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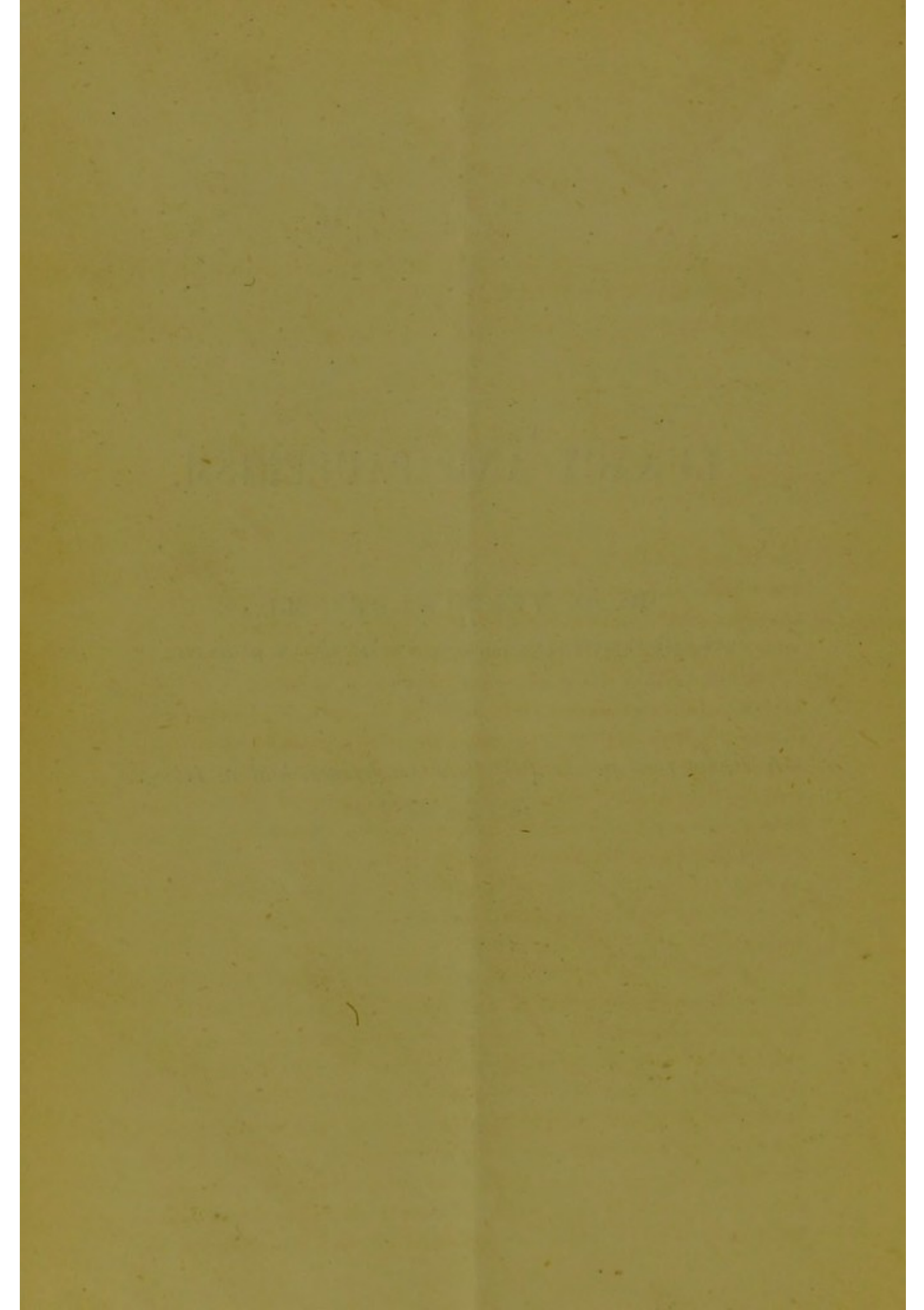
LUNACY AND PAUPERISM.

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LUNACY AND PAUPERISM.

DR. YELLOWLEES.

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OF all the causes which render man dependent on his fellows for sustenance and care, Lunacy is the one about which there can be the least cavil on the part of the helpers, as it is certainly the one which entails the least reproach on the recipients.

It is true that the insanity may have been induced by the vice or folly of its victim, but this is equally true of other pauperising diseases. However induced, the condition is one which so completely destroys the power of self-support, and so urgently demands care and treatment beyond the reach of the sufferer, that the necessity for public help cannot be questioned. Moreover, this care and treatment are demanded for the sake of others as well as for the sake of the lunatic, and, on this double ground, the necessity for public aid and interference is universally recognised.

