ADMISSIONS TO SCOTTISH MENTAL HOSPITALS IN THE LAST HUNDRED YEARS

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The increase in admissions to mental hospitals in Scotland since 1941 shows no sign of abating, and it seems proper to examine the phenomenon historically with the hope that information relevant to the present situation will emerge.

Before 1857 mental hospital statistics in Scotland were quite unreliable. There were in force three Acts of Parliament which were intended to regulate the confinement and treatment of the mentally ill and to make provision for the keeping of accurate records. Unfortunately, these Acts were so loosely worded and so ambiguous that they were almost impossible to administer.

Outside the seven new Scottish Royal Asylums the plight of the insane was indeed pitiable. An American woman, Miss Dorothea Lynde Dix, who had retired from school teaching and assumed as her mission in life the amelioration of conditions in prisons and lunatic asylums, with considerable success in her own country, visited Scotland in 1855 and inspected a number of asylums near Edinburgh. Finding their inmates badly treated and in a most miserable condition, she at once went to London and laid this information with much circumstantial detail before the Secretary of State for the Home Department, who decided that the evidence justified the appointment of a Royal Commission.

The Commission was appointed in the same year: "To inquire into the state of lunatic asylums in Scotland and the existing law in reference to lunatics and lunatic asylums in that part of the United Kingdom." The report was presented in 1857, and on its recommendations was based the Lunacy (Scotland) Act of 1857, which remains today the backbone of the Scottish lunacy code.

Possibly the most important result of this Act, which took effect on January 1, 1858, was the setting up of the General Board of Commissioners in Lunacy for Scotland and with it the machinery for recording accurate statistics of mental hospital admissions.

For the purpose of this paper it is convenient to divide the years between 1858 and 1953 into three

parts and to describe admission trends within each period.

(1) 1858-89.—The report of the Royal Commission included an estimate of the number of admissions to institutions in the 5 years, 1850-54. The average annual number of admissions to Scottish mental hospitals was 1,242, an admission rate of 0·43 per thousand of the Scottish population. (Table I).

TABLE I
ADMISSIONS TO SCOTTISH MENTAL HOSPITALS IN THE
FIVE YEARS BEFORE THE APPOINTMENT OF THE
ROYAL COMMISSION

Year	Number of Admissions	Rate per 1,000 Population	5-year Average	5-year Average Rate per 1000
1850	1,415	0·49	1,242	0·43
1851	1,163	0·40		
1852	1,168	0·40		
1853	1,324	0·46		
1854	1,138	0·39		

After the coming into effect of the 1857 Act the annual admission rate rose to 0·48 per thousand and at the same time a new kind of patient came under the surveillance of the authorities, the insane in private dwellings. These, added to the hospital admissions, brought the total annual average of admissions to the register of the insane to 1,718 and the rate to 0·57 per thousand. The figures for the insane in private dwellings are a little inflated by the numbers coming on the register just after the Act came into force.

In 1862 a third kind of patient appears—the voluntary patient. The Report of the Royal Commission had said this about voluntary admission:

As an instance of the confidence reposed in the Medical Superintendent of Chartered Asylums, and as an indication that some diminution has taken place in the repugnance to asylums, which hitherto has been and still is so prevalent, we may mention that in many of the asylums a number of individuals have voluntarily presented themselves for admission.

There was no provision for voluntary admission in the 1857 Act, but the 1862 Act, which continued and amended the 1857 Act, permitted voluntary admission after the patient had obtained a medical certificate, and permission from the medical superintendent, and had made a declaration of his wish before a Sheriff. As Table II shows, patients were slow to take advantage of this new form of admission, partly, no doubt, because of the difficulty in complying with the formalities. A further amending Act of 1866, which took effect in 1868, made voluntary admission much simpler; the patient now required only the previous written consent of a Commissioner in Lunacy before he made application to the hospital for admission. This new legislation started an upward trend in voluntary admission which has continued to the present time.

