention that more than 26·5 per cent. of the persons admitted were suffering from general paralysis." Again, in this year's annual Report, he observes that of 824 cases admitted 309 were suffering from forms of mental disease, which rendered a cure from the first impossible. Of course these evidences of the hopeless character of a large number of cases of insanity admitted into our county asylums reveal very disagreeable facts, but unless they are candidly admitted and widely stated, the popular, and, I must think, medical illusion is perpetuated, that if only every case of mental disease were immediately placed under treatment, recovery would follow in a very large proportion of instances, some promising us even 80 per cent. The exposure of this fascinating fallacy, at once so pleasant to indulge in, and the cause of such bitter disappointment, does not, however, by any means disprove what has been very properly insisted upon, and by no one more strongly than myself, that prompt and judicious treatment in the early stage of mental disease will prove successful in some cases, which if they remained at home and received no special medical treatment would go from bad to worse, and lapse into a condition of hopeless dementia.

What I have said only affects the amount of the provision which ought to be made for curable cases, many holding that

ferring them to the workhouse, to keep out from your asylum curable cases to which you might do much good?" The reply was in the negative, and he proceeded to state that the Commissioners in Lunacy had communicated to the Committee the fact that there were no less than 76 curable pauper cases in private asylums in Middlesex, and had expressed a wish that immediate arrangements should be made for receiving these curable cases into the Hanwell Asylum. The witness then stated that they undertook to remove into the asylum every case that was really one likely to be benefited by the removal, and by being placed under more careful management. The Asylum Medical Officers visited every one of those cases, and they reported upon them to the Committee. What was the result? Why, to show that out of those 76 patients not more than half were cases in which there was the slightest possible chance of recovery. Four females were transferred to Hanwell, and in regard to these the Chairman's evidence was as follows:—"When I inquired yesterday it appeared that one had died and three were incurable." (Report of Select Committee, April 11, 1859, p. 251.)

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the extent of this should be very large, and I holding that it need be only very small.

Annexes for the chronic class of cases have met with the general approval of Superintendents—the amount of land, the staff of attendants, and the outlay on the building being less than in curative establishments. They have been promoted by the Lunacy Commissioners from time to time. In one of their Reports they maintain that "The best mode of making provision for pauper lunatics for which asylums have no accommodation is to erect inexpensive buildings adapted for the residence of idiotic, chronic, and harmless patients in direct connection with, or at a convenient distance from, the existing institutions. These auxiliary asylums would be intermediate between union workhouses and the principal curative asylums. The cost of building need not in general much exceed one-half of that incurred in the erection of ordinary asylums, and the establishment of officers and attendants would be on a small and more economical scale than those required in the principal asylums" (1887). I have the high authority of Mr. Cleaton for stating that the Board has seen no reason to alter the opinion thus expressed in regard to one of the most effectual remedies for the evil of which we are so painfully aware, and are so anxious to mitigate—accumulation.

I would here record, emphatically, my admiration of the county asylums as a whole, for the success of which we are indebted to the Committees of Visitors as well as the Medical Superintendents. Well indeed will it be if their successors in authority equal them in their efficiency. As Dr. Needham has justly said: "The generally admirable condition of asylums has been largely due to the direct or indirect action of the Magistrates, who have been well served by men whom they have trusted." If the liberality we admire has sometimes been marked by lavish prodigality, I do not wish the ratepayers or County Councils to suppose that cheapness is necessarily the one thing to secure, and that anything is good enough for the insane poor. The late Mr. Gaskell, for whom when in his prime all who knew him entertained so deep a respect, and whose name is now permanently associated with an examination for honours in psychological medicine—Mr. Gaskell, more than 40 years ago, thus wisely expressed himself in regard to the danger of extravagance in the erection of pauper asylums:—"It will not, I trust, be imagined that I have any wish to advocate a stinted accommodation for the insane poor of the county (Lancashire). On the contrary, my

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ardent desire is to see a liberal amount of that accommodation provided; but, at the same time, I submit that it should be judicious in its character and suited to the conditions of the parties needing it." Golden words, these!

Of the proportion of pauper lunatics for whom provision ought to be made in asylums I should place the minimum at 65 per cent., in that case apportioning 25 per cent. to workhouses, and 10 per cent. to outdoor relief, which is probably too high; while I think the maximum proportion of asylum cases may be estimated at about 70 per cent. In Yorkshire it has reached 71 per cent.

