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INSANITY IN BENGAL.

IN the four pages, which is the "maximum limit" for the annual report on the Lunatic Asylums of Bengal, Colonel S. H. Browne, M.D., C.I.E., I.M.S., has managed to compress a considerable amount of interesting information about insanity in Bengal. There are six asylums in the Province, in which, during the year, 1,348 lunatics were treated, with a daily average of 1,053. This figure 1,348 is the highest on record, but Colonel Browne is very guarded in drawing any inference from this, that insanity is increasing in Bengal. As far as we can trust the Census figures for 1901, there has been a decrease in the number of lunatics in the Province, but here again he points out that part of this decrease may be due to the more careful exclusion of cases of cretinism and fever delirium than was the case in former Censuses. Therefore he decides that it is probable that the increase in the number of certified lunatics is merely due to a more free and frequent resort to the use of asylums, a matter for congratulation than otherwise. The number of cures amounted to 41 per cent. of the number of admissions, but this does not mean that 41 per cent. of the *new* admissions were cured. Of the 1,348 lunatics treated throughout the year, 106 or 7·8 per cent. died. This figure is practically identical with those of former years. If we calculate the death-rate on more familiar (but not necessarily more correct) lines, the death-rate in Bengal Asylums amounted to 100 permille, while in the Punjab it was 76, in Bombay 83, and in Burma 86 per mille of daily average number. The chief causes of death were tuberculosis 28 deaths, dysentery and diarrhœa 19 deaths, cholera ten deaths, pneumonia, six deaths, and "cerebral causes" five deaths. On this Colonel Browne comments as follows. "Tuberculosis is most frequent in the Dullunda and Dacca Asylums, a circumstance which is probably the result of a combination of causes, such as extensive prevalence of the disease among the surrounding population, climatic conditions, and the unhealthy sites on which these asylums are built and defects in the accommodation. At Dacca

there was slight overcrowding throughout the year, and here the deaths were most numerous." We note that 50 superficial feet per patient is given as the area available in the wards for each patient. This cannot be called a liberal amount for patients of this class.

It is noted that there is no special form of "Asylum Dysentery" in Bengal, dysentery as a cause of sickness and mortality is common enough, but is apparently of the same nature as the dysentery in jails. Cholera in two asylums caused no less than ten deaths, and in the case of the old badly situated asylum at Patna was attributed to the carriage of the infection by flies from the infected bazar which surrounds the asylum grounds. It is satisfactory to note that no cases of plague occurred among the lunatics. It is pointed out that in asylums the lunatics are drawn from the poorest classes of the community, whereas the Census showed that the incidence of insanity is greatest among the well-to-do, but as Colonel Browne points out the explanation is simple, the well-to-do can support and look after their insane relatives, whereas the poor or the criminal lunatics drift to the asylums.

As regards the variety of insanity mania as usual heads the list, sixty per cent. of total cases being due to this cause, next comes melancholia. General paralysis of the insane is not common in any Oriental race, and no case was seen in any Bengal Asylum during the year. The large number of mania cases is, of course, due to the fact that such are usually noisy and violent and therefore more likely to be sent to an asylum.

We are glad to see Colonel Browne's scepticism as to the so-called *causes* of the insanity. As usual *ganja* finds a high place on the list, but as the Inspector-General says "the etiology of insanity in Bengal has yet to be worked out"—a task which we hope will be undertaken when a whole-time medical officer with special qualifications is appointed to the new Central Lunatic Asylum, which is still under construction. In conclusion, we can agree with Colonel Browne that the Bengal Asylums have been carefully and judiciously managed throughout the year.

THE RECRUDESCENCE THEORY OF
 PLAGUE.

WE have received a copy of a very interesting review of the progress of plague in the Madras