TABLE II

ADMISSIONS IN THE PERIODS FOLLOWING THE LUNACY ACTS OF 1857, 1862, AND 1866

Year	Voluntary Patients	In Private Dwellings	Certified Patients	Total	Rate per 1,000 Population	5-year Average	5-year Average Rate per 1,000
1858	—	390	1,448	1,838	0.61	1,718	0.57
1859	—	176	1,422	1,598	0.53		
1860	—	125	1,442	1,567	0.51	1,540	0.50
1861	—	129	1,496	1,625	0.53		
1862	2	82	1,374	1,458	0.47		
1863	5	109	1,388	1,502	0.48		
1864	12	107	1,421	1,540	0.49	1,802	0.56
1865	8	106	1,472	1,586	0.50		
1866	17	122	1,567	1,706	0.53		
1867	15	138	1,710	1,863	0.57		
1868	27	112	1,716	1,855	0.57		
1869	33	65	1,903	2,001	0.61		

The year 1875 saw a particularly large increase in admissions consequent upon a Parliamentary Vote in that year, which contributed, from central government funds, 4s. a week towards the upkeep of every pauper lunatic in any asylum or licensed house, or in a private dwelling, the money to be paid to the Union or Parish from which the patient was sent. This had the effect of encouraging Parish Councils to transfer patients from poor-houses to asylums and thus added to the number of admissions.

Apart from the changes in admission rates which followed and were due to changes in the law, the period 1858 to 1889 is characterized by a fairly steady rise in admissions which keeps pace with the expansion and improvement of the mental hospital services. Table III summarizes the changes in this first period.

TABLE III
ADMISSIONS, 1858-89

Quinquennia	5-year Average	Average Rate per 1,000 Population
1858-59	1,718	0.57
1860-64	1,540	0.50
1865-69	1,802	0.56
1870-74	2,025	0.59
1875-79	2,479	0.69
1880-84	2,687	0.71
1885-89	2,723	0.70

(2) 1890-1939.—The most important legislation in this period was the Mental Deficiency and Lunacy (Scotland) Act of 1913, by which the General Board of Commissioners in Lunacy for Scotland was reconstructed and designated the General Board of Control for Scotland. There was one extremely important amendment to the lunacy laws as well as a number of minor ones which had far-reaching effects on mental hospital admissions. This was an amendment to Section 15 of the 1866 Act which concerns voluntary admission. Referring to those wishing to be admitted, this new section says:

It shall . . . be lawful for the superintendent to receive such person on his written application to that effect, provided that such person shall forthwith make written application to the board or to one of the Commissioners . . . and that such person shall not be detained for more than three days from the date of reception without the assent in writing of one of the Commissioners.

This means that voluntary admission was possible without any more formality on the part of the patient than the signing of two letters at the time of his admission to hospital. The effect on voluntary admissions was dramatic; the number of these, 181 in 1914, was 62 per cent. higher than in 1913, the last year in which the old Act was in force (Table IV).

TABLE IV
VOLUNTARY ADMISSIONS BEFORE AND AFTER THE MENTAL DEFICIENCY AND LUNACY ACT OF 1913

Years	Average Annual Voluntary Admissions
1900-05	78
1905-09	103
1910	108
1911	119
1912	115
1913	112
1914	181
1915-19	191

A most important provision of this Act was the duty laid on Parish Councils to provide special Institutions for mental defectives ascertained within their parish. Although these Institutions were intended for those mental defectives, "not being persons who can be dealt with as lunatics under the

Lunacy Acts", a number of persons were admitted to institutions for defectives who would previously have been mental hospital patients.

The Local Government (Scotland) Act of 1929, which abolished the district Boards of Control and placed the mental hospitals in the charge of the County Councils, had little direct effect on admissions, but, by contributing to the smoother running of the service, played its part in improvement of conditions.

To return to the general problem of changes in admissions, illustrated in Table V, in this period the rise in admission rates is halted; at first rates are fairly steady at about 0·80 per thousand with small fluctuations, but in the last decade there is a small but definite fall of about 10 per cent. The same expansion and improvement of the hospital services, which appeared to have caused the increase of admission rates in the previous period, have continued for the first two decades of this, but have failed to have the same effect. One need not look far for an explanation.

