

Statistical Returns of the
Lunatic Asylums

Madras

1914



STATISTICAL RETURNS

OF THE

LUNATIC ASYLUMS

IN THE

MADRAS PRESIDENCY

FOR THE YEAR 1914.

MADRAS:

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OFFICE OF THE SURGEON-GENERAL
WITH THE GOVERNMENT OF MADRAS,
Madras, the 16th April 1915.

No. 63/401.

From

THE HON'BLE SURGN.-GENL. W. B. BANNERMAN,
C.S.I, K.H.P., M.D., D.Sc., I.M.S.,
Surgeon-General with the Government of Madras.

To

THE CHIEF SECRETARY TO GOVERNMENT,
PUBLIC DEPARTMENT.

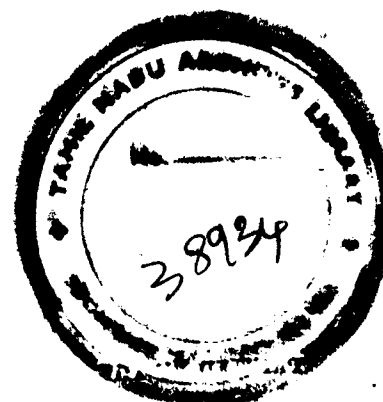
SIR,

I have the honour to submit, for the information of Government, the following report on the Lunatic Asylums in the Madras Presidency for the triennium ending 1914.

2. *Census of 1911.*—At the last census of the Madras Presidency, 8,407 persons were returned as insane—a proportion of 23·2 per 100,000 of the total population—an extraordinary low rate of incidence when compared with that which obtains in European countries. On the 1st January 1912 the total number of certified insane persons in England and Wales was 135,661, and the proportion of certified insanes to the estimated population was 371·2 per 100,000.

3. As pointed out by Mr. Molony, in his interesting Census Report, there is little doubt that the prevalence of insanity amongst the people of this Presidency is grossly understated by these figures, just as it was understated in Europe in former times. It is not necessary for our purposes to refer back to mediæval times when insanes were regarded as bewitched or possessed of evil spirits. If we refer back only half a century, to the year 1859, we find that the reported insanes in England then only amounted to 186·7 per 100,000 of the total population, or about half the present proportion.

4. The true explanation of the astounding difference between the insanity incidence in Madras and in Europe is probably to be found in the fact that sanity and insanity are relative terms, and that the standard of sanity is lower in the Madras Presidency than in European countries, just as the standard of sanity was lower amongst English people fifty years ago than it is now. The increased keenness of the competitive struggle, the fineness of the margin between success and failure, the intensity of application to business and to pleasure, the higher standards of living, the worship of financial and social success, the discontent with conditions which satisfied preceding generations, and the view of life exhibited by the business maxim of "Get on or get out" have in Western countries produced conditions in which only the intellectually fittest can survive. Many who, in less strenuous times, would have pursued their inconspicuous, if eccentric, way from their cottage cradle to their village grave, have been found now a days to clog the wheels of the social machine, and have been bundled into the lunatic asylums. In these days we look in vain for the "Davie Gellatleys" of "sixty years since" in the country villages of home, they have all gone to swell the numbers of the asylum population.



5. These conditions have not yet arrived in Madras ; but with the advent of industrialism, the spread of education, and the increase in the competition for this world's goods, they will come in time ; when their time comes, we must be prepared for an increase in the incidence of lunacy in the Madras Presidency just as striking, but just as fundamentally unreal as the extraordinary increase in the lunacy figures in Europe during the nineteenth century. The times and conditions change, but the men remain the same—the old adage notwithstanding.

6. A faint foreshadowing of such a change was indicated by Mr. Molony when he pointed out the high rate of insanity amongst the Brahmin community, as compared to other sects of Hindus. Here it is obviously a question of standard. The Brahmin works with his brains rather than with his hands, and the line between the mentally efficient and mentally inefficient is drawn at a higher level.

7. A striking fact brought out in the census report is that in 1901 79 per cent. of all the lunatics in England were under treatment in various institutions, whereas in Madras in 1911 only 9 per cent. of those actually returned as insane were so treated, and the proportion to the total of the mentally disordered (of whom those returned as insane probably only represent a fraction) would be, of course, much less. This difference is partly due to the fact that the people of Madras have not yet recognised the value of institutional treatment in mental disease, and partly to the reluctance the people feel in removing their afflicted relatives from the family circle, especially if these relatives are females.

8. Unfortunately, no statistics of the incidence of insanity amongst the Europeans resident in Madras Presidency are available. It might be expected on *a priori* grounds that the rate would be low ; as the Europeans in India are picked men and women, and if they break down mentally, they return to their own country. In the chief remaining classes, the incidence was found to be as follows :—

Eurasians (which term includes all people of mixed European and Indian blood), 415 per 100,000 ; Muhammadans, 34 ; Indian Christians, 26 ; and Hindus generally, 19.

9. The high insanity rate amongst the Eurasian community is difficult to explain. To some extent it is due to a greater readiness to return their insanest as such ; and doubtless the unequal battle which the community has to fight in competition with the Indian leads to numerous mental casualties. Behind these factors there is probably the fundamental fact that Europeans cannot colonize or perpetuate their race in the tropics, that degeneration rapidly sets in, and further that races of mixed European and Asiatic blood are not, as a rule, a biological success. The lunacy incidence rate, although high, is by no means exceptional when looked upon from the European standpoint, and compares favourably with that of Ireland, where in 1907 five hundred and forty-two persons in every 100,000 were insane.

10. The number of "unrestrained lunatics" in every 100,000 of the population was in Madras City, 15* ; in the North division, 19 ; in the Deccan or North-west division, 18 ; in the Central division, 14 ; in the South division, 18 ; and in the West division, 27. In regard to age—those under 20 years formed 21·27 per cent. ; from 20 to 40 years, 42·74 ; from 40 to 60 years, 29·12 ; and over 60 years, 6·87.

* In the Census Report the Presidency is divided into (1) the East Coast North division, comprising the Agency tracts and the districts of Ganjam, Vizagapatam, Godavari, Kistna, Guntur and Nellore ; (2) the East Coast Central—Chingleput, Madras, Chittoor, North Arcot, Salem, Coimbatore and South Arcot districts ; (3) the East Coast South—Tanjore, Trichinopoly, Madura, Ramanad and Tinnevely districts, and Pudukkottai ; (4) the Deccan—Cuddapah, Kurnool, Bellary and Anantapur districts, Banganapalle and Sandur ; (5) the West—Nilgiris, Malabar, Anjengo and South Canara. I have dealt with Madras city as a separate unit.

11. *Act IV of 1912*.—The introduction of the "Voluntary" system of admission adds a new phase to the future development of our Asylums. Captain Heffernan, I.M.S., in his report on the Madras Asylum for 1912, remarks : "The year 1912 will be remembered for the introduction into the region of practical therapeutics of Psycho-analysis and Psychotherapy The recognition of the fact that many forms of mental disorder are of psychical origin, and can be treated successfully by psychical means, is the greatest step psychiatric science has made for fifty years. Unfortunately, however, the cases for which such methods of treatment are applicable do not come to the Lunatic Asylums until too late. To treat such forms of mental disorder successfully the patient must be caught early in the disease. The innovation in India of the 'Voluntary Boarder' by Act IV of 1912 will, it is hoped, help in ensuring that many such cases may henceforth be treated before irreparable harm is done."

12. Thirty-five "Voluntary Boarders" came under treatment at Madras ; among them were 4 of the landed gentry, 2 merchants, and 7 of the liberal arts and professions. Three only of the "Unproductive" population applied for admission at Vizagapatam, and none at Calicut.

13. To induce the public to seek early treatment in mental disease, and to secure investigation into its causes, it would, of course, be advisable (1) that the centres of relief should be within easy reach of the sufferers ; (2) that the accommodation and establishment provided should approximate as nearly as possible in comfort to those they are accustomed to at home ; (3) that the Superintendents should be full-time specially qualified officers who may win the confidence of those around them in dealing with such cases. The north-west and south divisions are not provided with separate facilities for dealing with mental disorders at present.

14. *Male insanest*.—Four hundred and six civil and 156 criminal male insanest remained in the asylums at the beginning of 1912. During the triennium 526 and 140 were admitted ; the former figure includes 34 voluntary admissions ; the total exceeded that of the previous triennium by 125. The daily average strength of the male population rose from 575·89 in 1912 to 600·75 in 1914 ; of these 161·20 and 177·24 were the averages of the criminal section.

15. Two-hundred and twenty left the Asylums after recovery, 92 after some improvement in their condition, and 18 without appreciable improvement ; 57 were discharged "otherwise"—a term, which sometimes means merely transference from the criminal to the civil section, and sometimes discharge so that the patient may die at home. Three escaped from the Madras Asylum ; two of these were brought back, and subsequently left as recovered cases ; the third has not yet been traced. The deaths numbered 260 ; and 581 remained under treatment at the end of 1914.

16. Forty-one cases (of whom 9 were "Voluntary") came from outside the Presidency. The West division contributed 178 cases ; Madras City, 151, a fair proportion of these being criminals ; from the North, Central and South divisions, 84, 83 and 88 cases respectively were brought ; and from the Deccan the Bellary district contributed 19 cases, and the rest of the division, 22. The voluntary admissions from within the Presidency included 12 residents of Madras, 3 of Tanjore, 2 of the Nilgiris and 8 of other stations.

17. Seven Europeans and Eurasians, 4 Indian Christians, 11 Hindus, 1 Muhammadan and 2 of other castes sought admission voluntarily. Among those brought in under restraint the proportion of religions was, Hindus, 63 per cent. ; Muhammadans, 18·5 ; Indian Christians, 7 ; European and Eurasian Christians, 5·5 ; and other castes, 6. Amongst males the age limit most affected (71·92 per cent.) was between 20 and 40 years of age ; the succeeding twenty-year periods accounted for 22·97 per cent. At the census the return under these age periods was 45 and 28 per cent. of the total afflicted male population.

18. The male admissions included 22 of the landed gentry, 43 employed in public force and administration, 47 practising the professions and liberal arts, 60 engaged in trade, and 82 connected with various industries; 97 were agricultural labourers, and 117 were labourers "unspecified"; 22 were domestic servants, and 117 were of the "unproductive" class.

19. The types of insanity noted among males were: mania, 328 cases; melancholia, and other disorders of function, 153; dementia, 89; insanity caused by *Cannabis indica* or its preparations or derivatives, 34, and of other toxins, 9; idiocy, 26. General paralysis of the insane—the existence of which among Asiatics was only recently admitted by the European Schools—was detected in 12 cases, all of them males. The disposal of the cases under each heading is shown in a special addendum to statement VI of the returns.

20. The commonest "predisposing causes" were: insane heredity, noted in 114 cases; and mental instability, as evidenced by previous attack, in 85 cases. Of "exciting causes" the most prominent were: prolonged mental stress, 78; ganja, charas or bhang, 67; privation and starvation, 55; alcohol, 53; and other toxins, 48; epilepsy, 37; and the critical periods of development 35.

21. *Female insanes*.—At the beginning of 1912 the asylums held 195 female insanes, of whom 12 were criminals. During the triennium 6 criminal, 4 voluntary and 147 other civil insanes were admitted in contrast with 5 criminal and 163 civil admissions in the previous triennium. The daily average strength rose from 196.96 in 1912 to 210.89 in 1914, the mean average of the criminal section being 11. Fifty were discharged cured, and 32 relieved; 4 left without improvement and 4 were discharged "otherwise"; 51 died and 211 remained at the end of last year.

22. Of the European and Eurasian boarders who came to the Madras Asylum from Madras city (2), North Arcot (1) and Coimbatore (1) districts, two were described as teachers, and one as a Mission agent. Of the compulsory admissions, 16 came from outside the Presidency; the City contributed 51, and the Malabar district 35; the districts of Chingleput, Coimbatore, Nilgiris and South Canara, 6 each. From the west division the females formed 29 per cent. of the total admissions, a proportion exceeded, but slightly, by Madras only.