In conclusion, I would summarize my conclusions as follows:—

1. That the resources offered by the system of boarding-out patients with strangers are, as regards this county, of a very restricted character, and, therefore, any sanguine hopes excited by what has been effected in Scotland by this plan will not be fulfilled. The practice of paying something to the friends of pauper patients towards their maintenance to a more liberal extent than is at present the case should be encouraged. That after all has been done that can properly be done in the way of out-door relief, the great mass of pauper lunacy remains a fearful tax on asylum accommodation.

2. That workhouses, under proper conditions, including separate lunatic wards and effectual supervision, should be used to the greatest possible extent for that hopeless and chronic class of cases, which experience has shown may be cared for with sufficient regard to their comfort and interests.

3. That the Capitation Grant should, if retained, be re-adjusted, so as to avoid offering a temptation to guardians to send chronic cases to asylums.

4. That after provision has been made in workhouses and in private dwellings the great majority of the insane poor, probably 65 per cent., must be provided for in county and borough asylums.

5. That either distinct blocks should be prepared as hospitals for presumably curable cases, or a separate hospital for this class at some distance from the asylum.

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STATISTICAL TABLES

SHOWING THE PAST AND PRESENT PROVISION FOR THE INSANE POOR IN YORKSHIRE.

TABLE I.—Summary of Pauper Lunatics in Yorkshire, Jan. 1, 1889.

Opened.	Asylum.	Number.
1777	York Lunatic Asylum	46
1818	Wakefield (W.R.)	1350
1847	York (N.R.)	573
1849*	Hull Borough	276
1871	Beverley (E.R.)	259
1872	Wadsley (W.R.)	1562
1888	Menston (W.R.)	167
	In Workhouses	1316
	With Friends and Elsewhere	330
	Total	5879†

* Year in which the asylum was purchased by the Borough. The new asylum was opened in 1883.

† The number in the Report of the Commissioners in Lunacy 1889 (Table IX., p. 32), derived from the returns made by Clerks of the Guardians of Unions and Parishes of England and Wales, is 5,911, including cases paid for by the county, on account of the parish being undetermined. There are no pauper patients in the Private Asylums of Yorkshire.

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Table II.—Showing the Admissions, Discharges, and Deaths from the opening of the West Riding Asylums (Wakefield, Wadsley, and Menston), the North Riding, East Riding, and Hull Borough Asylums, to the 1st January, 1889.

	M.	F.	Total.	M.	F.	Total.
Cases Admitted				18,272	18,605	36,877
Cases Discharged—						
Recovered	6,498	8,137	14,635 (39·69 p.c.)			
Relieved	1,689	1,800	3,489			
Not Improved	1,059	1,012	2,071*			
Died	7,010	5,330	12,340			
Total Cases discharged and died since opening of the Asylums				16,256	16,279	32,535
Remaining 1st January, 1889				2,016	2,326	†4,342

* Includes Transfers to other Asylums. In the Wakefield Asylum Annual Reports, the "not improved" cases are included under the "relieved" up to the year 1850, and Transfers are not given until 1873.

† This total includes a few private and out-county patients.

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TABLE III.—Showing the total Admissions into the County and Borough Asylums of Yorkshire, distinguishing the Asylums from their opening to the 31st December, 1888, with the total number of Recoveries, and the percentage thereof, calculated on the Admissions, with and without Transfers.

Asylum.	Period.	Admissions.		Recoveries.		Percentage of Recoveries on Admissions.	
		Including Transfers. (1818-88)	Excluding Transfers. (1847-88)	1818-88.	1847-88.	Including Transfers.	Excluding Transfers.
West Riding Asylum (Wakefield)	1818 to 1888	20,294	—	8,585	—	42·30	—
Do. Do.	1873 to 1888	—	7,613	—	3,227	—	42·39
West Riding Asylum (Wadsley)	1872 to 1888	7,430	6,411	2,671	2,671	35·95	41·66
West Riding Asylum (Menston)	Oct. 8, 1888, to Dec. 31, 1888	167	—	—	—	—	—
North Riding Asylum (Clifton near York)	1847 to 1888	5,296	4,786	2,096	2,096	39·58	43·79
East Riding Asylum (Beverley)	1871 to 1888	1,382	1,063	407	407	29·45	38·28
Hull Borough Asylum	1849 to 1888	2,308	2,266	876	876	37·96	38·61
Totals		36,877	22,139	14,635	9,277	39·69	41·90
County and Borough Asylums in England and Wales	1879 to 1888						40·13
	Do.					35·60	