TABLE V
ADMISSIONS, 1890-1939

Quinquennia	5-year Average of Total Admissions	Average Annual Admission Rate per 1,000 Population
1890-94	3,164	0·78
1895-99	3,492	0·81
1900-04	3,758	0·83
1905-09	3,667	0·79
1910-14	3,795	0·80
1915-19	3,864	0·77
1920-24	4,016	0·82
1925-29	3,892	0·80
1930-34	3,666	0·75
1935-39	3,596	0·72

In 1906 the forty-eighth Annual Report of the General Board of Commissioners in Lunacy includes a section on wards for the observation and treatment of temporary mental disorder.

Small wards of the kind, containing six beds for each sex, were, however, with our knowledge and approval established by the Parish Council of Glasgow at Barnhill Poorhouse so far back as 1890. The success attending this experiment was so great as to induce the Glasgow Parish Council to provide special wards for the purpose, containing 25 beds for each sex in connection with their new parochial hospital at Duke Street, Glasgow. These wards, which are spacious and handsome and admirably designed and equipped for their purpose, were opened in 1904.

In the Seventh Annual Report (1921) the Board of Control comments on the undoubted success of the Glasgow experiment, which was followed by similar enterprises by the Parish Councils of Dundee,

Govan, and Paisley. The Ninth Annual Report (1923) records the establishment of new observation wards in the Southern General Hospital at Stobhill in Glasgow:

Four wards, each accommodating 20 patients, have been set aside for the treatment of all cases of incipient, temporary and unconfirmed mental disorders arising in Glasgow parish.

The first mention of the numbers of patients being cared for in these new observation wards was made in the Board of Control's Eleventh Annual Report (1925), which gives the admissions and discharges in the year 1924 for Stobhill and Duke Street hospitals in Glasgow as 1,293 admitted, 399 recovered, 214 improved, 411 sent to asylums, and 91 died.

Some years later, in May of 1929, the Jordanburn Nerve Hospital was opened in Edinburgh. This hospital, which is not a mental hospital or an observation ward, provides treatment for cases of early nervous and mental disorder and has no admission formalities. The accommodation is fifty beds, and, as patients remain in for a very much shorter time than in mental hospitals and never for longer than a year, the turnover is relatively enormous.

The total effect of the opening of these observation wards and finally of the Jordanburn Hospital must have been to reduce mental hospital admissions, and it seems reasonable to suggest that but for this, the upward trend noted in the last period might have continued.

Table VI demonstrates two very interesting points. The first is a minimum point in admission rates in 1917, which, at 0·70 per thousand of the population, was 9·1 per cent. below the 5-year average. A number of factors seem to be involved: the mental

TABLE VI
ADMISSIONS BEFORE, DURING, AND AFTER THE FIRST
WORLD WAR

Year	Voluntary Patients	Patients in Private Dwellings	Certified Patients	Total	Rate per 1,000 Popula- tion	5-year Average	Rate per 1,000
1910	108	133	3,312	3,553	0·75	3,795	0·80
1911	119	132	3,571	3,822	0·80		
1912	115	120	3,464	3,699	0·78		
1913	112	103	3,679	3,894	0·82		
1914	181	72	3,752	4,005	0·84		
1915	146	69	3,607	3,822	0·80	3,684	0·77
1916	185	57	3,435	3,677	0·77		
1917	186	36	3,133	3,355	0·70		
1918	175	27	3,456	3,658	0·76		
1919	263	27	3,619	3,909	0·81		
1920	313	44	3,704	4,061	0·83	4,016	0·82
1921	346	35	3,855	4,236	0·87		
1922	369	32	3,854	4,255	0·87		
1923	381	33	3,419	3,833	0·78		
1924	431	30	3,232	3,693	0·76		

hospital service was to some extent given over to the treatment of military casualties, and the staff, medical and nursing, was depleted by the needs of the Services, but a very important factor must have been that the people as a whole were co-operating in a common task which left personal difficulties and rivalries at a minimum.