23. The admissions from within the Presidency included 36 Europeans and Eurasians, 21 Indian Christians, 55 Hindus, 24 Muhammadans and 5 of other castes. Nineteen had been in domestic service at the time of admission, 25 were described as "general labourers," and 91 were certified as "of no occupation." Over 64 per cent. were between 20 and 40 years of age, and 26 per cent. between 40 and 60 years.

24. Eight were afflicted with idiocy, and 15 were demented; three were ailing from toxic conditions. Mania and melancholia, following delivery, affected 11 and 8 respectively; and the same types, consequent on other conditions, were found in 71 and 20 cases respectively. Delusional insanity accounted for 13, and confusional insanity for 2. Among causes predisposing to insanity the factors of heredity, mental instability and the critical periods of development almost exhaust the list; among exciting causes the most noteworthy were the puerperal state, prolonged mental stress and privation; the crises of puberty and the climacteric accounted for 9 per cent.

25. *Criminal lunatics*.—Criminal lunatics are housed at the Madras Asylum only. One hundred and sixty-eight remained at the end of 1911, and 146 were admitted during the triennium. The admissions were legally classified as—tried and acquitted, 18; incapable of making defence, 82; and those who became insane during imprisonment, 46. The daily average strength of males was 154.35 in 1911, but steadily rose to 177.24 in 1914; that of females varied slightly from 11, and is apparently on the decline. One important reason for the apparent increase of lunacy

amongst the criminal population is that in many cases action is not taken by the Police until insanes at large commit some (often trifling) crime. Many of the so-called criminals could have been sent to the asylum under section 13 of Act IV of 1912 before any crime was committed by them. The death-rate on the total treated was 21.34 per cent. as contrasted with 19.27 among civil lunatics, the difference being attributable to the conditions of criminal life previous to admission. The discharges included—transfers to the Penitentiary, 4; to the civil section, 40; to the Chingleput Reformatory School, 1; and to the Salvation Army home, 1; nine recovered, and were discharged to their homes; 14 others, in similar condition, left to stand their trial; and 2, somewhat improved, were released on bond.

26. *Accommodation*.—The Madras Asylum has accommodation for 91 male and 81 female European insanes; and the three asylums can accommodate 621 male and 187 female Indians. The highest number confined at any one time during the triennium was numerically quite within the existing capacity; but in the possible event of the asylums becoming centres for the treatment of conditions leading up to insanity the accommodation will not suffice. The Government have already sanctioned the acquisition of land to extend the Madras Asylum, as well as the additions proposed for both that and the Calicut Asylums. In Vizagapatam, on the lines suggested, the demand will very soon arise.

27. *New constructions*.—These included, at Madras, latrines and lavatories in different positions, a storehouse for straw and wood, a scullery and an incinerator; at Vizagapatam, an isolation ward; at Calicut, one ward and six cells for males, two cells for females, a kitchen, a lavatory and an incinerator.

28. *Repairs* have been carried out each year as necessary, and the buildings are in efficient condition with one exception—the old criminal ward at Calicut—which is declared to be unfit for occupation.

29. *General hygiene*.—Every effort is made to secure that the patients and their surroundings be kept in the best hygienic condition. In this connection proposals have been submitted for the erection of a steam laundry at Madras.

30. *Drainage and Conservancy*.—The scheme for the drainage and water-carriage conservancy of the Madras Asylum was sanctioned in G.O. No. 2219 W., Public, dated 17th November 1914; and pending its completion the night soil is trenched on a plot of newly acquired land to the south-east of the compound. The drainage is satisfactory at Vizagapatam and Calicut; and dry-earth conservancy is found sufficient.

31. *The water-supply* continues as heretofore—from the Municipal pipes in Madras, and from wells in the other asylums.

32. *Food and weighments*.—The diets are carefully attended to, and the result, as evidenced by the fortnightly weighment of insanes, is satisfactory. Specially constructed covered wagons are being procured for the distribution of food to the different sections in the Madras Asylum. The kitchen is antiquated and unsatisfactory. In my last Triennial Report I wrote that "the Superintendent, Madras Asylum, suggests a large cooking range with steam ovens in a separate building for European and special diets, and a separate kitchen for Brahman patients with a Brahman cook in charge." I now add that during the triennium the food for several European female paying patients had to be cooked separately in the female enclosure, and that many Brahmans who desired to admit relatives as "Voluntary Boarders" withdrew for want of caste conveniences.

33. *Clothing*.—Some of the materials for European clothes were purchased from the Buckingham and Carnatic Mills and were made up in the asylum. The bulk of the European clothing however, and all the clothing for Indian patients, was manufactured and made up in the

asylums. The disinfection and laundering of the clothes is not satisfactory at Madras, and proposals for a disinfecting plant and steam laundry are being laid before Government.

34. *Industries and employments.*—The growing of vegetables has been stopped at Madras until the drainage works are completed, as working with fresh liquid sewage was believed to lead to the development of bowel complaints among the patients. It is continued in the other asylums. Grass-farming, weaving, sewing, knitting and coir-making are the chief forms of employment; and some patients are selected to help the asylum mechanics and other servants. No new industries were introduced.

35. *Amusements.*—The asylum inmates are well looked after in this respect; and the records of the institutions show that real sympathy is felt by the educated public for their afflicted brethren. Several persons gave books and money for monthly treats. Rao Bahadur M. Natesa Ayyar, District Registrar of Madras, left a legacy of Rs. 580-4-0 to the Madras Asylum, the interest on which sum is to be used towards the help of needy inmates. In 1914 the Madras Asylum put a cricket team into the field—being apparently the first asylum in India to do so—and played matches with Newington College, Doveton College, the R.F.A., St. Thomas' Mount, and the Eastern Telegraphs. The band of the Madras and Southern Mahratta Railway Rifles, by kind permission of Lieut.-Colonel Porteous and the officers of the corps played selections of music for the Madras Asylum patients in the Asylum on many occasions during the triennium, and books and periodicals for the Asylum library were received from His Excellency the Governor of Madras, Mrs. Porteous and several others.

36. *Hospital accommodation.*—It is proposed to build a new male hospital at Madras on the recently acquired ground to the north of the asylum; the present accommodation for males is insufficient, and continuous use has been made of the isolation camp for the excess; female accommodation is sufficient. In Calicut a male hospital for twelve beds is under construction on the site of the old building, the patients being temporarily accommodated in the general ward. In Vizagapatam no change was necessary.

37. *The nursing of the sick* was efficiently carried out by trained attendants in each asylum. The Superintendent, Madras Asylum, desires an increase both in pay and personnel of the nursing staff, as necessary for the better care of the patients and their segregation when under treatment for dysentery and similar infective disorders.

38. *Hospital dietary.*—The sanctioned scale was found sufficient and suitable. The diets were well cooked. Forcible feeding by the nasal and oesophageal tubes is frequently required at Madras, and found very useful; no bad results have been noted even where the measure was necessary for long periods.

39. *Sickness—General.*—The average daily sick in the asylums was 77.77, 115.36 and 89.95 in the three successive years. The high figure for 1913 was explained in my letter submitting the returns for that year. The conditions of debility and anæmia were the most prominent causes of admission. Dysentery was the most serious disease; a report on the bacillary or asylum variety of this ailment by Captain Heffernan is herewith submitted; it may, if Government approve, be advantageously annexed to the present publication. Other common diseases were diarrhoea, nervous affections, respiratory diseases, and disturbances produced by intestinal worms.

40. *Epidemics.*—No epidemics arose in the Asylums at Vizagapatam and Calicut. But during the cholera epidemic at Madras in 1914, in spite of precautions, the disease found admission and gave rise to twenty-two cases, of which fourteen proved fatal. The occurrence led to the removal

from the infectious hospital of certain patients who were isolated for asylum dysentery; and these persons spread anew, after eight clear months, the infection of that disease.

41. *Injuries.*—No serious injuries were recorded in Vizagapatam. In Madras one death occurred from suicide, one from accidental strangulation, and one from accidental injury. Nine other cases of injuries were reported during the triennium. In Calicut one patient committed suicide by hanging.

42. *Mortality.*—The deaths numbered 87, 113 and 111 in the three successive years; and the death-rate was respectively 8.55, 10.48 and 10.42 per cent. of the total population. Vizagapatam returned a very low death-rate, 7.75 per cent; but the mortality at Madras and Calicut was 21 and 20 per cent. respectively of the population for the triennium, the high figure being due to the condition in which several of the new admissions were brought to the asylum, as well as to the number of aged and infirm that died during the period. Death was immediately due to dysentery and enteric catarrh in 77 cases; to tubercle in 70; to epilepsy in 23, to general paralysis in 9; to valve diseases of the heart in 9; and to various other ailments and general exhaustion in the rest.

43. *Finance—Income.*—The amount remitted to the treasury during the triennium was Rs. 63,404-6-1, and would have been more if the gardening at Madras had not been stopped. The fall in that item was Rs. 682; that on the sale of live-stock was Rs. 342; and, under other receipts, a reduction occurred of Rs. 411. But, on the contrary, the receipts from paying patients showed an increase of Rs. 1,622; the sale of manufactured goods was advanced by Rs. 178; and the value of stores remaining at the end of the triennium was nearly Rs. 10,018 or 1.78 as much as it was at the commencement.

44. *Paying patients.*—At Madras these averaged 80.67 in each year, and the recovery on behalf of each individual averaged Rs. 208-0-9. At Vizagapatam the corresponding figures were 7.33 and Rs. 43-5-3; and at Calicut they were 9.67 and Rs. 28-11-8.

45. *Manufactures.*—The profits under this head are shown in statement X. The total for the triennium amounted to Rs. 26,343 as contrasted with Rs. 23,559 in the last report. The value of manufactured goods made over to the asylums was Rs. 30,125 or Rs. 8,430 more than in the previous triennium.

46. *Expenditure.*—The expenditure amounted to Rs. 5,94,366 in contrast with Rs. 5,39,718 of the last record. A considerable reduction occurred under 'Original Works,' but increases are noted under every other item; and the cost per patient under the headings of establishment, diet, bedding and clothing, medicines, contingencies and miscellaneous items amounted to Rs. 216-8-9, an increase of Rs. 30-3-10.

47. *Establishment.*—The total expenditure under this heading was Rs. 1,42,715-6-11, an advance of Rs. 3,494 on that of the last triennium. At Vizagapatam and Calicut no changes were made. At Madras, an increment of pay to the Superintendent accrued in December 1911; a Senior Grade Military Assistant Surgeon is now the Deputy Superintendent, and his pay is double that drawn by his predecessor; two House Physicians were appointed in June 1914, and a third Assistant Steward in 1912. Certain increases of pay to lower subordinates and menials, which were sanctioned in G.O. No. 1364, Public, dated 23rd October 1914, will take effect this year.

48. *Diet.*—The expenditure was Rs. 2,48,531-10-2 which gives an average cost to each diet of As. 4-7. This is seven pies more than the cost noted in the last report; the increase indicates the extra expenditure incurred in the dieting of special patients, and the rise in the price of food-stuffs generally.

49. *Clothing and bedding* cost Rs. 31,446-10-6. Over eighty-one per cent. of the amount was paid for articles manufactured in the asylums. An increase of Rs. 8,731 occurred under this heading at Madras, and is accounted for by the relatively larger population and the improvement in the quality and quantity of the supply to each individual.

50. *Buildings*.—The outlay on new constructions, repairs and maintenance, rates and taxes, amounted to Rs. 1,08,356-1-3 or Rs. 35,310 less than in the previous triennium. As already noted the reduction occurred under 'original works' the other items needing expansion owing to the increase of the buildings and their better equipment.