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TABLE IV.—Showing the Recoveries of *Persons* calculated on the *Persons* Admitted into the Hull Borough, East Riding and West Riding (Wadsley) Asylums, from their opening to January 1st, 1889.*

History of Recoveries of Persons.	M.	F.	Total.	The same, excluding Transfers.		
				M.	F.	Total.
Persons Admitted†	4,653	5,006	9,659	4,018	4,298	8,316
Of whom were Discharged Recovered during the same period, being 35·14 per cent. of Persons Admitted ...	1,431	1,953	3,384	1,418	1,943 (40·42)	3,360
Of these Recovered Persons there were Re-admitted Relapsed	297	459	756	295	459	754
Leaving Recovered Persons who have not Relapsed	1,134	1,494	2,628	1,123	1,484	2,607
Relapsed Persons Discharged Recovered	167	242	409	167	242	409
Net Recovered Persons, being 31·44 per cent. of Persons Admitted	1,301	1,736	3,037	1,290	1,726 (36·27)	3,016

P.S.—The materials for this Table cannot be obtained from the Annual Reports of the Wakefield, North Riding, and Menston Asylums.

* 1. Hull Asylum during 39½ years (1849-88).

2. East Riding Asylum, 17 years (1871-88).

3. West Riding Asylum (Wadsley), 16 years and 127 days (1872-88).

† The number of *Cases* admitted into these Asylums during the same period amounted to 11,120, and the Recoveries of *Cases* to 3,954, or 35·55 per cent., as against 31·44 per cent. when the calculation is made on *Persons*, as in the Table.

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TABLE V.—Showing the Admissions, Discharges, and Deaths in the Yorkshire County and Borough Asylums, with the Mean Annual Mortality and Proportion of Recoveries per cent. since the opening of the Asylums to December 31st, 1888.

Year (Dec. 31).	Admitted.	Discharged.			Died.	Remaining 31st December in each year.	Average Numbers Resident.	Percentage of Recoveries on Admission (including Transfers).	Percentage of Deaths on Average Number Resident.
		Recovered.	Relieved.	Not Improved.					
*1818 to 1867	13,556	5,465	1,002	345	4,900	1,844	721	40·31	13·87
1868	710	315	28	24	180	2,007	1,897	44·36	9·48
1869	710	298	24	15	247	2,133	1,989	41·97	12·46
1870	646	315	18	9	244	2,193	2,164	48·76	11·27
1871	855	298	84	139	263	2,264	2,392	34·85	10·99
1872	1,119	308	59	293	247	2,476	2,505	27·52	9·85
1873	968	338	49	109	321	2,627	2,563	34·91	12·52
1874	1,102	436	49	121	321	2,802	2,722	39·56	11·79
1875	1,162	471	52	86	368	2,987	2,882	40·53	12·76
1876	1,156	539	96	94	334	3,080	3,068	46·62	10·88
1877	1,120	464	137	60	369	3,170	3,121	41·42	11·72
1878	1,174	464	209	75	347	3,249	3,231	39·52	10·73
1879	1,206	533	149	85	370	3,318	3,316	44·19	11·10
1880	1,219	470	192	37	355	3,483	3,427	38·55	13.27
1881	1,238	501	175	32	396	3,617	3,601	40·46	10·99
1882	1,227	495	173	108	370	3,698	3,662	40·34	10·10
1883	1,237	486	183	39	395	3,832	3,778	39·28	10·45
1884	1,335	490	215	47	449	3,966	3,939	36·70	11·39
1885	1,132	482	139	48	484	3,945	3,941	42·50	12·28
1886	1,281	505	150	39	444	4,088	4,010	39·42	11·07
1887	1,282	492	129	69	487	4,193	4,131	38·37	11·37
1888	1,442	470	177	197	449	4,342	4,222	32·59	10·64
	36,877	14,635	3,489	2,071	12,340		1,455	39·69	12·09

* As there were no Discharges or Deaths during the short period the West Riding Asylum was opened in 1818, that year has been omitted from the calculations; the number of years up to 1867 has been reckoned as 49, and the number of years up to 1888 (inclusive) being reckoned as 70.

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TABLE VI.—Showing the Mortality Rate of the County and Borough Asylums of Yorkshire from their opening to 1887 (inclusive), in decennial periods, calculated on the average number resident.