The second point is the post-war rise in admission rates, which may be due partly to removal of the cohesive properties of wartime conditions, and partly to demobilized men having to shoulder anew or for the first time responsibilities, personal and family, in a competitive society. The post-war rise was stemmed in 1923 by the expansion of the observation wards.

(3) 1940-53.—The most important legislation in this period was the National Health Service (Scotland) Act of 1947, which amended the law affecting lunacy in many ways. Most mental hospitals were vested in the Secretary of State for Scotland, and treatment, which had previously been charged for according to the patient's means, became available to all without charge. A number of Poor Law Institutions were taken over by the Secretary of State as general hospitals, and, during the first year or so of the new service, many of their most troublesome patients were certified and transferred to mental hospitals. In 1949, the first full year of the new service, the admission rate rose by 18.5 per cent., 19.2 per cent. above the 5-year average.

Table VII shows two phenomena very similar to those shown by Table VI—a low point during the war and a post-war rise in admissions. The low point occurred in 1941, when, at 0.66 per thousand,

TABLE VII
ADMISSIONS BEFORE, DURING, AND AFTER THE SECOND WORLD WAR

Year	Voluntary Patients	Patients in Private Dwellings	Certified Patients	Total	Rate per 1,000 Population	5-year Average	Rate per 1,000
1935	855	4	2,694	3,553	0.72	3,596	0.72
1936	900	5	2,564	3,469	0.70		
1937	1,013	8	2,735	3,756	0.75		
1938	1,109	—	2,491	3,600	0.72		
1939	1,299	—	2,303	3,602	0.72		
1940	1,102	—	2,231	3,333	0.69	3,524	0.74
1941	1,058	—	2,136	3,194	0.66		
1942	1,306	—	2,148	3,454	0.73		
1943	1,423	—	2,240	3,663	0.79		
1944	1,845	—	2,125	3,970	0.85		
1945	1,945	—	2,187	4,132	0.88	5,203	1.04
1946	2,243	—	2,243	4,725	0.96		
1947	2,760	—	2,381	5,141	1.00		
1948	3,156	—	2,437	5,593	1.08		
1949	3,702	—	2,724	6,426	1.24		
1950	3,975	—	2,652	6,627	1.30	7,076	1.43
1951	4,446	—	2,581	7,027	1.38		
1952	5,054	—	2,519	7,573	1.49		
1953	5,375	—	2,581	7,956	1.56		

the rate was lower than it had been since 1879. The same factors seemed to operate as in 1917; at both periods the country was hard pressed but morale was generally good. The post-war rise was much steeper than the previous one and has been maintained longer. No relief such as that afforded by the observation wards has been forthcoming.

Table VIII summarizes admission trends in this most recent period.

TABLE VIII
ADMISSIONS, 1930-53

Quinquennia	5-year Average	Average Annual Rate per 1,000 Population
1930-34	3,666	0.75
1935-39	3,596	0.72
1940-44	3,524	0.74
1945-49	5,203	1.04
1950-53	7,296	1.43

DISCUSSION

The most important trend in admissions since 1858 has been upwards. This movement was slowed in the 1890s and was halted at the beginning of the 20th century, to be resumed again during the 1939-45 war. There can be little doubt that the most important influence in keeping down admissions in the 40 years 1904 to 1944 was the institution of observation wards in the West of Scotland and Dundee and the Jordanburn Nerve Hospital in Edinburgh. These hospitals admitted patients who would otherwise for the most part have entered mental hospitals. It should be a fairly simple matter, if the records are available, to see if the curve formed by successive annual admission rates is smoothed when the admission to these institutions is added to the mental hospital admissions.

This leaves us with the increases themselves to explain. Others have made their comments in the past, notably the General Board of Commissioners in Lunacy and their successors, the General Board of Control. The 24th Annual Report of the Board of Commissioners (1882) discusses in great detail the rise in admissions following the government grant of 4s. per head per week towards the upkeep of pauper patients. The 29th Annual Report (1887) points out that, since the grant, local government expenditure had increased rather than diminished because of the increased number of patients chargeable to the rates.