51. *Contingencies*.—A large increase in this item is due to the fact that the wages of certain menials at Madras were, under G.O. No. 442, Financial, dated 8th October 1910, debited as 'contingencies' throughout the triennium. The increase amounted to Rs. 13,827; and of this amount the Madras Asylum is accountable for nearly Rs. 10,000.

52. *Miscellaneous items*.—These cost Rs. 23,302-12-0 and included Rs. 828 for telephone charges at Madras, as well as other amounts charged by the Forest, Jail and Public Works Departments for sundries. A separately budgeted item was the supply of printed forms and stationery which cost Rs. 1,145-1-0.

53. *General administration*.—Captain Heffernan, I.M.S., was in charge of the Madras Asylum for the whole triennium. At Vizagapatam, Captains Maconachie and Barker, I.M.S., Jail Superintendents, held collateral charge of the asylum, the former from 1st April 1912 to 5th August 1913 and the latter for twenty-four days in October 1914; for the rest of the triennium Major Illington, I.M.S., the District Medical Officer, controlled the institution. The Calicut Asylum was held by Major Willcocks, I.M.S., for nine months, and by Major Webster, I.M.S., for fourteen days in 1912; by Civil Assistant Surgeon C. T. Saldanha in the interval, and in succession to the second officer up to 7th January 1913; Major Foster, I.M.S., succeeded him, and held charge up to 28th October 1914; and since that date Civil Assistant Surgeon P. Krishna Warriar is the Superintendent.

54. The subordinate medical staff have worked well. The appointment of House Physicians at the Madras Asylum is of some importance as promising material for the specially trained officers previously alluded to.

55. The Rev. L. H. Browne and the Rev. Father O'Carroll, Chaplains, Perambur, very kindly ministered to the spiritual wants of the Christian inmates in the Madras Asylum.

56. *Inspections*.—His Excellency the Governor visited the Madras Asylum in 1912, and all three institutions in 1913. The Inspector-General of Prisons visited them in 1913, and the Sanitary Commissioner inspected the Calicut Asylum in 1914. They were annually inspected by me. Except for the month of January 1913, at Vizagapatam, the monthly inspections by the official visitors have been duly carried out at each institution, and the result was recorded as satisfactory.

57. *Inventory of stores*—is maintained and carefully checked at each asylum.

58. *The service books*—have been verified and found correct.

I have the honour to be,

Sir,

Your most obedient servant,

W. B. BANNERMAN, C.S.I., K.H.P., M.D., D.Sc.,
Surgn.-Genl., I.M.S.,
Surgeon-General with the Government of Madra

STATEMENTS Nos. I—X.

STATEMENT

Statement showing the Admissions, Discharges, etc., of Lunatics in the Asylums

Years.	2			3			4			5			6												7			8		
	Remained at the beginning of the year.			Admitted.			Re-admitted.			Total population.			Discharged.												Died.			Remaining at the end of the year.		

MADRAS.

1914	{	C.	421	155	576	118	39	157	20	1	21	559	195	754	36	13	49	11	6	17	3	2	5	22	1	23	72	22	94	64	18	82	423	155	578
		V.	5	...	5	12	2	14	...	...	...	17	2	19	5	...	5	5	1	6	2	1	3	1	...	113	2	15	...	...	4	...	4		

The capacity of the Madras Lunatic Asylum at 60 square feet per European patient equals... For Males ... 91
 Do. do. do. per Indian do. ... For Females ... 81
 For Males ... 434
 For Females ... 108
 Total ... 714

VIZAGAPATAM.

1914	{	C.	67	16	83	12	2	14	3	...	3	82	18	100	7	2	9	1	...	1	3	...	3	...	...	11	2	13	2	1	3	69	15	84
		V.	1	...	1	1	...	1	...	...	2	...	2	...	2	...	...	...	...	1	...	1	...	1	...	...	1	...	...	1	...	...	1	

The capacity of the Vizagapatam Lunatic Asylum at 50 square feet per Indian patient equals :-
 Males ... 79
 Females ... 17
 Total ... 96

CALICUT.

1914	C	93	37	130	41	10	51	7	2	9	141	49	190	18	3	21	15	1	16	1	...	1	...	1	1	34	5	39	23	3	26	84	41	125
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The capacity of the Calicut Lunatic Asylum at 50 square feet per Indian patient equals :-
 Males ... 108
 Females ... 62
 Total ... 170

PRESIDENCY

Grand Total for 1914.	587	208	795	184	53	237	30	3	33	801	264	1,065	66	16	84	32	8	40	10	3	13	23	2	25	131	31	162	89	22	111	581	211	792
Grand Total for 1913.	585	200	785	214	55	269	20	4	24	819	259	1,078	81	15	96	33	16	49	3	1	4	20	1	21	137	33	170	95	18	113	587	208	795
Grand Total for 1912.	562	195	757	186	37	223	32	5	37	780	257	1,017	73	17	90	27	8	35	5	...	5	14	1	15	119	26	145	76	11	87	585	200	785

C = Compulsory. V = Voluntary.

No. I.

in the Madras Presidency during the year 1914 and the Provincial totals for the two previous years.

9			10			11											
Daily average strength.			Daily average sick.			Percentage to											
						Daily average strength.						Admissions.					
						A.			B.			C.			D.		
						Cured.			Died.			Cured.			Died.		
Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.

439.19	158.75	597.94	54.07	26.05	80.12	9.33	8.19	9.03	14.57	11.34	13.71	27.83	30.95	28.12	42.66	42.86	42.71
--------	--------	--------	-------	-------	-------	------	------	------	-------	-------	-------	-------	-------	-------	-------	-------	-------

The maximum number of lunatics confined during any one night was on the night of 25th July 1914, viz. :-

Males ... 447
 Females ... 162
 Total ... 609

70.48	14.99	85.42	3.14	1.13	4.27	9.94	13.34	10.53	2.84	6.07	3.51	43.75	100	50.00	12.50	50.00	16.66
-------	-------	-------	------	------	------	------	-------	-------	------	------	------	-------	-----	-------	-------	-------	-------

The maximum number of lunatics confined during any one night was on the night of 7th September 1914, viz. :-

Males ... 73
 Females ... 16
 Total ... 89

91.13	37.15	128.28	4.33	1.23	5.56	19.75	8.08	16.37	25.24	8.08	20.27	37.50	25.00	35.00	47.92	25.00	43.33
-------	-------	--------	------	------	------	-------	------	-------	-------	------	-------	-------	-------	-------	-------	-------	-------

The maximum number of lunatics confined on any one night was on the night of 20th March 1914, viz. :-

Males ... 66
 Females ... 36
 Total ... 132

600.75	210.89	811.64	61.54	28.41	89.95	10.99	8.53	10.35	14.81	10.43	13.68	30.84	32.14	31.11	41.59	39.28	41.11
582.08	205.52	787.60	83.79	31.57	115.36	13.92	7.30	12.19	16.32	8.76	14.35	34.61	25.42	32.76	40.60	30.51	38.37
575.89	196.96	772.85	53.79	23.98	77.77	12.68	8.43	11.65	13.20	5.58	11.26	33.49	40.48	34.62	34.86	26.19	33.46

STATEMENT No. II.

Return of Criminal Lunatics in the Asylums in the Madras Presidency for the year 1914, and the Provincial totals for the two previous years.

1	2	3	4	5	6	7	8	9	Daily average strength.														
Years.	Remained at the beginning of the year.	Admitted.		Re-admitted.		Total.		Discharged, transferred, etc.		Died.		Remaining at the end of the year.		Total.	Males.	Females.	Total.	Males.	Females.	Total.			
		Males.	Females.	Males.	Females.	Males.	Females.			Males.	Females.	Males.	Females.								Males.	Females.	
1914	...	178	12	190	44	2	46	...	222	14	236	34	1	35	23	2	25	165	11	176	177-24	10-92	188-16
MADRAS.																							
1914	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
VIZAGAPATAM.																							
1914	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
CALICUT.																							
1914	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Grand Total for 1914.		178	12	180	44	2	46	...	222	14	236	34	1	35	23	2	25	165	11	176	177-24	10-92	188-16
Grand Total for 1913.		173	11	183	46	2	48	...	218	13	231	15	...	15	25	1	26	178	12	190	164-83	11-66	176-49
Grand Total for 1912.		156	12	168	45	2	47	5	206	14	220	19	2	21	15	1	16	172	11	183	161-20	11-99	173-19

STATEMENT No. III.

Return showing the Religion, Sex and Residence of Patients admitted into the Lunatic Asylums in the Madras Presidency during the year 1914, and the Provincial totals for the two previous years.

1	2						3			4			5			6		
Districts.	Christians.						Hindus.			Muhammadans.			Other Castes.			Total.		
	Europeans and Eurasians.			Indians.														
	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.
MADRAS.																		
COMPULSORY INMATES.																		
Ganjām ...	...	...	...	...	...	...	1	...	1	...	...	...	...	...	...	1	...	1
Vizagapatam ...	...	...	...	...	...	...	1	...	1	...	...	...	...	...	...	2	...	2
Godāvari ...	...	...	...	...	...	...	1	...	1	...	...	...	...	...	...	1	...	1
Kistna ...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	3	...	3
Nellore ...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	4	...	4
Kurnool ...	...	...	...	1	...	1	2	...	2	...	...	...	1	...	1	7	...	8
Bellary ...	...	...	...	...	...	...	6	1	7	1	...	...	...	...	...	3	...	3
Anantapur ...	...	...	...	...	...	...	...	...	3	...	...	...	...	...	...	4	...	4
Arcot, North...	...	...	...	...	...	...	2	...	2	1	...	...	1	...	1	...	5	...
Chittoor ...	...	...	...	...	...	...	3	...	3	1	...	...	...	...	...	5	...	5
Chingleput ...	...	...	...	...	...	...	3	1	4	...	...	1	...	...	3	3	...	6
Madras ...	7	5	12	7	5	12	32	2	34	6	3	1	3	4	53	18	71	...
Arcot, South	...	...	...	...	...	...	...	1	1	...	1	...	...	...	...	2	...	2
Salem ...	1	1	2	...	...	...	5	...	5	...	...	...	...	...	1	7	...	8
Coimbatore ...	...	3	3	...	...	...	8	...	8	1	...	...	...	...	...	3	3	6
Trichinopoly ...	...	...	...	...	...	...	8	2	10	...	...	1	...	...	...	9	...	9
Tanjore ...	...	...	...	...	...	...	3	...	3	...	...	...	...	...	...	8	2	10
Madura ...	...	...	...	...	...	...	1	...	1	1	...	...	1	...	...	3	...	3
Rāmnād ...	...	...	...	...	...	...	3	1	4	...	...	...	...	...	...	3	1	4
Tinnevely ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	2	3
Nilgiris, The...	1	2	3	...	...	...	1	1	3	2	...	2	1	...	1	6	1	7
Malabar ...	...	...	...	...	...	...	2	...	2	...	...	...	...	...	...	2	...	2
South Canara	...	...	...	1	...	1	...	1	1	...	...	...	...	...	...	1	1	2
Hyderabad (Deccan)	...	2	2	...	...	...	...	...	...	...	...	...	...	...	...	2	...	2
Bangalore ...	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	1	1	1
Bengal ...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	1	1
Coorg ...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	2	2
Fiji Islands (returned emigrants).	...	...	...	...	...	...	4	...	4	...	...	...	...	...	...	4	...	4
Natal (returned emigrants).	...	...	...	...	...	...	2	...	2	...	...	...	...	...	...	2	...	2
Poona (transferred lunatics)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
VOLUNTARY ADMISSIONS.																		
Arcot, North ...	...	...	...	...	...	...	1	...	1	...	...	...	...	...	...	1	...	1
Chingleput ...	...	...	...	...	...	...	1	...	1	...	...	...	...	...	...	1	...	1
Madras ...	2	1	3	...	...	...	1	...	1	...	...	1	...	1	...	4	1	5
Coimbatore ...	...	1	1	...	...	...	...	...	2	...	...	...	...	...	...	...	1	2
Tanjore ...	...	...	...	...	2	2	...	...	...	...	...	...	...	...	...	2	...	2
Cochin ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	2
Hyderabad (Deccan)	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1
Calcutta ...	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1
Total ...	14	16	30	11	6	17	105	11	116	13	5	18	7	4	11	150	42	192
VIZAGAPATAM.																		
COMPULSORY INMATES.																		
Ganjām ...	...	...	...	...	...	...	3	...	3	...	...	...	1	...	1	4	...	4
Vizagapatam ...	...	...	...	...	...	...	1	...	1	...	...	...	...	...	...	1	...	1
Kistna ...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	1	1
Guntūr ...	...	...	...	...	...	...	6	1	7	...	...	...	...	...	...	6	1	7
Bellary ...	...	...	...	...	...	...	1	...	1	...	...	...	...	...	...	1	...	1
Anantapur ...	...	...	...	...	...	...	1	...	1	...	...	...	...	...	...	1	...	1
Cuddapah ...	...	...	...	...	...	...	1	...	1	...	...	...	...	...	...	1	...	1
Nizam's Dominions ...	...	...	...	1	...	1	...	...	...	...	...	...	...	...	...	1	...	1
VOLUNTARY ADMISSIONS.																		
Godāvari ...	...	...	...	...	...	...	1	...	1	...	...	...	...	...	...	1	...	1
Total ...	...	...	...	1	...	1	14	2	16	...	...	...	1	...	1	16	2	18

STATEMENT No. III—cont.