Not only does insanity among the *poor* demand public help, but so great is the burden, and often so prolonged, which it entails on relatives, that it compels many to seek such help who, but for this dire affliction, were far above it. It is simply impossible that an average working man, or even a skilled artizan—though he hates the suggestion of parish aid, and would bitterly resent it on any other ground—can maintain his home and at the same time pay £30 or £40 a-year for a lunatic wife or child, and, of course, it is still more impossible that they could pay it for him. Many a noble struggle have I seen to maintain an

afflicted relative, and to avoid what was falsely deemed a degradation, the savings of years spent without a murmur, and many a hardship cheerfully endured for the sake of a poor lunatic who was all unconscious of the sacrifice. Sometimes, too, after years of struggling, when ill-health or age or poverty had come to the workers and made struggling vain, I have felt sadly that help had been asked, or had been granted, too late, and that the household could never rise again to the old level of independence and self-support. On the other hand, I have sometimes felt that help had been asked too soon, or, through private influence, had been too readily granted, and that those who should have borne the burden had transferred it to the public under the specious plea that it *would cost the parish nothing*, since the Government grant and the relatives' contributions would repay all the cost of maintenance.

Still I cannot too earnestly say that it is true economy as well as true kindness to help such cases *in time*. It is far better and wiser and easier to help *one* when the help can be effectual than to have a whole family pauperised, and the spirit which prompts such independence and self-sacrifice as I have described is too noble and too rare to be allowed to die under its burden. My experience is that a parish always deals kindly and liberally with its own *native* cases of this kind, but that the cases where the relief given has to be recovered from another parish are apt to get hard measure. I know no kind of public help which demands more wise discretion in its bestowal, nor in which it is more needful to temper justice with mercy.

The extent to which intemperance and vice increase the number of lunatic paupers is sorrowfully great, and is sometimes apt to harden the heart. Intemperance is the assigned cause of insanity in only about 15 per cent. of asylum admissions; but this refers merely to the habits of the individual. It does not include the tendency to insanity inherited from drunken ancestors, nor the brain mischief wrought in the drunkard's home by the poverty and hardships, the sorrow and care, the danger and violence which his vice entails. None can measure these, and insanity is but one phase of the curse they bring. We can only strive and hope that by better education of head and heart, by healthier houses, by kindlier sympathy and better example from those

above them, there may come to our lower classes that ennobling sense of the Unseen, that wise moderation and self-denial, that moral and social elevation, which are the best antidotes to insanity.

The facts and figures as to Pauper Lunacy in Scotland are little known to the public, and are very impressive.

In the year ending 14th May, 1883—the most recent period for which the statistics are fully available—the number of persons relieved as lunatic poor was 10,897, at an expenditure to the parishes of £215,832. Of this sum, £21,738 was recovered from relatives or other sources, leaving £194,094 as the actual cost to the public. It is true that the parishes received £81,495 towards this amount from the Government grant of 4s. weekly for each certified lunatic, but the expenditure is none the less a public burden that it comes from the public exchequer instead of directly from the ratepayers.

These figures represent the expenditure during a single year for *care and maintenance only*. They do not include the cost of erecting and maintaining the district asylums, which are provided by county and not by parochial assessment.

The total number just given includes all persons who were relieved as lunatic paupers during the twelve months. The nett total on the Registers on 1st January, 1884, was 8889. Unfortunately this total increases year by year.

On 1st January, 1864, it was 5320;

On 1st January, 1874, it was 6529;

On 1st January, 1884, it was 8889;

being an average yearly increase of 121 during the first of these decades, and of 236 during the second.

This portentous increase in the number of pauper lunatics, and the frequently recurring demand for increased asylum accommodation which it entails, have given rise to the impression that lunacy, as a disease, is very largely on the increase. This impression may not be entirely incorrect, but it is certainly far beyond the truth, and the increasing number of pauper lunatics affords little or no foundation for it. The Register of Private Lunatics gives exactly the opposite impression, for, while the average yearly increase of this class of lunatics was 31·7 during the first of these decades, it was only 21·3 during the second.

The annual increase of private lunatics is steadily lessening, while the annual increase of pauper lunatics is simultaneously and rapidly growing. This does not prove that lunacy is increasing, but only that a greatly increased number of persons are registered as pauper lunatics. This increase is due to several causes which it is important to elucidate, as they have a most practical bearing on the whole question.

The first cause of the increase is that many conditions are now regarded by the medical profession and by the public as insanity which, even 50 years ago, would never have been so classified. Any slight degree of congenital weak-mindedness, or the garrulous childishness of old age, or the weakened memory that follows a paralytic stroke, are—any of them—sufficient to constitute technical unsoundness of mind, and to afford ground, though perhaps not reason, for placing the subject of them under care as a lunatic.

The next cause for the increase of lunatic paupers is that asylums for the insane are no longer regarded with the horror and repugnance of other days, or as places of mystery and doom.