The 34th Report (1892) summarizes reasons for the increase given in previous reports:

"(1) The erection of new asylums for pauper lunatics—specially affecting localities in which no asylum accommodation for pauper lunatics previously existed.

- (2) The readier means of access to asylums due to increased facilities for travelling.
- (3) The gradual dying out among the public of feelings of dislike and suspicion towards asylums, a change which has resulted in an increasing recognition on the part of the community of the humane and enlightened methods of modern treatment and curative influences generally which modern asylums afford.
- (4) The greater readiness among the poorer classes to send relatives to asylums as pauper lunatics, which is due in part to the cause just mentioned, but also in part to a strengthened conviction of the difference which exists between the acceptance of parochial relief in cases of insanity and its acceptance under other conditions.
- (5) The growing unwillingness of the poorer classes to submit to all that is involved in keeping an insane relative at home—the discomfort which usually results from the presence of an insane person in a small house, the expense of supporting a member of the family who is unable either to earn wages or to do household work, and the diminution of the earnings of the healthy which the care of the insane relative often involves.
- (6) The greater willingness of parochial authorities to recognize claims to parochial relief on the ground of insanity.
- (7) The stimulus both to the readiness to seek relief and to the willingness to afford it, which has resulted from the giving of a State grant-in-aid towards the cost of maintenance of pauper lunatics.
- (8) The widening of medical and public opinion as to the degree of mental unsoundness which may be certified to be lunacy."

The Board in this report stated their belief that there was no true increase in lunacy in Scotland. Further comment is made in the 35th Report (1893), and by the time the next report was ready for publication a question had been asked in Parliament.

Mr. John Redmond: "I ask the Secretary of State for Scotland, with regard to the fact that the number of insane persons under official cognizance in Scotland has increased from 6,341 in 1862 to 13,058 in 1892, whether the increase is believed to be real or only apparent, and whether he has called, or intends to call, for a special report on this subject, similar to that called for by the Chief Secretary to the Lord Lieutenant of Ireland." (*Monday, May 7, 1894*).

The increase was real enough. The patients were there in the wards of the Scottish mental hospitals, and, on the same day that the question was tabled, a letter was sent from the Secretary of State requesting a special report respecting "the alleged increasing prevalence of insanity in Scotland."

This special report, which was published as a supplement to the 36th Annual Report (1894) of the Board of Lunacy, is a really excellent piece of work. Its main part consists of three statistical papers, each

taking certain aspects of the problem and examining it minutely.

The first paper, by Sir Arthur Mitchell, K.C.B., Commissioner in Lunacy, is concerned solely with increased numbers of persons in hospitals and not with admissions to hospitals, and, although it is of considerable interest, deals with aspects of this matter which do not directly concern the present problem.

The second paper, by John Sibbald, M.D., Commissioner in Lunacy, comments on a number of very important facts. After a brief historical survey, he shows that much of the increase in pauper lunacy was in fact due to a rise in the Scottish population. He then shows, from figures given in the 1857 Royal Commission Report, that in 1855 the number of pauper lunatics in the various kinds of establishment varied considerably in different parts of the country, Edinburgh having 177 per hundred thousand and Shetland 29 per hundred thousand, the figure for Scotland as a whole being 88. This difference is associated with mental hospital provision, Edinburgh having a large hospital, Shetland none. The effect of the 1857 Act was to keep Edinburgh with a fairly constant proportion of residents in asylums and level up the rest of the country, so that, in 1874, while the rate in Edinburgh was 187 per hundred thousand, in the worst county it was 142 per hundred thousand, and in Scotland as a whole it was 151. In the meantime the poorer districts had built or acquired asylum accommodation and thus brought their provision of mental beds nearer to the Edinburgh level.

Next he examines the admission trends for private patients as being a class of person less likely to be affected by poor hospital provision. He finds there is very little change in their admission rates, but at the same time the number in residence is constantly increasing (Table IX).