Return showing the Religion, Sex and Residence of Patients admitted into the Lunatic Asylums in the Madras Presidency during the year 1914, and the Provincial totals for the two previous years—cont.

1 Districts.	2						3			4			5			6	
	Christians.						Hindus.			Mussulmanadans.			Other Castes.			Total.	
	Europeans and Eurasians.			Indians.													
	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.
CALCUT.																	
COMPULSORY INMATES.																	
Coimbatore ...							1	1	2							1	1
Nilgiris, The ...		1	1				23	7	30	14						1	1
Malabar ...				2		2	4		4	1						40	10
South Canara ...				2		2	4		4	1						7	7
Total ...	1	1	4			23	8	36	15	3	18		1	48	12	69	69
Grand Total for 1914 ...	14	17	31	16	6	22	147	21	168	28	8	36	9	13	214	56	270
Grand Total for 1913 ...	25	17	42	21	12	33	128	24	152	38	6	44	22	22	234	59	293
Grand Total for 1912 ...	15	8	23	16	4	20	130	18	148	48	10	58	2	11	218	42	260

STATEMENT No. IV.

Return showing the previous occupation of patients admitted into the Lunatic Asylums in the Madras Presidency during the year 1914, and the Provincial totals for the two previous years.

1 Name of Asylum. (Occupation of patients. (The numbers are those of the groups in Table XV-A, Census of India, 1911.)	2		3		4		5	
	Madras.		Vizagapatnam.		Calcut.		Total.	
	Males.	Females.	Males.	Females.	Males.	Females.	Males.	Females.
1. (a) Non-cultivating land owners ...	2						2	
2. (a) Cultivating land owners ...	11						11	
3. (b) Cultivating tenants ...	10						10	
4. Farm servants and field labourers ...	4						4	
5. Fruit, flower, etc., growers ...	1						1	
6. Cattle-breeders ...	2						2	
14. Fishing ...								
22. Cotton-weaving ...								
32. Tanners, leather dressers, etc. ...								
33. Makers of leather articles ...								
36. Sawyers, carpenters, etc. ...								
37. Basket makers, etc. ...	1						1	
41. Other workers in iron ...	3						3	
43. Workers in other metals ...								
47. Potters ...								
56. Rice pounders, etc. ...								
57. Bakers ...	1						1	
59. Butchers ...	1						1	
63. Confectioners ...								
66. Toddy-drawers ...	8						8	
67. Hat, cap and turban makers ...	1						1	
68. Tailors ...								
71. Washermen ...								
72. Barbers ...	3						3	
73. Masons and bricklayers ...								
84. Printing press workmen ...		1						1
85. Newspaper manager ...								
88. Workers in precious stones etc. ...	3						3	
89. Sweepers and scavengers ...	1						1	
96. Ship owners and staff ...								
97. Boat and bargemen ...	1						1	
99. Cart owners and drivers ...								

Name of Asylum.	Madras.						Vizagapatnam.						Calicut.					
			2		3		4				3		4				Total.	
	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.
Occupation of patients. (The numbers are those of the groups in Table XV-A, Census of India, 1911.)																		
103. Railway operatives ...	4	4	8	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
107. Brokers and agents ...	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
114. Vendors of liquors, etc.																		
115. Owners and managers of hotels, etc.																		
116. Fish dealers ...																		
120. Fruit-sellers ...																		
121. Grain and pulse dealers ...																		
125. Traders in clothing ...	4	4	8	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
135. Shopkeepers, otherwise unspecified.																		
136. Itinerant traders ...	4	4	8	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
138. Army, Imperial ...	3	3	6	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
142. Police ...	3	3	6	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
144. Service of the State ...	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
146. Municipal and other local service ...	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
147. Village servants other than watch- men.																		
148. Priests, ministers, etc.																		
149. Religious mendicants ...	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
150. Cartchists ...																		
151. Temple servants, etc.																		
152. Lawyers ...																		
153. Fiction writers ...																		
154. Medical practitioners ...	2	2	4	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
155. Compounders, nurses, etc.	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
156. Teachers ...	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
158. Engineers, and their employees ...																		
159. Authors, artists, etc.	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
160. Musicians ...																		
161. Pensioners ...	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
162. Cooks and other in-door servants ...	5	5	10	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
163. Grooms, coachmen, etc.	2	2	4	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2

[illegible]

STATEMENT No. V.

Return showing the Ages of Patients admitted into the Lunatic Asylums in the Madras Presidency during the year 1914 and the Provincial totals for the two previous years.

Name of Asylum.	1			2			3			4			5			6		
	Under 20 years.			20 to 40.			40 to 60.			Upwards of 60 years.			Total.			Total.		
	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.
Madras	C. 4	V. 2	6	97	22	119	33	16	49	4	...	4	138	40	178	138	40	178
Visagapatam	C. 1	V. ...	1	11	1	12	3	1	4	...	...	...	15	2	17	15	2	17
Calicut	C. ...	...	...	31	10	41	16	2	18	1	...	1	48	12	60	48	12	60
Total for 1914	5	2	7	149	34	183	55	20	75	5	...	5	214	56	270	214	56	270
Total for 1913	7	7	14	168	36	204	54	15	69	5	1	6	234	59	293	234	59	293
Total for 1912	11	5	16	162	31	193	44	6	50	1	..	1	218	42	260	218	42	260

C. = Compulsory.

V. = Voluntary.

STATEMENT No. VI.

Return showing the Types of Insanity of the Lunatics in the Asylums in the Madras Presidency during the year 1914.

Class.	1			2			3			4			5			6			7		
	I—Errors of Development.			II—Disorders of Function.			III—Disorders of Function.			IV—Disorders of Function.			V—Disorders of Function.			VI—Disorders of Function.			VII—Disorders of Function.		
	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.
Remained on 31st December 1913	23	10	33	30	10	40	30	10	40	30	10	40	30	10	40	30	10	40	30	10	40
Admitted during the year	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Discharged	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Escaped	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Died	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Remaining on 31st December 1914	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...

C = Compulsory.

V = Voluntary.

STATEMENTS OF THE LUNATIC ASYLUMS.

V = Voluntary.

0 = Compulsory.

STATEMENT No. VI—continued.

Return showing the Types of Insanity of the Lunatics in the Asylums in the Madras Presidency during the year 1914—continued.

STATEMENTS OF THE LUNATIC ASYLUMS.

CALICUT.

PRESIDENCY (TRIENNIO).

STATEMENT No. VI—continued.

Return showing the Types of Insanity of the Lunatics in the Asylums in the Madras Presidency during the year 1914—continued.

[illegible]

CALLER.

[illegible]

PRESIDENCY (TRIENNIO).

[illegible]

STATEMENT No. VII.

Return showing the Etiological Factors and Associated Conditions in the patients admitted during 1914.

[illegible]

Vol. = Voluntary; the amounts not so split up refer to the former class only.

C = Compulsory.

STATEMENT No. VII—continued.

Return showing the Ethiological Factors and Associated Conditions in the patients admitted during 1914—continued.

1	2	3	4	5	6	7	Calicut.			Presidency.		
							Vizagapatam.			Madras.		
							Predisposing cause.	Exciting cause.	Total.	Predisposing cause.	Exciting cause.	Total.
Ethiological Factors and Associated Conditions.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.
H. Toxic—												
1. Alcohol	1	1	2	1	1	2	1	1	2	1	1	2
2. Opium and morphia	1	1	2	1	1	2	1	1	2	1	1	2
3. Cocaine	1	1	2	1	1	2	1	1	2	1	1	2
4. Ganja, charas or bang	1	1	2	1	1	2	1	1	2	1	1	2
5. Fever	1	1	2	1	1	2	1	1	2	1	1	2
6. Tuberculosis	1	1	2	1	1	2	1	1	2	1	1	2
7. Syphilis, acquired	1	1	2	1	1	2	1	1	2	1	1	2
8. Syphilis, congenital	1	1	2	1	1	2	1	1	2	1	1	2
9. Plague	1	1	2	1	1	2	1	1	2	1	1	2
10. Other toxins	1	1	2	1	1	2	1	1	2	1	1	2
I. Traumatic—												
1. Injuries	1	1	2	1	1	2	1	1	2	1	1	2
2. Operations	1	1	2	1	1	2	1	1	2	1	1	2
3. Sunstroke	1	1	2	1	1	2	1	1	2	1	1	2
J. Diseases of the nervous system—												
1. Lesions of brain	1	1	2	1	1	2	1	1	2	1	1	2
2. " of spinal cord	1	1	2	1	1	2	1	1	2	1	1	2
3. " and nerves	1	1	2	1	1	2	1	1	2	1	1	2
4. Epilepsy	1	1	2	1	1	2	1	1	2	1	1	2
5. Other defined neuroses	1	1	2	1	1	2	1	1	2	1	1	2
K. Other bodily afflictions—												
1. Hemiparetic system	1	1	2	1	1	2	1	1	2	1	1	2
2. Cardio-vascular degeneration	1	1	2	1	1	2	1	1	2	1	1	2
3. Valvular heart disease	1	1	2	1	1	2	1	1	2	1	1	2
4. Gastro-intestinal system	1	1	2	1	1	2	1	1	2	1	1	2
5. Renal and vesical system	1	1	2	1	1	2	1	1	2	1	1	2
6. Generative system (excluding syphilis)	1	1	2	1	1	2	1	1	2	1	1	2
7. Other general affection (e.g., diabetes)	1	1	2	1	1	2	1	1	2	1	1	2
L. No cause assignable—												
1. { C. { V. {	1	1	2	1	1	2	1	1	2	1	1	2
M. No cause ascertained—His. { C. { V. {												
1. { C. { V. {	1	1	2	1	1	2	1	1	2	1	1	2

V = Voluntary; the amounts not so split up refer to the former class only.

C = Compulsory.

STATEMENT No. VIII.

Statement showing the Cash Account of the Lunatic Asylums for the year 1914 and Provincial totals for the two previous years.

