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Part I.—Original Articles.

Presidential Address in the Section of Neurology and Psychiatry of the Australasian Medical Congress held at Melbourne, October, 1908.

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GENTLEMEN,—I have to congratulate you on again forming an independent Section of Psychiatry, and that the term "Neurology" is allied with it. In the second Congress in Melbourne there was a Section of Psychology under the presidency of the late Dr. Manning, but in the succeeding Congresses our subject has been merged with that of State Medicine. I trust that you will be able to demonstrate that the placing of it on an independent footing is justified both in the number of papers and in the quality of the work undertaken. The programme before us, fortunately, promises well, thanks in the main to our energetic secretary, and I trust that it will afford us opportunities for instruction and interest.

In seeking a subject for the address from the chair, it occurred to me that there is no readily available comparison of the conditions, legal and medical, connected with the administration of lunacy in Australia; and, as it seemed probable that this might prove of sufficient interest, I have prepared a statement dealing with them. The general principles on which hospitals for the insane are established, and on which the various lunacy statutes are based, are largely similar, not only in the Australian States but in most English-speaking

countries, but there are local variations, and the following general statement shows the provisions necessary in these States for the admission and discharge of patients, the establishment of hospitals and licensed houses, the details of administration, and the more recent methods adopted in dealing with the acute insane. I will endeavour not to weary you with too much technical or legal detail, and will therefore ask for your forbearance if the statements made are occasionally wanting in elaboration.

Admissions.—Admissions to hospitals for the insane in most of the Australian States are by (*a*) a magistrate's order, or (*b*) a request by friends, two medical certificates, and a statement of particulars accompanying the papers in each instance. With the exception of criminal patients, for whom there is a special procedure, the only other method of admission is by the order of a judge of the Supreme Court, or of the committee appointed by it where the patient has been declared insane by the Court. This latter, however, does not obtain in South Australia.

Admission on magistrate's order.—The magistrate's order requires to be signed by two justices of the peace or by a police magistrate, who in most States carries the same authority as two justices. In South Australia, however, one justice may order a pauper patient's admission, unless there is a charge of neglect or cruel treatment, when a second justice is to be called in. In this State also and in Tasmania one medical certificate is sufficient to support the magistrate's order.

Before the magistrate can make the order it must be shown that the patient is not only insane, but that other conditions also exist, such as that he was found wandering at large, or was not under proper care and control, or was cruelly treated or neglected by those in charge of him, or was without sufficient means of support, or was about to commit an offence against the law, it apparently being intended that the order should be used only for cases where there is some condition affecting the public interest besides the insanity itself, the other cases being admitted on the request of their friends. With insane patients, whose conditions require treatment in a hospital for the insane, one or other of these qualifications usually exists, and there is but little difficulty, therefore, in dealing with them by this

method. The order does not require other evidence beyond the two medical certificates, but in the discretion of the magistrate it may be received, and in most instances the depositions of the arresting constable or of those who brought the patient to the police are obtained. The magistrate's order is for admission to a hospital for the insane, but in New South Wales and Tasmania it may also be addressed to a licensed house: in the other States admission to a licensed house is by request only.

Orders in private houses.—The magistrate is also empowered to deal with cases in a private house or at any other convenient place instead of bringing the patient to the Court, but in these cases he is required in some States to send in a formal report of having done so. This provision is infrequently availed of, probably only when a patient is physically unfit to be brought to the Court, which cases it was doubtless originally intended to meet.

Duration of order.—The period for which the order remains in force before admission varies in the different States, New South Wales and Western Australia specifying twenty-eight days, and Queensland forty days, while Victoria, South Australia, and Tasmania do not specify the period. The time is counted from the date on which the certificates are signed and not that of the order. The magistrate in New South Wales and Queensland is authorised to direct the patient's admission into a reception house, hospital, or gaol for immediate treatment, or pending his removal to a hospital for the insane after the order, statement, and certificates have been properly filled in and signed, and for this purpose he is authorised to issue a special warrant on the reception house, usually termed an emergency warrant. Where a second medical certificate cannot readily be obtained the order may be made on one certificate only, provided the second one is secured in the reception house. In this case the emergency warrant requires to be signed by two justices. In South Australia, however, private patients may be admitted to the Hospital itself on one certificate, there being no provision for a reception house in this State, but two additional certificates must be obtained within three days of the admission of the patient.

Admission by request of friends.—The second method of admission is by means of a request signed by a friend, relative,

or guardian. This is intended to be used where the patient is in a position to have his disease dealt with as a medical factor apart from its effect on the public welfare, or where he or his friends are able themselves to make the necessary arrangements for treatment. In this instance two medical certificates are required to support the document in all the States, though in Tasmania the patient may be admitted on one certificate provided the second is obtained within fourteen days of admission. The period for which the request is available after signature varies in the different States, the date from which it is counted being, as with the order, that of the certificates and not of the request. This time is seven days in South Australia and Victoria, ten days in New South Wales, Western Australia and Tasmania, and fourteen days in Queensland.