TABLE IX
ADMISSIONS AND RESIDENTS UP TO THE TIME OF THE
SCOTTISH SPECIAL REPORT

Quinquennia	Per 100,000 Population	
	Average Annual Admissions	Average Numbers Resident
1860-64	12.4	33
1865-69	13.3	35
1870-74	12.8	37
1875-79	13.5	38
1880-84	11.9	38
1885-89	12.2	40
1890-94	13.4	43

He quotes the numbers of imbeciles and insane enumerated in the Census reports of 1871, 1881 and 1891 as being respectively 340, 385, and 384 per 100,000 of the population, which suggests that,

although their numbers are accumulating in asylums, the number in the general population and, therefore, probably the incidence of new cases is not increasing appreciably, the real change being in the increased use of asylums.

The third paper, by T. W. L. Spence, Secretary to the Board, goes more deeply into the problem of the private patient. He finds that the number of private patients admitted per thousand income tax assessments has not changed over the years and that the number of private patients per thousand families living in houses of seven rooms and upwards is also unaltered, and so concludes that the class of patient admitted as private is not changing and that the increase in pauper patients is not due to the admission of people who would formerly have been registered as private.

All three authors state their belief that there is no increased tendency to lunacy in Scotland, that the special conditions of modern life play no part in the increase of admissions, but that the increase is due to changes in the hospitals and in the hospital service.

As is mentioned in the question asked in the House of Commons by Mr. Redmond, the Inspectors of Lunatics in Ireland had already, in February, 1894, made a special report to the Chief Secretary on the subject of "The alleged increasing prevalence of insanity in Ireland". The Irish report took the form of the analysis of a questionnaire sent to all the Resident Medical Superintendents of the District Asylums of Ireland, asking for statistics of all admissions, distinguishing various categories of patient, and in particular, first admissions, transfers, and readmissions, and all inmates by age and sex at two separate periods. At the same time the Superintendents are asked their opinions of the causes of the increase in numbers resident in institutions. They also examined the Census returns of the insane at 1851, 1861, 1871, 1881, and 1891.

The Irish Inspectors in Lunacy draw conclusions far beyond the facts displayed in their brief report. They do, however, give a very useful fact not given in any of the Scottish papers, that there is an increase in first admissions in the period under review. As an appendix to their report they give a graph of total admissions and first admissions in the period 1883-92. The first admission-curve mirrors that of total admissions fairly closely, naturally at a lower level, and does not increase quite as steeply, showing that the proportion of readmissions is slowly increasing.

Just three years later, in February, 1897, the English Commissioners in Lunacy presented a special report to the Lord Chancellor on "The Alleged Increase of Insanity". This report is full of

interesting material; especially there are category breakdowns of the statistics, which were not available in the Scottish or Irish special reports. Like the officials in the other two countries, the attention of the Commissioners has been drawn to the great increase in numbers of insane in institutions, but, when dealing with admissions and admission rates, the increase, they say, is not nearly so apparent.

The increase is of about the same order of magnitude as that in the Scottish and Irish rates, amounting to about 20 per cent. in the 10-year period 1886-95. The same trend is found in first admissions in England. The rates for the three countries are compared in Table X.

TABLE X
COMPARISON OF ADMISSION RATES IN SCOTLAND, ENGLAND AND WALES, AND IRELAND UP TO THE TIME OF THE ENGLISH SPECIAL REPORT

Year	Total Admission Rate per 1,000 Population		
	Scotland	England and Wales	Ireland
1869	0.61	0.47	—
1879	0.66	0.52	—
1886	0.67	0.49	0.61
1887	0.67	0.51	0.65
1888	0.71	0.53	0.63
1889	0.72	0.53	0.66
1890	0.74	0.56	0.69
1891	0.77	0.57	0.67
1892	0.77	0.58	0.71
1893	0.79	0.60	0.72
1894	0.81	0.59	0.72
1895	0.78	0.61	0.72

The English Commissioners, like the Scottish and the Irish, examined the Census returns of the insane in the population, paying particular attention to the excess of the numbers registered by census enumerators over the numbers registered by the Commissioners. They show that this excess, amounting to 17.7 per cent. of the Census figure in 1871, declines to 13.5 per cent. in 1881, and to 10.8 per cent. in 1891, showing that increasing proportions are finding their way on to the Commission's register.