Asylums.	Receipts.					
	Received from Treasury.	Received from paying patients.	Value of stores received from the manufacturing department less cost of raw materials.	Book receipts, i.e., the total of expenditure entered in columns 19, 20 and 21.	Miscellaneous receipts.	Total.
	1	2	3	4	5	6
Madras	RS. A. P. 1,41,852 9 4	RS. A. P. 16,655 3 9	(d) RS. A. P. 6,806 13 8	RS. A. P. 24,982 11 3	RS. A. P. 179 7 6	RS. A. P. 1,90,487 13 6
Vizagapatam	(b) 8,054 10 10	310 13 9	(e) 824 11 2	7,835 1 4		17,025 5 1
Calicut	(c) 15,822 1 0	285 5 11	(f) 906 15 9	15,502 8 4	(h) 116 15 7	32,633 14 7
Total for 1914	1,65,729 5 2	17,251 7 5	8,538 8 7	48,320 4 11	287 7 1	2,40,127 1 3
Total for 1913	1,94,100 1 6	18,565 1 7	10,492 10 3	37,504 6 2	337 1 7	2,30,999 5 1
Total for 1912	1,56,567 15 8	16,318 0 10	9,169 7 9	31,880 13 1	232 10 4	2,14,168 15 8

Asylums—cont.	Establishment.			Charges.				
	Establishment proper.	Superintendence.	Diet.	Clothing and bedding.	Bazaar medicines.	Contingencies proper.	Repairs and maintenance.	Rates and taxes.
	8	9	10	11	12	13	14	15
Madras	RS. A. P. 30,289 13 11	RS. A. P. 10,837 8 0	RS. A. P. 71,187 14 6	(i) RS. A. P. 8,972 9 11	RS. A. P. 96 14 0	RS. A. P. 7,408 0 11	RS. A. P. 1,162 6 0	RS. A. P. 2,639 4 0
Vizagapatam	3,023 14 7	600 0 0	* 2,491 0 6	(j) 359 3 7	5 2 0	1,239 4 3	4 5 3	18 14 0
Calicut	4,285 4 10	543 8 9	7,298 5 6	(k) 475 9 1	0 3 0	1,427 4 8	706 13 0	
Total for 1914	37,599 1 4	11,981 0 9	80,977 4 6	9,807 6 7	102 3 0	10,071 9 10	1,893 8 3	2,688 2 0
Total for 1913	31,490 2 11	11,966 10 2	84,343 14 2	10,750 1 5	129 10 0	9,852 0 8	1,213 13 10	2,047 1 0
Total for 1912	35,336 12 0	11,841 11 9	75,080 12 4	9,013 4 6	164 9 9	9,803 11 11	1,456 8 3	2,819 0 0

(a) Includes value of stores on 1st January 1914	RS. A. P.	
	6,473 14 11	
(b) Includes value of stores on 1st January 1914	691 11 1	
(c) Includes value of stores on 1st January 1914	1,285 8 1	

Sold to the public—		
Manufactured goods	367 13 3	
Garden produce	1,745 7 6	
Made over to the asylum—		
Manufactured goods	7,939 13 4	
Garden produce	57 11 10	
Deduct cost of raw materials	3,304 0 3	
Net	6,806 13 8	

Sold to the public—		
Manufactured goods	4 11 3	
Garden produce	110 4 11	
Live-stock	19 12 3	
Milk	0 11 1	
Made over to the asylum—		
Clothes	327 9 4	
Tin articles	6 5 0	
Garden produce	208 9 4	
Milk	76 8 9	
Curd	34 14 1	
Miscellaneous articles	306 10 11	
Deduct cost of raw materials	276 3 9	
Net	824 11 2	

Sold to the public—		
Manufactured goods	609 5 0	
Garden produce	495 11 6	
Live-stock	44 2 0	
Made over to the asylum—		
Manufactured goods	270 5 1	
Garden produce	307 5 6	
Live-stock	2 0 9	
Deduct cost of raw materials	821 14 1	
Net	908 15 9	

(g) { Sale of ragi husk, etc.	144 15 6	
" " an old bull	15 8 0	
Fine on contractor	10 0 0	
Total	170 7 6	

(h) { Sale of gunny-bags	48 12 0	
" condemned stores	22 8 3	
Sale-proceeds of private property of pauper patients	45 11 4	
Total	116 15 7	

(i) { Asylum clothing	7,646 1 10	
Local purchase (exclusive of book charges noted under column 19)	1,326 1	
Total	8,972 9 11	

(j) { Asylum clothing	327 9 4	
Local purchase	51 10 3	
Total	359 3 7	

(k) { Asylum clothing	270 3 7	
Local purchase	305 5 6	
Total	475 9 1	

* This amount is exclusive of the book charges noted under column 19.

STATEMENT No. VIII—continued.

Statement showing the Cash Account of the Lunatic Asylums for the year 1914 and Provincial totals for the two previous years—continued.

Asylums—cont.	Charges—continued.						
	Remitted to Treasury on account of paying patients, etc.	Miscellaneous items.	Total of columns 8—17.	Book charges.			Total of columns 18—21.
	16	17	18	19	20	21	22
	RS. A. P.	RS. A. P.	RS. A. P.	RS. A. P.	RS. A. P.	RS. A. P.	RS. A. P.
Madras	(l) 18,939 0 0	4,964 3 2	1,56,544 10 5	(o) 22,791 4 1	449 14 10	1,741 8 4	1,81,527 5 8 (r) 8,940 7 10 1,90,467 13 6
Vizagapatam	(m) 456 5 3	401 11 2	8,599 12 7	(p) 7,545 2 0	26 2 8	263 12 8	16,434 13 11 (r) 590 7 2 17,025 5 1
Calicut	(n) 1,551 8 0	356 12 11	16,644 5 9	(q) 15,061 1 5	41 2 8	100 4 3	32,116 14 1 (r) 487 0 6 32,633 14 7 2,30,109 1 8 (r) 10,017 15 6
Total for 1914	20,946 13 3	5,721 11 3	1,81,788 12 9	45,397 7 6	517 4 2	2,105 9 3	2,40,127 1 2
Total for 1913	22,865 11 9	7,404 10 3	1,85,043 12 2	31,923 12 11	281 14 8	2,295 10 7	2,30,999 5 1
Total for 1912	19,591 13 1	8,224 3 2	1,73,232 6 9	27,793 12 10	342 14 2	3,744 2 1	2,14,168 15 8

	RS. A. P.
From paying patients	16,655 3 9
Sale of ragi husk, etc.	144 15 6
manufactured goods	367 13 3
garden produce	1,745 7 6
an old bull	15 8 0
Fine on contractor	10 0 0
Total	18,939 0 0

	RS. A. P.
To Public Works Department for original works	11,678 0 0
Do. do. for repairs	7,502 0 0
Do. do. for burnt shell supplied for lime-washing (under Contingencies proper)	101 0 9
To Salt and Jail Departments for salt and gingelly-oil supplied (under "Diet" charges)	1,500 8 6
(o) To Jail Department for shoes and slippers supplied (under "Clothing and Bedding" charges)	688 12 0
To Jail Department for coir ropes, rattan baskets, etc. (under Hospital necessaries)	643 4 3
To Jail Department for supply and repairs of articles of furniture (under "Repairs and Maintenance" charges)	219 10 7
Telephone charges (under "Miscellaneous" items)	388 0 0
Total	22,791 4 1

	RS. A. P.
From paying patients	310 13 9
Sale of manufactured goods	14 11 3
garden produce	110 4 11
live-stock	19 12 3
milk	0 11 1
Total	450 5 3

	RS. A. P.
To Public Works Department for original works	924 14 1
Do. do. for improve-ments and repairs	4,424 15 0
To Jail Department for dietary articles (under "Diet" charges)	1,826 6 0
To Jail Department for Cumbies and Coir Mats (under "Bedding and Clothing" charges)	63 14 0
(p) To Public Works Department and Jail Department for furniture, etc. (under "Repairs and Maintenance" charges)	237 4 11
To Jail Department for Ropes, Miscellaneous Stores and Empty barrels (under "Miscellaneous" charges)	60 15 0
To Public Works Department for Railway freight for fire buckets (under "Miscellaneous" charges)	6 13 11
Total	7,545 2 0

	RS. A. P.
From paying patients	285 5 11
Sale of manufactured goods	609 5 0
garden produce	465 11 0
live-stock	44 2 0
Miscellaneous receipts	116 15 7
Total	1,551 8 0

	RS. A. P.
(q) To Public Works Department for original works	14,688 13 11
Do. do. for repairs	394 3 6
Total	15,061 1 5

(r) Value of stores remaining at the end of the year.

STATEMENT No. IX.

Showing the Sanctioned Establishment of the Lunatic Asylums as it stood on the 31st December 1914.

Establishment.	Madras.		Vizagapatam.		Calicut.		Total.	
	Number.	Monthly wages.	Number.	Monthly wages.	Number.	Monthly wages.	Number.	Monthly wages.
1	2	3	4	5	6	7	8	9
		RS. A. P.		RS. A. P.		RS. A. P.		RS. A. P.
Superintendent	1	850 0 0	1	50 0 0	1	50 0 0	3	950 0 0
Military Assistant Surgeon (Senior)	1	(a) 400 0 0					1	400 0 0
Deputy Superintendent	1	160 0 0					1	160 0 0
Civil Assistant Surgeon								
Senior Second-class Sub-Assistant Surgeon	1	(b) 85 0 0	1	(d) 87 0 0	1	(f) 95 0 0	3	267 0 0
First-grade Sub-Assistant Surgeon	2	100 0 0					2	200 0 0
House Surgeons	1	85 0 0					1	85 0 0
Head Steward	1	30 0 0					1	30 0 0
First Assistant Steward	1	21 0 0					1	21 0 0
Second do.	1	21 0 0					1	21 0 0
Third do.	1	21 0 0					1	21 0 0
Clerk and Steward	1	42 0 0	1	(e) 22 0 0	1	(g) 28 0 0	3	92 0 0
Storekeeper	1	30 0 0					1	30 0 0
Writer	1	30 0 0					1	30 0 0
First-class European Attendants	3	165 0 0					3	495 0 0
Second-class do.	3	120 0 0					3	360 0 0
Matron	1	105 0 0					1	105 0 0
Nurse	1	80 0 0					1	80 0 0
Nurses	2	150 0 0					2	300 0 0
Do.	3	210 0 0					3	630 0 0
Compounder	1	12 0 0					1	12 0 0
Indian Male Head-keeper			1	17 0 0	1	17 0 0	2	34 0 0
First-class Indian Male Attendants	3	36 0 0	1	14 0 0	2	(h) 25 0 0	6	165 0 0
Second-class do.	9	80 0 0	3	33 0 0	4	40 0 0	16	640 0 0
Third-class do.	33	284 0 0	6	60 0 0	4	36 0 0	43	1,220 0 0
Male Night Patrols	6	48 0 0					6	288 0 0
Night Watchmen			2	14 0 0	2	14 0 0	4	56 0 0
Indian Female Head-keeper					1	10 0 0	1	10 0 0
Do. Keepers					3	24 0 0	3	72 0 0
First-class Indian Female Attendant	1	(c) 14 0 0	1	9 0 0			2	23 0 0
Second-class do.	3	24 0 0	1	8 0 0			4	96 0 0
Third-class do.	11	86 0 0					11	946 0 0
Night Watchwomen	2	12 0 0	1	6 0 0	2	12 0 0	5	60 0 0
Weighman	1	10 0 0					1	10 0 0
Office Attendant	1	12 0 0	1	9 0 0	1	9 0 0	3	30 0 0
Hospital Attendants			2	20 0 0	3	(i) 31 0 0	5	155 0 0
Caste cook for Indians			1	7 0 0	1	8 0 0	2	15 0 0
Washerman					1	8 0 0	1	8 0 0
Gate-peon	1	8 0 0	1	9 0 0	1	9 0 0	3	27 0 0
First-class Toty			1	7 0 0	1	8 0 0	2	15 0 0
Second-class Toties			1	6 0 0	2	15 0 0	3	21 0 0
Toty Women			1	5 0 0	2	13 0 0	3	18 0 0
Remuneration for two Indian Male Attendants for washing clothes at Rs. 2 each per mensem		4 0 0		2 0 0				6 0 0
Remuneration for one Attendant for shaving insanes				1 0 0				1 0 0
Total	97	3,254 0 0	27	386 0 0	35	481 0 0	159	4,121 0 0

Temporary Establishment (Madras Lunatic Asylum).

