

It is very unsatisfactory that any of the insane who are under public cognizance, even so far as being paid for out of the rates to the amount of 2s. 6d. to 4s. a week, should be allowed to remain in the disgusting condition described by our Commissioner as not infrequent. If the small payments made by the public, and the very insufficient inspection provided, do not suffice to prevent filthy and insanitary surroundings, overcrowding – ruinous to decency and even morality – and utter neglect of occupation, then it is obvious that other methods must be put in operation.

The facts contained in the earlier reports of family care in other countries has fully demonstrated that the faulty conditions in England and Wales are not inherent in that system. Indeed, the history of the Scotch system tells an instructive story. The insane were long boarded out in

Scotland under circumstances even more unfavourable than those now existing in England, often under conditions that were appalling. After the exertions of Sir Arthur Mitchell, and when his exposure of the state of affairs had roused public attention, the present system was organized in that country under the control of the General Board of Lunacy. How this now works our readers know. The early introduction of similar reforms in England should be earnestly striven for.

The general recommendation made by our Commissioner deserve, we venture to think, most careful consideration. If in all cases pauper lunatics were under the jurisdiction and subject to the inspection of the Commissioners in Lunacy it might be expected that more careful selection of guardians and of patients would be made and stringent regulations enforced as to

the removal of patients from guardians should unsuitability be found on either side. Boards of Guardians have neither the leisure nor the knowledge to work a system of boarding out properly, and it is no fault of the Scotch system that it is too much decentralized, as every one who has had to work it is aware. The efforts of English reformers ought to be directed not only to placing the patients in family care under the Commissioners, but to strengthening the hands of the latter and reducing the intervention of the Boards of Guardians to a minimum.

REFERENCE

British Medical Journal, 8 July 1905, 85–86.

Researched by Henry Rollin, Emeritus Consultant Psychiatrist, Horton Hospital, Epsom, Surrey

Corrigendum

Comparison of post-disaster psychiatric disorders after terrorist bombings in Nairobi and Oklahoma City. *BJP*, 186, 487–493. You-Seung Kim fullfils the *Journal's*

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