Statement of particulars.—With both the order and the request a statement of particulars of the patient's name, age, birthplace, previous attacks, etc., requires to be attached to the papers.

Medical certificates.—As to the medical certificates themselves, all the States carefully guard against these being improperly given. The patients must be separately examined by the practitioners, and the certificates must be in two parts, the facts observed by himself, and those communicated by others, and must contain sufficient evidence in the facts observed by the practitioner himself for the detention of the patient. No patient can be admitted on the second part of the certificate alone. The practitioners must not be related either personally or in business, and they must not have any connection with the institution to which the patient is going, with the superintendent, or professionally attend a patient there. They must be registered in the State in which the hospital is situated.

South Australian patients.—In South Australia the procedure in regard to admission is somewhat different from that described as applying to the rest of Australia. In this State if the patient is a pauper, one Justice of the Peace may give an order on one medical certificate, and the patient need only be insane and a proper person to be taken charge of and detained under care and treatment, without the qualifications required by other States. If he is not a pauper, one Justice with one medical certificate, may still order his admission, if

it is also found that he is wandering at large, but if he is insane and not under proper care and control, or is cruelly treated or neglected, two Justices must adjudicate before the order can be made out. If he is a private patient with relatives able to deal with his case, he may be admitted on the request of a relative or friend with one medical certificate. If the patient is dangerous or criminal two magistrates may make the order on two medical certificates, or if no medical certificate is obtained, the order may still be made out "on other sufficient proof."

Comments on admission through police.—As a rule, patients for whom an order is sought are dealt with in the police court, in a manner which differs from the ordinary offenders who are there for trial only by the courtesy of the magistrate in securing some privacy for them. In Victoria this privacy is provided by Act. The procedure necessarily involves a certain amount of publicity, and all the disadvantages to the patient consequent on his insanity being treated as a legal offence, and although, perhaps, there is no other method readily available at the present time, it by no means commends itself to the medical mind as a proper way of dealing with the disease. Efforts must, therefore, be sustained until some process is found by which the police court procedure can be altogether avoided.

As an endeavour to diminish this evil, the Court in Sydney and in Newcastle in New South Wales, is held in the reception house, one of the rooms there having been gazetted as a police court. The room set apart is the visiting room of the institution, and being furnished for this purpose has none of the suggestion of a court. Although this minimises the evil, it cannot altogether remove the impression from the patient's mind that he is a prisoner and that his insanity is looked on as a crime, and, in any case, it does not deal with all the admissions. In the country towns and in the suburbs of Sydney, which are too distant for patients to be sent to the reception house, the procedure in open court has still to be followed, and although by the arrangement described about half of the cases admitted to New South Wales hospitals are saved police-court publicity, the other half do not benefit by the endeavour.

That the greater number of patients are sent to hospital on a magistrate's order is, perhaps, to be expected in a thinly

populated country like Australia. Where the hospitals are in the neighbourhood of cities patients may be brought to them direct by their friends, but in the country the expense of travelling and of conveying cases long distances prohibits any but those who are well-to-do from undertaking this duty. No alternative, therefore, exists in most cases but to seek the aid of the police, who will obtain the necessary certificates and order, and provide an escort to the nearest hospital. All of us, as medical men, doubtless deplore the necessity for this procedure, but until the country becomes more settled it is difficult to see how it can be avoided. Reception houses cannot be multiplied indefinitely, as they can only be maintained economically in the larger towns. In those of less size the institution and its staff would be unoccupied for considerable periods of the year, and the expense of providing a sufficient number of them to avoid the use of the court and of police would be so considerable that it can hardly be justified with the present limited population.

It might, perhaps, make this clearer if the figures showing the numbers of patients under observation in the gaols in the larger country towns of New South Wales during 1907 are stated. In Goulburn there were 33, in Deniliquin 19, in Broken Hill 18, in Bathurst 14, in Albany 10, in Cooma 10. In all the others the numbers were less, and of the total number dealt with in the State, one in every four only was certified and sent to a hospital for the insane, the others being discharged. The average length of stay of the patients in these country gaols is from seven to ten days, and it is obvious that in one case only—that of Goulburn—would the institution be occupied during the whole of the year.