	No.	RS.
Third-class Indian Male Attendants	3	24
Do. Female Attendant	1	6
Total	4	30

Temporary Establishment (Vizagapatam Lunatic Asylum).

Male Toty	1	6
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Temporary Establishment (Calicut Lunatic Asylum).

	No.	RS.
Female Keeper	1	8
Second-class Male Toty	1	7½
Total	2	15½

(a) Draws an allowance of Rs. 40 besides as assistant to the Superintendent for giving clinical instruction which is debitable to "Medical College."

(b) Includes asylum allowance of Rs. 15 and local allowance of Rs. 10.

(c) Includes personal allowance of Rs. 2.

(d) Includes Rs. 25 asylum allowance and Rs. 2 language allowance.

(e) Includes personal allowance Rs. 2.

(f) Includes asylum allowance Rs. 25.

(g) Includes personal allowance Rs. 3 each.

(h) One on Rs. 14 and one on Rs. 11.

(i) One on Rs. 12, one on Rs. 10 and one on Rs. 9.

STATEMENT No. X.

Showing Receipts and Expenditure on account of Manufactures in the Lunatic Asylums during the year 1914 and Provincial totals for the two previous years.

1		2		3	1	5	6	7	8
Asylums.					Credits.				
Mean population.					Value of raw materials in store at the end of the year.	Value of manufactured goods in store at the end of the year.	Value of plant and machinery in store at the end of the year.	Total credits.	
Males.	Females.	Total.							
Madras	439 19	138 75	577 94	RS. A. P. 2,268 4 3	RS. A. P. 7,607 9 2	RS. A. P. 443 5 0	RS. A. P. 2,068 5 3	RS. A. P. 1,237 5 1	RS. A. P. 13,305 7 8
Mangalam	70 43	4 99	75 42	1 145 4 6	5 26 2	1 13 5	5 3 3	1 237 5 1	2,013 9 7
Calicut	91 13	37 15	128 28	1 1,148 2 6	579 11 4	193 15 8	463 3 4	312 4 6	2,700 5 4
Total for 1914	600 75	210 89	811 64	3,552 14 3	9,532 11 11	684 4 10	2,680 14 0	2,149 9 7	18,619 6 7
Total for 1913	582 08	202 52	784 60	4,090 15 4	10,466 6 0	509 4 11	2,933 4 8	1,645 12 10	19,765 11 9
Total for 1912	575 89	196 46	772 35	3,208 8 4	10,606 1 8	1,207 8 7	4,147 7 11	1,105 15 2	19,765 9 8
Debits.									
Asylums.									
Value of manufactured goods in store on 1st January 1914.		Value of raw materials in store on 1st January 1914.		Value of plant and machinery in store on 1st January 1914.		Raw materials purchased.		Contingencies of manufacture.	
RS. A. P.	RS. A. P.	RS. A. P.	RS. A. P.	RS. A. P.	RS. A. P.	RS. A. P.	RS. A. P.	RS. A. P.	Remarks.
2,336 3 3	344 9 5	620 0 0	3,301 0 3	88 14 8	6,983 11 7	6,621 12 1	1,186 9 3	1,141 10 1	Excess of debits or loss.
537 14 3	83 3 2	729 11 2	276 3 9	821 14 1	1,558 11 3	1,427 0 4	1,558 11 3	1,427 0 4	
280 3 2	171 8 4	296 1 8	821 14 1	88 14 8	9,609 7 2	8,949 15 5	8,949 15 5	8,949 15 5	
2,933 4 8	369 4 11	1,645 12 10	4,402 2 1	416 14 9	10,845 2 0	8,920 9 0	8,920 9 0	8,920 9 0	
4,147 7 11	1,207 8 7	1,051 15 2	3,987 4 4	126 12 3	11,292 8 10	8,473 0 10	8,473 0 10	8,473 0 10	
4,709 15 7	1,839 15 0	640 0 2	3,975 13 10						
Total									
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ASYLUM DYSENTERY, BY P. HEFFERNAN, CAPTAIN, I.M.S.,
SUPERINTENDENT, MADRAS LUNATIC ASYLUM.

[Reprinted from Indian Medical Gazette, Vol. XLIX (No. 11, November, 1914).]

Fourteen years ago, after Manson(1) had written scathingly of "that very fatal type of dysentery, euphemistically termed 'Colitis,' which is the scourge and disgrace of more than one of our English Lunatic Asylums," a commission was appointed to investigate dysentery in the English Asylums, and, as a result of its labours, asylum dysentery came to be attributed in the most advance circles, to the Micrococcus of Durham and Mott.(2) Since then much water has flown beneath the bridges, and dysenteries have been split into two great classes—the amœbic and the non-amœbic. Thanks to the labours of Sir Leonard Rogers and other physicians in this country—the problems of the etiology, treatment, and prophylaxis of the former variety of dysentery and its complications may be regarded as solved. There is every reason to hope that, in the near future, serious cases of amœbic dysentery and liver abscess will be as rare as cases of typhus fever.

Unfortunately we cannot as yet hold out hopes of similar success in the non-amœbic or "bacillary dysenteries," of which asylum dysentery is the type. In the lunatic asylums of every country in the world, as far as the writer is aware, without exception, this disease still exacts toll, and does so in despite of the glazed walls and marble floors, water carriage sewage systems, and high-pressure supplies of germ free water that are to be found in some of the latest institutions for the care of the insane. Nor is the use of the euphemism "Colitis" confined to the statistics of lunatic asylums. Indeed most asylums have discarded the term altogether.

But there is reason to believe that this and similar misleading expressions have found their way into statistics other than those of asylums, and that the importance of the various dysentery bacilli in the causation of disease of the alimentary canal all parts of the world, but particularly in the tropics, has been considerably underestimated.

At the quarterly meeting of the Medico-psychological Association, held in London on 25th November, 1913, Dr. Sidney Coupland presented a chart (3) of the dysentery incidence and mortality in the 95 lunatic asylums existing in England for each year of the decade 1903—12. The following is a *verbatim* quotation from his paper:—

"It will be seen that out of the 86 asylums which existed in 1903, there are 34 in which cases of dysentery are reported in each year of the decade, 35 in which cases occurred in from 5 to 9 of these years, and 13 in which cases occurred in only from 4 to 1 of these years, there being five asylums in the last category. . . . Lastly in four asylums, no cases were reported in any year. Of the remaining nine asylums, one was opened in each of the three years, 1904, 1905 and 1909; and two in 1906, 1907 and 1908, respectively. Cases of dysentery were reported from the year of opening in three; in every year but the first in one; and in seven out of nine years in one."

"Selecting from the list only those institutions in which the average annual dysenteric incidence was not less than 20 per 1,000 (or 2 per cent.) of the total number of inmates, we find these amount to 27, of which number, 20 had cases in each year of the decade, and two were asylums opened subsequent to 1903."

According to this chart, the dysentery incidence rate reached 125 per 1,000 (or 12½ per cent.) in Cardiff Asylum in 1911 (this asylum was opened in 1908), 105 per 1,000 (or 10½ per cent.) in Hellingly in 1911 (an asylum opened in 1903), 110 per 1,000, or 11 per cent. in Bexley in 1906 (an asylum opened in 1898). In other words, three of the newest and presumably most up-to-date and sanitary asylums in England and Wales recorded dysentery incidence rates of over 10 per cent. on the total number of patients, in one year or other of the decade. At the other end of the scale comes Cornwall Asylum, an institution opened in 1820, the

fifth of its kind opened in England, which does not record a single case of dysentery in the same ten years.

It must not be considered that the conditions in the ten years under review were in any sense exceptional. A study of Dr. H. S. Getting's history of dysentery in the Wakefield Asylum (Yorkshire, W.R.)(4) will show that dysentery has existed in that institution since Thomas Umpleby of Leathly was admitted on November 30th, 1818, with dysentery on him, one week after the asylum was opened. Since then it has waxed and waned, waned and waxed again. Dysentery cases occurred in 86 years out of 95, and in 1912 there were 78 cases and 35 deaths. The records of other English asylums could doubtless tell similar tales.

Dr. Getting's concluding paragraphs are as follows:—

"This article is not brought forward merely as a historical recital, but because I believe the lessons it teaches are of value, as the lessons of history always are.

"For it shows that no amount of sanitation will stamp the disease out. It is no question of unsanitariness or overcrowding, of water-supply, or of the other factors that have been proposed. They are only side issues, important in their way, but side issues, all the same. It is the actual infection that matters; it is the chronic cases, the 'carriers', who keep the asylum infection going, who originate fresh cases and epidemics. They form the keystone of the problem, and must be detected, and isolated before any permanent good can be done.

"It is with the infective person that we must deal and not merely the aiding condition. It is difficult matter to detect them, I know, but it has to be done if the disease is to be eradicated. Much can be done by a strict segregation of all patients who have dysentery, or by a routine examination of the stools.

"But the real hope lies in the laboratory, and I believe that, if the problem were investigated, it would not be long before the pathologist would be able to detect these carriers to-day, as he detects the typhoid or the syphilitic. And if this could be done, dysentery would soon be as much a thing past in our asylums, as it is amongst the population."

In the Scottish and Irish Institutions, dysentery, although present, would appear to be by no means so common. The number of deaths from dysentery and diarrhoea amongst the pauper patients in the Scottish Asylums, for the five years 1902 to 1906, is stated to have been 71 all told, or about 14 deaths a year, a proportion of about .008 per 1,000 patients resident. The number of deaths from the same causes in the Irish asylums in 1912 worked out at about 24 (out of 21,000), or .008 per 1,000 patients resident, a figure identical with that of the Scottish asylums.

The writer of this note believes that these figures give a wrong idea of the prevalence of the disease, at least as far as Ireland is concerned. In Clonmel asylum, from 1902 to 1905, when the writer was Assistant Medical Officer, dysentery was a prevalent disease, but was very mild in type, and the death-rate therefrom was practically nil. Saline treatment was invariably employed.

From the stool of one of the few cases which terminated fatally during this period, McWeeny(5) isolated a mannite-fermenting bacillus, which, unlike the typical Flexner, did not produce indol. It was agglutinated by the patient's blood serum, and was extremely toxic to rabbits.

Coming to Indian asylums, one is faced with the difficulty that no table of diseases for which patients are admitted and die, is included in the asylum reports for each province, and one has to depend on the remarks in each report to learn whether dysentery, colitis, and diarrhoea were prevalent in the asylums during the year under review. Even from the meagre information so afforded, however, the prevalence of dysentery in Indian asylums is sufficiently indicated.

In the report on the Bengal asylums, for example, we find that there were 52 admissions for dysentery in Oacca asylum in 1912, and that dysentery accounted for 11.96 per cent. of the total deaths in the lunatic asylums of the premier province for that year. In the Agra and Oudh asylums, there were 41 admissions for dysentery and ten for diarrhoea during the same year. The figures for the Lahore asylums for 1912 are not available to the writer, but dysentery and diarrhoea were stated to be very prevalent in 1909, 13 patients dying from diarrhoea and nine from dysentery. In the Naurada asylum, Bombay, in 1912, 42 deaths out of 76 were due to dysentery and diarrhoea. In Nagpur asylum, Central Provinces, five deaths out of 29 in 1912 were due to dysentery. In the Patna lunatic asylum, in the same year, there were 26 admissions for dysentery and

seven for diarrhoea. In the Tezpur asylum, dysentery is said to have been prevalent in the same year, although it only accounted for four deaths. In Rangoon, dysentery and diarrhoea are said to have been epidemic, and in the Singapore lunatic asylum, dysentery accounted for 22 out of the 64 deaths, or over 34 per cent. of the total mortality. In the Madras asylum, dysentery has been present in every year, since the present site was occupied in 1871, with the solitary exception of the year 1901, when no case was recorded. The greatest number of admissions recorded in one year was 63 in 1891.