I. WEST RIDING ASYLUM, WAKEFIELD.

Period.	Deaths (Average Annual Number).	Average Annual Number Resident.	Deaths per cent.
*1819-28	30·9	192·8	16·02
1829-38	52·9	292·7	18·07
1839-48	51·0	421·5	12 00
1849-58	121·4	711·2	17 06
1859-68	155·7	1069·7	14·55
1869-78	154·2	1428·4	10·79
1879-87 (9 years)	146·4	1405·5	11·56
1819-87 (69 years)	103·2	780	13·20

II. NORTH RIDING ASYLUM, NEAR YORK.

Period.	Deaths (Average Annual Number).	Average Annual Number Resident.	Deaths per cent.
1848-57	21·6	264·7	8·16
1858-67	46·4	479·4	9·67
1868-77	49·0	488·7	10·03
1878-87	59·9	557·1	10·75
1848-87	40·0	447·4	9·60

III. HULL BOROUGH ASYLUM.

Period.	Deaths (Average Annual Number).	Average Annual Number Resident.	Deaths per cent.
†1849-70			
1871-80	26·1	145·9	17·88
1881-87 (7 years)	29·8	210·1	14·18
1871-87 (17 years)	27·64	172·3	16·01

IV. WEST RIDING ASYLUM, WADSLEY.

Period.	Deaths (Average Annual Number).	Average Annual Number Resident.	Deaths per cent.
‡1873-82	105·3	897·9	11·80
1883-87 (5 years)	154·4	1488·6	10·37
1873-87 (15 years)	121·7	1095·5	11·11

V. EAST RIDING ASYLUM, BEVERLEY.

Period.	Deaths (Average Annual Number).	Average Annual Number Resident.	Deaths per cent.
1872-81	27·30	220·48	12·37
1882-87 (6 years)	29·00	279·24	10·39
1872-87 (16 years)	27·93	256·25	10·90
England and Wales 1878-87 (County and Boro' Asylums).	...	...	9·99

* The Asylum was opened in 1818, but not long enough to comprise any deaths.

† The Mortality Returns for 1849-70 are doubtfully correct, and therefore have been omitted.

‡ The year of opening (1872) comprising only four months is excluded.

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TABLE VII.—Showing the Recovery Rate in the County and Borough Asylums of Yorkshire, from their opening to 1887 inclusive, in decennial periods, calculated on the total Admissions (including Transfers).*

I. WEST RIDING ASYLUM, WAKEFIELD.

Period.	Admissions.	Recoveries.	Percentages.
†1819-28	1,124	508	45·10
1829-38	1,430	607	42·44
1839-48	1,474	563	38·19
1849-58	2,991	1,285	42·96
1859-68	3,919	1,591	40·59
1869-78	4,842	2,239	46·24
1879-87 (9 years)	4,030	1,641	40·71
1819-87	19,810	8,434	42·57

II. NORTH RIDING ASYLUM, NEAR YORK.

Period.	Admissions.	Recoveries.	Percentages.
†1848-57	895	272	30·39
1858-67	1,244	521	41·88
1868-77	1,423	577	40·54
1878-87	1,453	639	43·97
1848-87	5,015	2,029	40·46

III. HULL BOROUGH ASYLUM.

Period.	Admissions.	Recoveries.	Percentages.
1849-70	969	395	40·8
1871-80	651	275	42·44
1881-87 (7 years)	579	172	29·69‡
1849-87	2,199	842	38·29

IV. WEST RIDING ASYLUM, WADSLEY.

Period.	Admissions.	Recoveries.	Percentages.
†1873-82	4,083	1,436	35·17
1883-87 (5 years)	2,525	1,014	40·15
1873-87	1,608	2,450	37·08

V. EAST RIDING ASYLUM, BEVERLEY.

Period.	Admissions.	Recoveries.	Percentages.
†1872-81	708	244	34·46
1882-87 (6 years)	408	145	35·53
1872-87	1,116	389	34·85

* In comparing Decennial periods it would obviously be unfair to include the first year in which an asylum was opened. This year has, therefore, been omitted in this Table, with the exception of the Hull Asylum, which was re-christened in 1849, but was not a new asylum.

As the Recovery Rates in this Table are exclusive of the year of opening, while those given in Table III are inclusive of that year, there is a discrepancy to that extent between them. This Table, which gives the most favourable results, is fairer to the Asylums than the other.

‡ The low Recovery rate is due to a large number of Transfers from the East Riding Asylum, and the unfavourable character of many of the Admissions.

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Table VIII.—Showing the Admissions of Pauper Lunatics into the County and Borough Asylums in Yorkshire (including Re-Admissions and Transfers) during the years 1849-1868 inclusive.