Perhaps the most easily available remedy would be for the country hospitals to open their doors to insane patients. In Victoria something has been done in this direction, and in Western Australia arrangements are being made to attach mental hospitals to some of these hospitals. In New South Wales, however, any approaches which have been made to these institutions have been met with refusal, and in none of the hospitals are insane patients, as such, admitted for treatment. A considerable proportion of the patients could be treated without difficulty in the local hospitals, if not until the termination of the illness at any rate at the beginning, and

until certificates have been signed. Where a patient is maniacal or dangerous, it might be necessary to use an isolation room, but in most cases this would not be required, delusional cases, dements, and suicidal patients being suitable for the wards for the short time they would be there. The institutions might be subsidised by the State paying the expense of any extra nursing assistance required. Even this inducement, however, has not been sufficient to overcome the reluctance of the hospitals to undertake the care of insane patients. It is surely an anomalous state of affairs, that while those in charge of mental hospitals and interested in improving the condition of the insane should be straining every endeavour to remove the feeling in the community against insane patients, so that they may be looked on as suffering from an illness which only differs from that of other invalids in the organ which is attacked, those responsible for general hospitals should stand aloof, and by refusing to assist in the endeavour should perpetuate the mediæval idea of the mentally afflicted being a class apart from their fellows.

Reception houses.—Reception houses are provided for in the statutes of all the States except South Australia and Tasmania, although only New South Wales, Queensland, and Victoria have built any. In this direction New South Wales was the pioneer, and a meed of praise is due to the late Dr. Manning for his services in establishing and maintaining the reception house in Sydney, which has for so many years served as an object lesson to demonstrate the usefulness of such an institution. Two classes of patients are admitted to the reception house, *viz.*, those in whose cases the insanity has not yet been decided, but who have been brought before a magistrate as deemed to be insane, and those whose insanity has already been determined and for whom the complete papers for admission to hospital for the insane—order or request, certificate and statement—have been made out. In the first case the magistrate has authority to remand the patient to the reception house for a certain period, and to repeat this from time to time as may be necessary. In the second the justices issue a special warrant, which, with the papers for the hospital, accompanies the patient to the reception house.

It is thus clear that the primary objects of the reception house are to deal with cases which have not yet been certified,

and in which there is need of observation as to whether the patient is actually insane or has a prospect of recovery without the necessity of proceeding to a hospital, and to afford a resting place for patients on their way to a hospital, and for whom the proper papers have already been prepared, and not to act as a mental hospital for the acute insane.

It is customary to send on at once those patients whose papers are made out for a hospital unless they are found to be convalescent, when they are of course retained and discharged, the discharge order being signed by a justice of the peace on the certificate of the medical officer. The reception house may receive patients for whom the order or request has been signed with one medical certificate only, this being intended to meet cases so urgent that a second certificate cannot readily be obtained, but in these cases the order for admission to the reception house must be signed by two justices, and the second certificate must be secured before the patient is sent on to the hospital.

The reception house may, without invalidating the order for admission to a hospital, detain cases in transit for a period of fourteen days in New South Wales and Western Australia, and of thirty days in Queensland, or, if the medical officer certifies that the patient is not fit to be moved or will be benefited by further detention, until he certifies that he is so fit. In Queensland the period may be extended from time to time by two justices for seven days at a time.

In Victoria the arrangements by which patients are admitted are somewhat more liberal, and the period for which they can be detained is extended. A case can be received in three ways: (1) by a justice's order, by which with one certificate from a medical practitioner he may be detained for seven days; or (2) by an order signed by two justices he may be admitted for the same period, which can be extended to a maximum of two months by seven days at a time; or (3) with a request form of admission supported by two certificates and the statement of particulars he may be received for one month and detained for another month on the authority of the Inspector-General of the Insane and an official visitor. In the first two instances, when ultimately certified, the patient is sent to a hospital on the usual magistrate's order. In the request form of admission the patient is to be examined by the superintendent, and if not found

insane discharged. If found insane he is to be forwarded to a hospital, and the superintendent's order, with a copy of the papers with which he was received, are to be sufficient authority for his admission to the hospital.

In New South Wales no patient is to be sent to a reception house who has previously been detained in gaol for an offence, and in Victoria no person who is under arrest or likely to be charged with an offence. These provisions are intended to prevent it being used by the chronic drunkards who haunt the police courts and suffer from frequently recurring attacks of *delirium tremens*.

Reception cells.—With reception houses are bracketed public hospitals and gaols, so that the benefits of residence in a reception house may be obtained in country towns, but these are not utilised to any great extent, except, perhaps, in Victoria, where in some towns reception wards are maintained in connection with the hospitals. The gaols are, however, largely availed of, as, indeed, they must be in the absence of other more suitable provision. While the necessity for so using them is obvious, the objection to their use because of the associations and the depressing effect on the patient's mind is equally obvious, and has already been referred to. In New South Wales the prison authorities have arranged that in the prisons made use of in this way a cell is gazetted as a reception house under the Lunacy Act, the object aimed at being to mitigate as far as possible the effect on the patient's mind of being described as having been committed to gaol. The names of those received in these reception cells are not placed on the official register of the prisons, and they are attended by special attendants or nurses who are engaged for each case under the direction of the medical officer of the gaol, and are paid for by the Lunacy Department. There is not a great deal in this scheme to commend itself beyond the recognition of the fact that insane patients should be provided for otherwise than in gaols, and its repetition of the necessity for being constantly on the look-out for some improved method of dealing with them.