The questions which obviously arise are:—

I. Is asylum dysentery in India, identical with the bacillary dysentery of the English asylums, and if the diseases are not identical, in what does the difference consist?

II. By what measures may we hope permanently to eradicate the disease from the Indian and English asylums?

III. What is the best treatment for the individual cases of the disease, in India and in England, with which we are acquainted?

In endeavouring to discover answers to the above questions, a brief analysis of the dysentery cases which have occurred in the Madras asylum for the past three and a half years may be of some use. But as the investigations have as yet scarcely progressed beyond the initial stage in some of the most important aspects of the disease, any conclusions embodied in these notes can only be regarded as provisional, and liable to modification with further experience.

THE MADRAS CASES.

The incidence rate of dysentery in an asylum may be calculated in two ways. The number of attacks of dysentery in a year may be shown as a percentage on the daily average number resident for that year. This is the method employed by Dr. Sidney Coupland.

According to this method, as there were 197 attacks of dysentery in the Madras asylum during the 44 months under review, the *yearly* rate of dysentery incidence works out at approximately 9.5 per cent. of the daily average number of patients resident—a high incidence rate assuredly, but actually lower than that which obtained in several English asylums, amongst others, in Cardiff and Hellingly asylums in 1911, although both these British asylums were built and opened within the past twelve years.

Another method of estimating the prevalence of dysentery in an asylum for a period of years, is to express the total number of patients attacked as a ratio of the total number of patients who came under treatment during that time.

According to this method, as 146 patients were attacked in Madras, and as 1,205 patients came under treatment during the 44 months in question, the proportion of the patients attacked to the patients treated during that period works out at 12.11 per cent.

Of these 146 individuals, 29 eventually died of the disease—a mortality of 19.8 per cent.

Of the individuals affected, one had six distinct attacks, five were attacked four times, five had three attacks, twenty-one had two attacks, and 115 were only attacked once. The stay in hospital varied within wide limits according to whether the disease was acute or chronic in type. The longest stay of any patient in hospital was 128 days, and the shortest one day; the average time which elapsed before the patient was discharged from hospital as cured being about 40 days, but for a considerable part of this period, all symptoms of dysentery would have disappeared—the patients receiving hospital diet for the purpose of rehabilitating their strength and picking up their weight. The stools were examined microscopically in every case, and in the case of 86 patients, plate cultures were made, and the plates were incubated and the growths investigated at the King Institute of Preventive Medicine, Guindy, by Assistant Surgeon M. Kesava Poi, M.B., who also prepared the autogenous and polyvalent vaccines used in the treatment of the cases, and in the prophylactic inoculation of the patients, and is at present engaged in the investigation of the agglutination reactions, the toxicity, etc., of

his strains, and will publish his complete results at a future date. MacConkey's bile salt lactose agar was the medium employed.

Before coming to the figures, it may be well to state that it was found quite impossible to isolate dysentery bacilli from feculent stools. Such bacilli could only be isolated from mucoid stools, and then the mucus had to be repeatedly washed in sterile saline solution before plating, so as to remove every trace of feculent matter, and leave a clean, sometimes bloody mucus. Otherwise, the plate was swamped by growths of other bacilli. Even after selecting stools and taking these precautions, positive results were obtained in only 43 instances out of the 86 cases examined—a proportion of 50 per cent., although every case plated was clinically a case of dysentery. Furthermore, in many of these cases the patient's stools were plated several times, and a positive result was obtained only after repeated platings. Success was obtained only when the stools were freshly passed.

These experiences appear to the writer to be of considerable practical importance, regarding the diagnosis of bacillary dysentery. It would appear that the failure to discover dysentery bacilli in the stools is in itself of little importance in the diagnosis of the disease, as if the stools are kept for any considerable length of time before plating, or if anything but well washed mucus free from fecal matter is plated, a negative result may be expected. Consequently, it seems logical to conclude that the practice of sending unplated stools by post, in a sealed vessel, to a laboratory for bacteriological examination, in the hope of isolating the bacilli of dysentery, is only waste of time, and that any inferences drawn from negative results in such cases, are quite valueless.

Practically, the diagnosis between the amoebic and non-amoebic forms has to be made from—

(a) The presence in, or absence from, the freshly passed mucoid stools, of *amoeba histolytica*. (b) The isolation by bacteriological methods of the specific micro-organisms from the stools, bearing in mind that (a) a negative result is of little value, and (b) that a mixed infection is, of course, possible.

There is one clinical observation which seems to be of value, namely, that acute cases, with fever lasting about three days (although the dysentery may persist longer) in individuals, who have not previously suffered from dysentery, are almost certainly bacillary.

In Madras Asylum, one could not help being struck with the fact that of five undoubtedly amoebic cases, three occurred in Europeans, and the fourth in an Indian who had lived out of India for many years, and who fell ill with dysentery three days after his arrival from Singapore.

The success or failure of emetin treatment is of little use from a diagnostic point of view—except in cases where the ordinary forms of treatment have been tried and have failed, and where emetin succeeds. In such cases, the conclusion apart from all other evidence, that the disease is amoebic seems justified. But the fact that an acute case of dysentery gets well on emetin treatment, plus a diet of citrated milk or whey, plus (probably) purgation by salines or castor oil, is no proof at all that emetin has had anything to do with the recovery. As will be seen from table VI, 20 cases were treated with hypodermic injection of emetin hydrochloride, and with the exception of the cases in which *amoeba histolytica* had been found microscopically, emetin appears to have had little influence in the disease one way or the other.

As regards microscopic examination, it will be seen from table II, that *amoeba histolytica* was present in five cases. Of these, three were Europeans, and one was an Indian lately returned from Singapore.

The three cases in which *balantidium coli* were found rapidly succumbed to the disease, and the presence of this enormous ciliate would seem to be of the gravest prognostic significance.

Among the members of the staff who are known to have suffered from dysentery during the period under review, were two warders, an office clerk, and the superintendent. The attacks (except in the case of the clerk who had amoebic dysentery) were slight. One of the warders harboured the Shiga and the Superintendent the Flexner type bacillus.

PROPHYLAXIS.

The measures taken have been :—

I. The treatment of all dysentery cases in the isolation sheds.

II. The segregation and observation of convalescents for six months after recovery (in the case of criminal patients—on account of difficulties of accommodation, this can be only partially carried out). It is noteworthy that Dr. Bolton holds that, in asylums, isolation of dysentery cases should be permanent!

III. The incineration of the excreta of all dysentery patients and of convalescents.

IV. The boiling of drinking-water.

V. Prophylactic inoculation of all patients exposed to infection. Of these, V is the only one calling for detailed notice.

Prophylactic inoculation was begun in November and December 1913, when 533 patients were inoculated, and the remaining 50 cases kept as controls, a number which has now swollen to 130 by new admissions (up to July 1914). The vaccine used was prepared from four Flexner and four Shiga strains, isolated from stools of previous dysentery cases. It was made up in a bacillary emulsion of the approximate strength of 100 million dead bacilli in one c.c.; and two c.c. were given hypodermically, twice, to each patient, with an interval of ten — fourteen days between the inoculations.

Reaction was extremely slight, and occurred chiefly in the case of individuals who had previously suffered from dysentery—a fact which may be of some importance from the diagnostic point of view, and which will be further investigated. Even in these cases, the general temperature did not exceed 100° F. In six cases, localised tissue necrosis occurred, with the formation of small abscesses containing a "pus" which proved sterile on bacteriological examination. The possibility of a little hot vaseline having been injected accidentally with the vaccine cannot be excluded in these cases.

The results of this inoculation in 1913, from the point of view of prophylaxis, have been unsatisfactory (*vide* table V), and the agglutination tests afterwards carried out have given contradictory results, especially as regards the mannite fermenting or Flexner type of organism. An emulsion containing 2/3 Shiga type and 1/3 Flexner type bacilli was used in inoculating all the asylum patients in August of this year.

Post-mortem Records.—During the 3½ years under review 242 deaths occurred in the asylum, and *post-mortem* examinations were made in 167 of these. In 34 of these *post-mortem* or 20·4 per cent. dysenteric lesions of the bowels were found; in another 25, or 15 per cent., tubercular ulceration was present. But in not one case was any trace of abscess of the liver found. The writer has searched the asylum *post-mortem* records in vain for any record of liver abscess having been ever found *post-mortem*. This fact in itself is an extraordinary one, and goes a long way to prove that the dysentery, which has been endemically present, is essentially bacillary in type.

General treatment.

All patients who are reported as having passed a dysenteric stool are sent to the isolation hospital, and put upon castor oil emulsion 3ii to 3i, of which 3ii are given, followed by 3ii given every three hours for the first 48 hours. The writer remembers the success of saline treatment in the asylum in which he worked at home. His Superintendent's instructions to him were "Turn your cases of dysentery into cases of plain watery diarrhoea, with Glauber's Salts and then, if necessary, cork them up with a little opium."

This plan worked excellently in Tipperary, but was a failure in Madras. The Madrazi's constitution could not stand it. The writer employed it, in his own case, with complete success.

In addition to castor oil by the mouth, rectal lavage with boric acid solution followed by albargin, grains 4 to the pint, alternating with Pot. Permanganate

Solution, twice daily, is now practised from the beginning. The solutions are left as possible in the bowel; the foot of the patient's bed is raised on blocks 18 inches high, and patient is made to lie on his right and left side alternately.

Serum treatment was tried in the present year for the first time. So far fifteen cases have had one or more doses of serum, with good results, as will be seen by reference to Table IX. The impression left is that serum works well and rapidly in acute cases with fever, but that its effect is transient, and that several doses are required to produce any permanent effect on the disease. Both Kasauli and Lister Institute sera were used. The great expense of anti-dysenteric serum (Rs. 3-12-0 per dose) practically rules it out as a routine measure.

Many of the Madras cases either begin with conditions of glossitis and stomatitis, or develop these conditions during the course of the disease. The stools then become frothy, copious and very offensive, and a condition indistinguishable from sprue becomes established. Iodine internally and Bulgarian milk have been tried for these cases, but as a rule the patients go on for months or years, in a stuporose condition, swallowing large quantities of fluid nourishment, and absorbing little. The final P.M. reveals an alimentary canal thinned and denuded of epithelium from the mouth to the cæcum, and the inevitable signs of dysenteric ulceration in the colon and sigmoid. The question as to how far "Sprue" is a legacy of bacillary dysentery seems to call for investigation.

Inoculation with polyvalent or autogenous vaccine was tried in 1911 as treatment in 37 cases. The difficulty of obtaining autogenous vaccine in cases of dysentery is very great, as it is only exceptionally that the bacilli can be isolated from the stools, and a mixture of "house" strains was found more convenient.

The results were so bad (*vide* tables 7 and 8) that this method of treatment was abandoned. It must be added, however, that it was used on most unfavourable cases, and also, in all probability, the dosage used was too large. A trial is now being given to inoculation with small doses beginning with one million bacilli—and the effects are being carefully watched.

CONCLUSIONS.

The general impression which the experience of the last 3½ years at Madras and the examination of Indian asylum records leave upon one's mind is exactly that which Dr H. S. Gettling's delvings into the history of Wakefield asylum left upon his—namely, the extraordinary preservation and ineradicability of asylum dysentery. One is driven to believe that individuals who have suffered from bacillary dysentery, especially if ulceration and thickening of the bowel have occurred, remain "carriers" for years, if, indeed, they ever "recover" from the disease, that the immunity conferred by an attack is a short-lived one, and that conferred by inoculation, if any, is little better. That a chill or a slight lowering of the vitality of the carrier will precipitate another exacerbation of a disease never completely eradicated, and furthermore that there is a definite relationship between bacillary dysentery and sprue.