The public are learning that asylums are merely brain-hospitals, and that their inmates find in them a comfortable home and kindly and skilful care; hence there is no longer the senseless dislike to these institutions which formerly existed, and the relatives of patients thankfully accept their aid for afflicted friends.

But by far the most potent cause of the increase is the Government grant of 4s. weekly in aid of the maintenance of certified lunatic paupers. It is a direct premium on the manufacture of pauper lunatics, and a very questionable kind of relief to parochial expenditure.

In deciding whether or not a weak-minded pauper should be placed in a lunatic asylum, other things than his mental condition must largely influence and determine the course adopted. What kind of a home he has, in its accommodation, its inmates, its surroundings; what his relatives can contribute towards his support; to what extent they can supply the necessary watchfulness and care, and whether medical attendance and medical comforts are required. If the circumstances in these respects seem at all unfavourable, and if the aid from the parish would equal or exceed

the average cost of maintenance in the poorhouse, the welcome aid of the four shillings a week inevitably suggests itself to the official mind, and the district lunatic asylum promptly receives another inmate.

Possibly this course was the best thing for the patient, but that it was also the easiest course for the parish had something to do with its adoption. The asylum is built by county assessment and not from the parochial rates, so the parish has no direct interest in keeping down its population; and when its benefits can be obtained—thanks to the Government grant—at no apparently greater cost, and at far less trouble than home care, need we wonder that it is amply patronised, and that the number of pauper lunatics in asylums grows apace?

During the ten years, 1864 to 1874, when the yearly increase of pauper lunatics in Scotland was 121, there was no Government grant; but during the ten years, 1874 to 1884, when the Government grant (begun in 1875) was in operation, the average yearly increase was 236. The grant has increased the expenditure which it was intended to relieve, and this to such an extent that the real and effective local relief which it gives is now reckoned to be only one-third of the sum given.

I believe the Government grant as at present distributed to be what I have said, a direct premium on the manufacture of pauper lunatics, and this is the universal experience of asylum superintendents alike in England and Scotland.

If Government were to maintain, in whole or in part, those lunatics who have no ascertainable settlement—as the county funds do in England—and allow each parish to maintain *its own* lunatics, the distribution would be far less open to abuse, and great hardships would be remedied, for small parishes are often seriously burdened by alien lunatics who had wandered within their boundaries.

Scarcely less important than the increase in the number of pauper lunatics, is the *mode in which they are provided for*. Of the 8889 lunatic paupers in Scotland, on 1st January, 1884, 7078 were in public asylums and licensed lunatic wards of poorhouses, and 1811, or 20·3 per cent. of the total number were boarded in private dwellings. It is a remarkable fact, and one most honourable to the Lunacy administration of Scotland, that since 1877

there has been no pauper patient in a private asylum; but the insane who are supported by the public are entirely in institutions created and controlled by the public. There can thus be no motive for their undue detention, and no need for trying to squeeze a profit out of the low boards paid for them.

The different modes of accommodation are properly applicable to different classes of cases, and there is material difference in their respective cost. For the ten years ending May, 1882, the average daily cost, for maintenance only, of a lunatic pauper was, in asylums 1s. 5½d. per day, in licensed wards 1s. 1d. per day, in private dwellings 9d. per day.

The difference in cost between institutional and private care is thus very great, and in large parishes the method adopted largely influences the total expenditure for lunatics.

In the three large Glasgow parishes, whose inspectors have kindly supplied me with the figures as on 14th May, 1884, these different modes of maintaining the lunatic poor are well illustrated.

The Barony parish has 514 lunatics, of whom 482 are in their splendid asylum at Woodilee; 13 are in other asylums, and 19, or only 3·7 per cent. of the total are boarded out in private dwellings.

The City parish has 509 lunatics. It has accommodation in its own asylum for only 124 of these; 321 are in other asylums, and 64, or 12·6 per cent. of the total are boarded out.

Govan has 304 lunatics, of whom 229 are in its own asylum, 12 in other asylums, and 63, or 20·7 per cent. of the total are boarded out.

The Barony system, where practically the whole of their lunatics are in their own asylum, is simple and satisfactory, but very costly; and it has the further grave drawback, that the asylum must in course of time become surcharged with an accumulation of chronic cases, which really do not require the costly care of such an institution, but which will compel its extension and hamper its efficiency as a curative hospital. In the other two parishes material saving is effected by boarding out the harmless and incurable cases.

