that every effort should have been made to discover the presence of delusions, hallucinations, or mental weakness. Unless these symptoms are absent after being carefully sought for by competent observers, the case cannot be regarded as one of Moral Insanity.

At the same time—although this must be clearly understood to be of fundamental importance—we are anxious to record as many cases as possible of forms of mental disorder in which the intelligential disorder was at a minimum, and the emotional at a maximum degree of intensity. In such cases there is, at least, a difficulty in proving beyond the cavil of the superficial observer, or of legal casuistry, or of public opinion, that the patient is insane, and a still greater difficulty in convincing the uninitiated that restraint is necessary, especially if no act of violence has yet been committed. The prominent and characteristic symptoms are emotional, not intellectual. Such cases, even if the alienist detects slight mental weakness (a weakness probably common to a large number of persons who, unless emotional disorder is superadded, would never be regarded as *non compos*), are of the greatest importance, whether the peace of family life, the prevention of crime, or the repute of the alienist physician in courts of law be considered.

It is hardly necessary to add how important it is that the causation of moral derangement should be carefully investigated and reported, including heredity, and racial proclivities, epilepsy, or allied symptoms.

The "Open-Door" System.

I have to thank those gentlemen who have, with so much courtesy and kindness, responded to my appeal for further and more detailed information with reference to this important item of asylum management, and to express my satisfaction that it has elicited such distinct and unmistakable evidence of its practicability and value under certain conditions.

But I regret that this evidence has, thus far, failed in satisfying my inquiry on the point upon which I was specially desirous of acquiring information.

My first question, which was the basis of most of the others, was this—"Has the 'open-door' system been tried *in a mixed asylum, or in asylums exclusively for patients of the private class*, and, if so, with what results?"

https://doi.org/10.1192/S0368315X00229952 Published online by Cambridge University Press

Now, with the exception of a short reference by Dr. Batty Tuke to its adoption in the private asylum at Saughton Hall, to which I shall have occasion again to allude, there is no word with regard to its use in asylums for private patients in any of the communications with which I have been favoured.

The whole of the evidence illustrates its applicability to that class of persons only who, from the previous habit of their lives, could be largely induced to engage in physical labour, as at the Lenzie, Fife and Kinross, Midlothian and Peebles Asylums, whose valuable experience is quoted. Dr. Rutherford, whose success in this direction has been the most marked, tells us that, at the Lenzie Asylum, his patients are employed in out-door work for eight hours a day, and for an hour and a half before breakfast in manual labour within doors; and the Commissioners in Lunacy, at their visit in September, 1880, report that out of 486 patients only 77 are not usefully employed, and they, without exception, because of physical incapacity.

It would, therefore, appear that as regards asylums for pauper patients, where, what I may term, the labour test is vigorously enforced, the "open-door" system is both feasible and productive of excellent results; and there would probably be a general concurrence in the arguments, which are lucidly put forth in the recently published report of the Commissioners in Lunacy for Scotland, with reference to the advantages which result from removing unnecessary restrictions upon the liberty of insane patients.

With a liberal supply of efficient attendants, and with only a nominal residuum of unemployed among the patients, the "open-door" system may be said to be demonstrably a practical possibility, although Dr. Cameron admits that seclusion in single rooms *may* have to be more frequently resorted to.

But with reference to private patients of good class, the Scotch Commissioners, in their highly interesting summary of "recent changes in the modes of administering Scotch asylums," strike the keynote of a great difficulty in the words of the heading to a long section. "The industrial system cannot be adapted to all classes of patients."

Any one who has had lengthened experience of asylums for private patients cannot fail to have been made aware of the unfortunate truth of this statement, or to know that one of the greatest obstacles to the extension of a system such as

https://doi.org/10.1192/S0368315X00229952 Published online by Cambridge University Press

that under discussion to private patients, without distinction of class or case, is presented by this circumstance.

Before writing my string of questions for the "Journal of Mental Science," I had already, as Dr. Dunlop recommends, carefully read the several reports of Drs. Rutherford, Tuke, and Frazer, the paper in the "Fortnightly Review" by Mr. Scott, and the various official contributions of the Scotch Commissioners to the literature of the "open-door" movement, and I had satisfied myself that for pauper patients, regularly employed in active physical labour, the system was practicable under selected conditions, and with certain limitations.

But what I was in search of, especially, was evidence, if any was forthcoming, of its applicability to patients of the private class, whose only physical occupation—speaking broadly—must necessarily be some form of amusement, and whose education has been such as to have developed a strong individuality and a habit of non-obedience, which would give colour to diseased manifestations and intensify the various propensities upon which so much of the difficulty in treating insane educated persons depends.

Of this evidence I am still in need, for the experience of Saughton Hall merely tells me that no locks are required by day for 57 private patients of mixed mental conditions, who are in charge of 62 officials, of whom 32 are attendants and 27 in and out-door domestic servants; or, excluding the latter, who bear the proportion of more than one attendant to every two patients. With such a staff, almost any system would be practicable.

In thus endeavouring to comment upon the evidence which has been elicited by my appeal, I would claim to be regarded as, in no sense, an opponent of the "open-door" system of treatment, in which I am convinced there is a large element of good, which is capable of showing, and has, indeed, already shown, that much further progress may safely be made in our efforts to limit the restrictions of asylum life, and bring it into closer relation to that which prevails in the homes from which our patients are derived.

In all well-managed asylums it has, of course, long been the custom to adopt the *principle* of the "open-door" system with respect to certain classes of the patients: in leave of absence on parole; in the restriction of the use of airing courts within the narrowest limits; and generally in the avoidance of all avoidable irritating and suggestive restric-

https://doi.org/10.1192/S0368315X00229952 Published online by Cambridge University Press

tions. But the gradual experience of the "open-door" system will probably show us that we may proceed further in this direction, even for private patients, and still continue to secure their safety while we render their necessary seclusion much more tolerable.

FREDERICK NEEDHAM.

The Case of Lefroy, alias Mapleton.

Concurring, as we do entirely, in the propriety and justice of the decision arrived at by the Home Secretary in the case of Lefroy, and believing that no sufficient ground was shown for interfering with the ordinary course of law, the remarks that we have to offer upon this case are necessarily few.

It will be remembered that the murder of Mr. Gold, whilst travelling by train from London to Brighton, occurred on the 27th of June, and that Lefroy's trial did not take place until November. The prisoner had the assistance of an active and energetic solicitor, as well as of an able and experienced counsel; but, notwithstanding the abundant opportunities thus given for the careful preparation of the defence, no attempt was made at the trial to adduce evidence of the prisoner's insanity. His counsel, indeed, expressly repudiated the idea of doing so; and yet he must have been well aware of the weakness of the defence upon any other ground, in spite of the protestations of his client. Having regard to this repudiation, by the prisoner's counsel, of the plea of insanity, after so long an interval in which to carefully consider and decide upon the point, we feel, holding the view that we have already expressed, that there is hardly anything more for us to say upon the matter. Not only may we rest assured that no material facts calculated to weigh in the prisoner's favour were lost sight of by his legal advisers, but we must also remember that the persistent attempts on the part of the prisoner to conceal his crime and to escape from its consequences were evidences of a condition of mind widely different from that in which the physician can fearlessly interpose, and ask the law to stay its avenging arm, not only on the ground of pity towards the accused, but also on the ground of the uselessness of punishment, by reason of the insusceptibility to its terrors of the culprit. The very cunning and ingenuity and solicitude on the part of the prisoner in the present case, to escape from the consequences which the law of his country

https://doi.org/10.1192/S0368315X00229952 Published online by Cambridge University Press