Regarding the bacteriology of the disease, different bacilli have been described. Shiga, Kruse, Flexner, Morgan, Hiss, McWeeney, Strong, and the investigations at El Tor have described different forms—the differences depending upon the fermentations of the various sugars and the production of Indol. Mr. Kesava Poi found considerable differences in the various strains isolated from different patients in Madras. But broadly speaking, it may be said that the chief difference between English and Madras asylum dysentery is the greater prevalence of the extremely toxic "Shiga" type bacillus, which does not ferment mannite, in the Indian cases, and consequently greater severity of the disease in the latter country. In this connexion the writer would like to confirm the observation of Sir Leonard Rogers that there is a fulminating type of bacillary dysentery, indistinguishable clinically from Asiatic cholera. Several such cases occurred in Madras, and were

treated with permanganates and hypertonic saline intravenous infusion, but the bacteriological examination of the stools demonstrated that the disease was not cholera.

Obviously the means by which we may hope eventually to eradicate dysentery from asylums are those by which enteric has been practically eradicated from the army, viz.:—

I. The isolation of all carriers, until they cease to be such (which in chronic cases usually means isolation for the remainder of their lives).

II. The immunisation of individuals who are exposed to infection, by inoculation.

III. The adoption of the most reliable and up-to-date sanitary methods for the preparation of food, for the protection from contamination of food and drinking water, for the treatment or destruction of excreta, for sewage removal, and for housing and clothing the population we deal with all this with two objects:

(a) to raise the standard of general health as high as possible, and (b) to minimise the chance of the ingestion of infected or contaminated matter by the individual.

These are the only ways in which general sanitation affect the matter.

But in carrying out these measures, in the case of lunatic asylum populations, enormous difficulties arise, apart from the questions of expense and accommodation.

These are—(a) as regards the disease itself:—

I. Bacillary dysentery varies in degree from a condition scarcely noticeable to a condition as rapidly fatal as Asiatic cholera. Very mild cases, if unnoticed, may go on to ulceration in the sigmoid region, and become chronic carriers, yet show no symptoms beyond the occasional passage of a little mucus or a little blood with a formed stool. Such cases are, amongst lunatics who do not complain of disease, obviously likely to occur. Even, if noticed, such cases are liable to be looked upon as cases of slight internal hæmorrhoids. Bacilli of the "Flexner" type were isolated from the stools of such a case in the Madras asylum.

II. We have no means of knowing when an individual ceases to be a carrier. As pointed out, it is practically hopeless attempting to isolate the bacilli from faecal stools, and the agglutination reactions do not help us. The only method which suggests itself to the writer is inoculation with a large dose of Shiga-Flexner emulsion, and observation of the reaction, on the lines of the "Mallein" and "tuberculin" tests.

The disease is very common amongst the general population. The *post-mortem* records of Madras institutions bear out this statement. It is the exception to find a healthy colon *post-mortem* amongst hospital patients. Warders, cooks and sweepers suffer from disease, conceal it, and treat it with indigenous medicines.

III. A large portion of asylum patients are filthy in their habits, are coprophagic, or are earth, mud, and rubbish eaters. Their instincts are perverted or destroyed. Many are technically "wet and dirty," and even under most rigid supervision, cannot be prevented from easing themselves in the yards and grounds. When suffering they do not complain. The vicious circle is obvious—soil and room contamination can only be avoided by the provisions of impermeable floors and washable walls.

IV. Prophylactic inoculation, so far, has not been successful.

References.

- (1) Manson. Tropical Diseases, 1898.
- (2) Report on Asylum Dysentery. Durham & Mott, 1900.
- (3) Journal of Mental Science, October 1913.
- (4) Journal of Mental Science, January 1914.
- (5) British Medical Journal, 1908.
- (6) Journal of Mental Science, January 1914.
- (7) Rogers' "Dysenteries," 1913.

TABLE I.

Attacks.

One attack	...	...	...	...	115	Total number of attacks 198. Total individuals attacked 147.
Two attacks	...	...	...	...	21	
Three attacks	...	...	...	...	5	
Four attacks	...	...	...	...	5	
Five attacks	...	...	...	...	0	
Six attacks	...	...	...	...	1	

TABLE II.

Microscopical Findings.

Amœba coli	...	...	...	...	...	19
Amœba hystolitica	...	...	...	...	...	5
Flagellates and Ciliates	...	...	...	...	...	16
Balantidium coli	...	...	...	...	...	3
Ova of Hook-worm	...	...	...	...	...	18
Ova of other worms	...	...	...	...	...	26
Total cases examined	...	...	...	...	...	146

TABLE III.

Cultural Results.

Cases examined	...	...	...	...	...	86
Mannite Fermenters (Flexner type)	...	...	...	...	...	25
Mannite non-Fermenters (Shiga type)	...	...	...	...	...	18
Negative	...	...	...	...	...	43

TABLE IV.

All Post-mortem Examinations, January 1911 to July 1914.

Total made.	Signs of dysentery present.		Tubercular ulceration of bowel present.	Abscess of liver.	None of foregoing.
	Ulceration.	Inflammation.			
167	23	11	25	Nil.	108

TABLE V.

Statistics of Prophylactic Inoculation.

Vaccine—Polyvalent	...	{ + strains, Shiga type 4 strains, Flexner type
prepared from the stools of the asylum cases during 1912-13. Equal parts of each strain—1 c.c. of emulsion to contain 100 million killed bacilli.		
Dose.—Two doses of 2 c.c. each, hypodermically at intervals of 10 days.		
Number of patients inoculated	...	{ European 26 Indian 507
Number of patients not inoculated	...	{ European 99 Indian 31
Number of patients inoculated, and attacked after date of inoculation	...	{ European 2 Indian 32
Number of non-inoculated attacked after date of inoculation	...	{ European 6 Indian 4
Number of inoculated attacked who had suffered from dysentery previous to inoculation	...	{ European 2 Indian 5
Period elapsed since inoculation to date ... 9 months.		
All patients who had ever suffered from dysentery were inoculated.		

TABLE VI.

Results of treatment with Autogenous Vaccines in 1911.

	Number of cases treated.	Doses used.	Recovered.	Died.
Shiga type—3	...	20 millions 50 millions 100 millions at intervals of 6 days.	2	1
Flexner type—6	...	200 millions 500 millions 1,000 millions at intervals of 6 days.	4	2

TABLE VII.

Results of treatment with Polyvalent Vaccines (Shiga-Flexner Asylum strains) in 1911.

	Number treated.	Dosage.	Recovered.	Died.
	28	20 millions 50 millions 100 millions	15	13

TABLE VIII.

Results of Emetin treatment.

Name.	Race.	Total emetin given.	Day of disease, emetin treatment begun.	Days disease persisted afterwards.	Result.	Remarks.
P. N.	Ind.	1 grain	5th	36, including two relapses.	R	Flexner bacillus isolated. Also treated with autogenous vaccine. Had two relapses.
V. M.	"	No record.	No record	7	R	Also treated with poly, vaccine, in small doses.
R. C.	"	3 grains	2nd	13	R	Flexner bacillus isolated. Also treated with autogenous vaccine.
J. P.	Eur.	No record.	2nd	4	R	A case of amoebic dysentery.
N. H.	Ind.	5 grains	60th	130	Still in hospital.	Ankylostome ova numerous. How a typical case of sprue. Thymol treatment on several occasions.
V. D. K.	"	4 "	13th	14	R	Shiga bacillus isolated.
B. L.	"	No record.	24th	Died 5 days afterwards.		Shiga bacillus isolated. Balantidium coli present.
A. C.	"	No record.		Died 6 days after ?		Nothing found in stools.
S. C.	"	1 grain	5th	6	R	Shiga bacillus isolated.
T. Y.	"	1 "	6th	Died 7 days afterwards.		Flexner bacillus isolated. Treated with Kasauli serum.
Z. A.	"	1 "	4th	9	R	Flexner bacillus isolated. Treated with Kasauli serum.
V. L.	"	2 grains	2nd	10	R	Nothing found in stools.
R. L.	"	2½ "	9th	22	Still in hospital.	A bad case of ankylostomiasis just admitted to the asylum from Natal. Dysenteric symptoms also present. Amœba hystolitica abundant. Amœbic dysentery. Singapore case.
D.	"	4 "	4th	5	R	Nothing found in stools.
A. M.	"	2½ "	9th	4	R	Nothing found in stools.
V. N. E.	"	5 "	3rd	6	R	Nothing found in stools.
S.	"	2½ "	6th	12	R	Shiga bacillus isolated.
N. P.	"	4½ "	3rd	8	R	Nothing found in stools.
R.	"	5 "	3rd	12	R	Nothing found in stools.
B. R.	"	2½ "	6th	10	R	Flexner isolated, after which he was treated with serum.

All the above cases received castor oil treatment in addition.

TABLE IX.

Twelve cases treated without Emetin.

Name.	Race.	Treatment employed.	Number of days symptoms persisted.	REMARKS.
P. R. ...	European ...	Sodium Sulphate ...	4	Flexner bacillus isolated.
M. B. A. ...	Muhammadian ...	Kasauli Anti dgs. serum, 40 c.c.	11	Also castor oil and albargin by rectum. Shiga type bacillus isolated.
J. ...	Indian ...	Castor oil emulsion ...	3	Also albargin by rectum. Flexner bacillus isolated.
M. J. ...	European ...	Kasauli Anti dgs. serum ...	8	Also albargin by rectum and castor oil. Flexner type, bacillus isolated.
F. ...	Indian ...	Castor oil emulsion ...	5	Also albargin by rectum. Flexner type, bacillus isolated.
B. B. ...	Do. ...	Sodium Sulphate ...	5	Relapsed one month afterwards, relapse lasted 6 days. Cultures negative.
M. ...	Do. ...	Kasauli Anti dgs. serum and castor oil.	9	Also albargin by rectum.
S. N. ...	Muhammadian ...	Castor oil emulsion ...	6	Also albargin.
P. ...	Indian ...	Do. ...	3	
B. R. ...	Do. ...	Do. ...	4	
S. G. N. ...	Do. ...	Do. ...	5	Also suffered from malaria. Flexner bacillus isolated.
P. ...	Do. ...	Do. ...	16	Shiga type bacillus isolated. Also albargin and Pot. Permang.

TABLE X.

Results of Serum treatment (begun 1914).

Number treated.	Dosage.	Re-covered.	Died.	Average number of days disease persisted after treatment.
Kasauli Serum, 11 ...	Each ampoule 20 c.c. one, two or three doses according to severity of disease.	10	1	...
Lister Institute serum, 4 ...		4	...	...

GOVERNMENT OF MADRAS.

PUBLIC DEPARTMENT.

Order—No. 836, Public, dated 28th May 1915.

Recorded.

2. The growth in the asylum population, which has been a constant feature of the reports for some years past, continued during the period under review. The increase occurred both in civil and criminal lunatics and both in males and females.

3. The Government observe with regret that the high death-rate of 1913 continued during the period under review. In future a statement in the same form as annual statement No. XV in the Jail Administration Report should be attached to the annual and triennial reports on Lunatic Asylums and the Surgeon-General is requested now to furnish such a statement for each of the last five years in respect of the Madras and Calicut asylums with any remarks he may desire to offer thereon.

4. Proposals for the construction of a steam laundry and a steam kitchen in the Madras asylum have been received and are under the consideration of the Government. The Surgeon-General has already been asked to submit plans and estimates for the provision of additional hospital accommodation and a separate kitchen for Brahman patients in the same asylum. He is requested to expedite their submission.

5. The Governor in Council notes with pleasure the interest evinced in the welfare of the inmates by Mr. and Mrs. Porteous and hopes that the example of the late Rao Bahadur M. Natesa Ayyar, who left a legacy for the benefit of needy inmates, will be emulated by other members of the public.

(True Extract.)

P. RAJAGOPALA ACHARIYAR,
Secretary to Government.