Years.	Total Admissions.	Years.	Total Admissions.
1849	397	1859	508
1850	346	1860	510
1851	444	1861	574
1852	399	1862	531
1853	449	1863	528
1854	436	1864	590
1855	369	1865	531
1856	423	1866	562
1857	525	1867	639
1858	501	1868	709

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TABLE IX.—Showing First Admissions of Pauper Lunatics into the County and Borough Asylums in Yorkshire during the Decades 1868-77, 1878-87; also the Annual Average during each decade.

Years.	Ratio of First Admissions to Pop. (per 10,000).	First Admissions.			
		Including Transfers.		Excluding Transfers.	
1868	2·60	590		2·55	583
1869	2·56	595		2·53	588
1870	2·29	542		2·27	537
*1871	2·28	550		1·42	342
†1872	3·47	868	Annual	2·78	696
1873	2·67	665	Average	2·16	537
1874	3·31	836	= 740	2·80	709
1875	3·58	926		3·19	825
1876	3·52	942		3·18	851
1877	3·28	892		3·05	832
1878	3·23	894		2·43	773
1879	3·38	952		3·09	869
1880	3·31	947		3·02	865
1881	3·43	998		3·34	971
1882	3·20	948	Annual	3·13	927
1883	3·24	974	Average	3·11	935
‡1884	3·31	1020	= 958	3·06	935
1885	2·83	881		2·74	853
1886	3·15	966		2·86	911
1887	3·14	1009		3·07	984

Annual Average = 650	Annual Average = 902

* Opening of the East Riding Asylum.
† Opening of the Wadsley Asylum.
‡ Immediately after the opening of the new Hull Borough Asylum.

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Table X.—Showing the Ratio of Pauper Lunatics to the Population and to the Number of Paupers in various Counties, including Yorkshire, January 1st, 1888.

County.	Ratio of Pauper Lunatics to Population.	Ratio of Paupers to Population (per cent).	Ratio of Pauper Lunatics to Paupers (per cent).
Middlesex	1 in 261	2·70	14·21
Wilts	1 in 271	4·32	8·42
Gloucester	1 in 284	3·77	9·34
Kent	1 in 378	3·20	8·27
Norfolk	1 in 319	4·53	6·92
Southampton	1 in 323	3·65	8·49
Somerset	1 in 338	4·21	7·02
Warwick	1 in 338	2·40	12·30
Devon	1 in 339	4·31	7·02
Surrey	1 in 346	2·55	11·36
Sussex	1 in 403	3·62	6·84
Essex	1 in 428	3·46	6·74
Notts	1 in 430	2·50	9·28
Lancashire	1 in 456	1·98	11·07
Cheshire	1 in 474	2·37	8·88
Stafford	1 in 487	3·52	5·84
Yorkshire	1 in 560	2·32	7·54
Durham	1 in 668	2·34	6·38
England & Wales...	1 in 384	2·90	8·92

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TABLE XI.—Showing the Number and Distribution of Pauper Lunatics and Idiots in Yorkshire in 1837 in pursuance of an Address to the Crown July 5th, 1836. (First Return made by the Poor Law Commissioners.)

RIDING.	In Asylums.	In Licensed Houses.	In Work-houses and Out-door.	Totals.
East Riding	23	71	92	186
North Riding	36	14	126	176
West Riding	305*	3	376	684
Totals	364	88	594	1,046 { 1 in 1,417 Pop.
England and Wales (at same date)	—	—	—	13,667 { 1 in 1,000 Pop.

* At that time there were in the Wakefield Asylum about 300 patients.

NOTE.—In Middlesex there was in the same year 1 to 696; in Lancashire 1 to 1,960; in Wilts 1 to 750; and in Surrey (lowest proportion in England) 1 to 1,965.

(Corresponding Return, January 1st, 1889.)

RIDING.	In Asylums.	In Licensed Houses.	In Work-houses and Out-door.	Totals.
East Riding	574	—	207	781
North Riding	552	—	142	694
West Riding	3,139	—	1,297	4,436
Totals	4,256	—	1,646	5,911 1 in 560 †

† In 1888, 1 in 570. At the same date there were in the East Riding 1 in 475, in the North Riding 1 in 555, and in the West Riding 1 in 573.

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Table XII.—Showing the number of Pauper Lunatics maintained in County Asylums, Registered Hospitals, Private Asylums, Workhouses of Yorkshire, and those residing with Relatives or elsewhere, Jan. 1st, 1861, 1871, 1881, 1888, and 1889. Also the number per cent. under these headings.