The report finishes with an appendix showing the analysis of the replies to a circular letter, on the Irish pattern, addressed to Superintendents of all Borough and County asylums.

There appears to be little to add to the comments of the Scottish and English Commissioners and of the Irish Inspectors about what was very much the same problem, the increases in admissions to institutions and the consequent increase in residents in asylums which took place up to the end of the 19th and was continued for a short while into the 20th century.

Whether these increases would have continued in Scotland but for the opening of the observation wards, as has already been said, is a matter for future research. Lewis (1946), in an admirable statistical paper, shows that, within the period 1907-37 in England and Wales, a decline in first attack admission rates at all ages over 35 years persisted up to 1930, and that, for the age group 65 and over, this decline continued till 1937. He attributed the decline to the increasing use of workhouses and public assistance institutions, and in London, of observation wards, a reversal of the trends reported by the Commissioners in the previous period.

In Scotland since 1941, admission rates have been going up at an alarming rate and so far there is no sign of this tendency stopping. Many factors making for increase which have previously been noted are again operative, and there has been no relief by the opening of new observation wards or similar units in this period or for a long time before:

(1) The mental hospital service is improving and nothing has contributed more to this improvement than the introduction of the new forms of physical treatment which were developed just before this period and brought into general use in Scotland about the time when admissions began to rise again. These treatments by their dramatic immediate effects give new hope to both patients and staff. About this time also a number of institutions dropped the title "asylum" and took for themselves new names. They became "mental hospitals"; their attendants became "nurses", and their doctors later returned from the Services with new reputations from both patients and colleagues gained during the war. Clearly, patients now had much more confidence in the transformed mental hospitals, for there was a remarkable effect on voluntary admissions, which rose by 23 per cent. between 1941 and 1942, 29 per cent. between 1943 and 1944, and 27 per cent. between 1945 and 1946.

The National Health Service facilitated improvements in mental hospital care. The financial burden on the family of a relative in hospital was greatly reduced when hospital treatment became free and patients in hospitals enjoyed more amenities than they had done previously. In one respect the National Health Service aggravated the problem of accommodating the mentally ill. At the appointed day poorhouses were not all taken over by the Secretary of State, and the patients then housed in them were transferred to the already crowded mental hospitals; in addition a number of poorhouse inmates, who had lived there under no legal restraint, were in the first 18 months of the new service certified and admitted to mental hospitals, causing in 1949 a fairly steep rise in certified admissions.

The total effect of these improvements on voluntary admissions was remarkable; between 1941 and 1953 they rose by over 400 per cent. Should there be any doubt that improved conditions and not a rise in the susceptibility of the population to mental illness is the cause of these

increased admissions, it should be possible to demonstrate a smaller increase in admission rate in the better-off sections of the community for whom pleasant conditions in mental hospitals have always been available.

(2) Readmissions may form a higher proportion of total admissions now than they did before the war. Unfortunately, the Board of Control figures are given for total admissions only. For certified admissions it would be simple to ascertain the proportion of first admissions, but for voluntary admissions this would be very difficult. However, it would not be impossible, and the contribution of readmissions to the increase must be discovered if we are to achieve an explanation of these admission trends.

(3) Ours is an ageing population, and, as admission rates to mental hospitals rise to a maximum in old age, as has been shown for a part of Scotland in a recent and as yet unpublished survey of mental illness in Edinburgh, any increase in the later age groups will cause an increase in the admission rates as a whole. Information about the age distribution of admissions is not available from the Board of Control records, but it could be obtained from the individual mental hospitals.

(4) Another demographic reason for the increase in admissions is that families are getting smaller, and that the burden of looking after a mentally sick person at home is, by being shared among fewer people, becoming correspondingly greater.

SUMMARY

The available evidence indicates that increases in admissions to Scottish mental hospitals are to be explained by improvements in the mental hospital services, by changes in the law relating to mental hospital admission, and by changes in population structures, rather than by such concepts as the increasing stress and strain of modern life. Whether there is a residual increase, which is in fact due to a greater liability to mental illness, can only be decided by, amongst other things, such researches as are suggested in this paper.

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