The boarding-out of pauper lunatics has, like most questions, two sides, and it has been praised and condemned with almost equal emphasis. The Official Reports of the Deputy

Commissioners in Lunacy—and they assuredly possess the fullest knowledge and experience of the practice—give the system unqualified praise in suitable cases; but when we find that a representative dietary for boarded-out lunatics costs 2s. 6d. per week, and contains no butcher's meat, while rent, fuel, and soap are estimated at 13d. per week—making in all a weekly total of 3s. 7d.—an Asylum Superintendent may be pardoned if, in spite of their testimony, he cannot help regarding a change from the comforts and dietary of an asylum to such fare and surroundings as a very doubtful benefit to the patient, and one for which the supposed sense of freedom and of domestic associations afford a very questionable compensation.

For many of the chronic and demented lunatics dependent on public charity the expensive care and arrangements of a modern asylum is an unnecessary and costly extravagance; but a bare subsistence like this is surely the other extreme, and nothing less than a cruel parsimony.

Still, it cannot be doubted that for many patients the boarding-out plan answers admirably, under more liberal arrangements. The great drawbacks are that the really suitable cases are so few, and that the difficulty of finding suitable homes for them is so great. At the best, therefore, this method affords but a very limited relief from the grievous accumulation of chronic and incurable cases. How to provide for these suitably and economically is a very urgent and important question.

The large chronic asylums, erected by the Metropolitan Asylum District Board, near London, at Leavesden, Caterham, and Darenth, into which the London work houses draft the incurable cases which accumulate in their wards or asylums, and which each accommodate nearly two thousand patients, at an average weekly cost of about 8s., show one method of solving the question; and it has proved, for their special circumstances and cases, in many respects satisfactory.

This question is one which continually recurs to every asylum superintendent, and I may be allowed to quote what I wrote on the subject some years ago, as time has only confirmed the views it expresses.

“The history and circumstances of many of our increasing counties or districts, as regards provision for their pauper insane,

are unfortunately similar. An asylum is built which seems more than sufficient for all the needs of the district, and for a time it can receive patients from other districts also. Gradually, as each year adds its quota, the incurable cases accumulate. Then the out-district patients are expelled. Then a wing is added here and another there. Then the economic department is found unequal to the unexpected growth of the population, and must be remodelled. Then additional wings are required, until the asylum grows to twice or thrice its original size, is cumbrous and inconvenient in working from the dislocations of its original plan, and is less efficient as a place of cure since individual treatment has become increasingly difficult, and the new cases are easily overlooked amid a multitude of incurables.

“To transfer these incurables to the lunatic wards of a poor-house is no solution of the difficulty. They are thus merely moved from one asylum to another, and either the one building or the other must be enlarged to meet the growing numbers.

“The ‘boarding-out’ plan has been strongly advocated, and has been adopted with some satisfactory success. The incurable patient is discharged from the asylum, and through the agency of the parish officials, is placed as a boarder either with relatives or in the homes of strangers, being still supported by the parish and under the supervision of the Lunacy Authorities. The fatal defect in this method is its inadequacy to meet the difficulty. While it answers admirably for some patients, there are many more for whom it would be quite unsuitable. It would not be possible to dispose properly and safely of one-half—probably not even of one third—of the incurable cases in this way, even were it possible to find for them trustworthy guardians and suitable homes.

“All experience seem to prove that every county or district should have two asylums, or rather two types of asylums for its pauper insane. One of these should be distinctly a Hospital, possessing an ample staff of officers and attendants, and fully equipped with all the best means and appliances for the treatment of recent insanity. It should be central, or easily accessible from all parts of the district. It should receive all the new cases as they arise, and should retain only a sufficient number of old cases to give the new comers the necessary example of industry, order, and obedience. Its population should not exceed 250 or 300 at

most, so that the utmost possible effort may be made for the restoration of each individual patient. Its chronic cases should be drafted off as they arise, to the other and larger asylum. In very large districts several such cure-asylums would be required near the different centres of population.

“The other asylum should be distinctively a Home. It should be situated in a country district and be surrounded by ample lands for spade cultivation and for milk supply. Its central portion should be fitted for infirm and for excitable patients, and the wings should be a series of blocks capable of almost indefinite extension, for the ordinary cases. It should receive no patients except from the cure-asylums. Such a building should be erected at about half the cost per bed of the cure-asylums, and the utmost economy consistent with the welfare of its inmates should be a prominent feature in its administration.

“This plan of providing for the insane poor of a district would secure, I believe, at once the greatest benefit to the patients and the least expense to the rate-payers.”

There are other points of much interest connected with this subject, such as the proportion of pauper lunatics to the population and to ordinary paupers, the distribution of pauper lunacy in town and country districts, the varying cost of maintaining pauper lunatics in different institutions, the results of asylum treatment, the proper limitations of the boarding-out method, the saving that might be made by removing chronic and harmless cases from asylums to the ordinary wards of a poorhouse, as is so largely done in England, and the wisdom of making pauper lunacy an imperial and not a parochial burden. It is impossible to do more than allude to these questions to-day, for I am sure that I have already exhausted both your time and patience.