Years.	Pauper Lunatics.				Of each 100 Pauper Lunatics the number maintained.			
	In Asylums.	In Work-houses.	With Relatives, etc.	Total.	In Asylums.	In Work-houses.	With Relatives, etc.	Total.
1861	1571	697	379	2647	59·40	26·30	14·30	100·0
1871	2191	1064	407	3662	59·83	29·05	11·12	100·0
1881	3381	1274	302	4957	68·20	25·70	6·10	100·0
1888	4159	1297	325	5781	71·94	22·44	5·62	100·0
1889	4265	1316	330	5911*	72·16	22·26	5·58	100·0
England & Wales.								
1889	52193	17509†	5930	75632	69·01	23·15	7·84	100·0

* See note, Table I.
† Includes the Metropolitan District Asylums. If these were deducted and added to the "Asylums" the percentages would be as follows :—In Asylums, 76·27; in Workhouses, 15·89.

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TABLE XIII.*—Showing Date of Opening, Number of Patients, Expenditure, etc., in Yorkshire County and Borough Asylums, to Jan. 1, 1887.

YORKSHIRE.	Date of Opening.	Population of District, 1881.	Amount of Land.	Amount of Land Rented.	Total Amount of Land.	Cost of Land to December 31st, 1886.	Expense of Building to December 31, 1886.	Total.
			A. R. P.	A. R. P.	A. R. P.	£	£	£
†North Riding, near York.....	April 7, 1847	315,756	158 0 0	— — —	158 0 0	22,542	109,423	131,965
West Riding, Wakefield	Nov., 1818	2,175,314	49 2 22	78 1 24	128 0 6	11,397	345,627	357,025
West Riding, Wadsley	Aug. 27, 1872		194 3 28	— — —	194 3 28	30,253	337,151	367,404
‡East Riding, Beverley	Oct. 25, 1871	111,690	113 3 19	— — —	113 3 19	5,798	57,825	63,623
Hull Borough (New Asylum)	Dec. 13, 1883	154,240	74 2 0	— — —	74 2 0	12,770	79,249	92,019
		2,757,000	590 3 29	78 1 24	669 1 13	82,760	929,275	1,012,035

* Extracted from the latest Parliamentary Return (1887). † Excluding Borough of Scarborough. ‡ Excluding Hull and York Boroughs.

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Table XIII. (*Continued.*)

YORKSHIRE.	Number of Patients. Accommodation, December 31, 1886.			Number of Patients in Asylum, January 1st, 1887. Belonging to the District.			Belonging to other Districts.			Cost of Maintenance per head during 1886. Annual.			Weekly.			Expense of Medical Staff. Officers.	Salaries.	Allowances.
	M.	F.	T.	M.	F.	T.	M.	F.	T.	£	s.	d.	£	s.	d.		£	
North Riding, Near York...	309	321	630	236	247	483	52	54	106	24	6	10	9	4		Supt.	800	Furnished House, Man-servant, Coals, Gas, Washing, Stabling, etc., £287.
																Asst. Med. Off.	170	Rations, Attendance, Furnished Apartmts, Coals, Lighting and Washing, £128.
West Riding, Wakefield ...	695	703	1,398	693	704	1,397	1	—	1	22	8	10	8	7		Supt.	600	Board, Furnished House, three Servants, £420.
																1st A. M. O.	200	Board, Furnished Rooms, Attendance, £90.
																2nd A. M. O.	150	Ditto, ditto.
																3rd A. M. O.	130	Ditto, ditto.
West Riding, Wadsley.....	708	844	1,552	660	789	1,449	23	71	94	20	18	2	8	0		Supt.	800	Residence, Board, etc., £200.
																Senior Asst.	250	Ditto, ditto, £75.
																2nd Asst.	180	Ditto, ditto.
																3rd Asst.	120	Ditto, ditto.
																4th Asst.	120	Ditto, ditto.
East Riding Beverley.....	150	150	300	109	122	231	44	17	61	22	3	0	8	6		Supt.	500	Furnished House, Horse Keep, Washing, Coals, Gas, Garden Produce, £160.
																Asst. M. O.	100	Board, Lodgings, Washing, and Attendance.
Hull Borough	130	180	360	128	124	252	—	2	2	27	9	9	10	7		Supt.	400	Furnished House, Board, Washing, Coal, Gas, use of Garden, and Keep of Horse, £350.
																A. M O.	120	Board, Lodging, Washing and Attendance, £70.
	2,012	2,198	4,240	1,826	1,986	3,812	120	144	264	117	6	7	2	5	0			

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