Voluntary patients.—Only one State, Western Australia, has so far obtained permission to admit voluntary patients. In this instance the patient requires to make personal application to two justices, who may then give consent for his admission

for a fixed period, to a hospital for the insane, on the expiration of which he is discharged, but it may be extended from time to time by application to the justices. Should the patient desire to leave the hospital he must give twenty-four hours' notice. This is made to apply equally to licensed houses and to hospitals for the insane. It is hoped that this example may be followed in the other States, and as far as New South Wales is concerned an amendment has been for a considerable time under consideration to provide similar facilities. Although the exact procedure would be somewhat different, the principles governing the case would be similar. The patient should himself make application either personally or in writing. He should be able to leave the hospital when he so desires, but sufficient notice should be required, so that in the event of his being unfit for liberty there would be ample time for proper action to be taken either by the authorities or by his friends, and for this a longer period than twenty-four hours seems necessary. Voluntary patients also should be seen at each visit of the Inspector-General or official visitor.

Amendment of papers.—In all the States but Tasmania it is provided that admission papers, if incorrect or defective, may be amended within a period varying from fourteen to twenty-eight days, or, as in Western Australia, at any time. The amendments must be approved by the Inspector-General, the Minister, or an official visitor, as may be, according to the State. In Victoria amendments may also be made by direction of the Supreme Court at any time when proceedings in a case are being taken before it.

Examination of patients.—On the admission of the patient into the hospital, some of the States require that a certificate, intimating the patient's mental condition, should be given by the medical superintendent between the second and the seventh day after admission. This certificate is to be forwarded to the head of the department, the Inspector-General or the Minister as the case may be. In South Australia the examination is to be made within forty-eight hours, but no certificate is required. In Victoria each patient is to be examined annually for the first three years, and at five-yearly intervals afterwards by the medical superintendent, or a medical officer of the department specially appointed for the purpose, or in licensed houses, by the Government medical officer. The direction to examine and

report within a short period of admission is undoubtedly a good one, and the arrangement by which the report is sent in not before the second and not after the seventh day gives sufficient latitude for determination in cases where there is difficulty in arriving at a diagnosis, and at the same time removes the risk of the discharge of an insane or dangerous patient because of insufficient observation. It also provides for the medical superintendent becoming personally acquainted with the case of each new patient. The re-examination of old cases at fixed intervals, as is done in Victoria, is also to be commended, so long as it is not made too frequently. The amount of labour involved in such an examination in a large hospital is so great that it is liable to be performed in a hurried or routine manner, and so be deprived of its full value as a means of discovering whether patients are being overlooked, if the re-examinations come too quickly after each other.

Court patients.—In most of the States the Lunacy Acts deal with the methods of declaring a patient insane and incapable of managing his affairs, and for appointing committees of his estate and person. It is also arranged that on his recovery the Court may declare that he has recovered his sanity, and may discharge these committees. These provisions correspond to the well-known "inquisition de lunatico inquirendo," and provide means of conserving and administering a patient's property where he is likely to be permanently insane. In New South Wales and Western Australia there is an additional section by which persons may be declared incapable of managing their affairs from mental infirmity arising from disease or age, and in these cases a committee of the estate alone is appointed, and not of the person. This has proved a valuable addition to the law, and enables many persons to take advantage of the protection of the Court who are not so insane as to make it possible for them to be declared so in a formal way. It is at the same time less hurtful to the feelings of the patient and his friends that in slight cases he should be declared incapable rather than insane. There is also provision for the appointment of a Court Visitor, who may be the Inspector-General of the Insane, and who is directed to visit and report, through the Master in Lunacy, the condition of the patients and their homes.

Recapture of escaped patients.—Considerable powers of re-capturing escaped patients are given in all the States. In

South Australia the time in which this may be done is limited to fourteen days, in New South Wales to twenty-eight days, in Victoria and Tasmania to three months, but in other States the time is not fixed, so that the patient may be brought back at any time if he is still insane. Criminal patients may, however, be recaptured in all the States at any time.

Transfers.—Once admitted, patients may be transferred from one hospital to another, by an order from the Minister in Charge of the Department, in Victoria by the Inspector-General of the Insane, and in Tasmania by the Governor.

Discharge.—The discharge of patients is usually carried out, on the recommendation of the medical superintendent, by an order from the Inspector-General or an official visitor, and this is the course generally adopted where the patient has recovered. Where, however, the patient has not recovered, and the friends seek the discharge, it may be granted by the Inspector-General or official visitor, on the recommendation of the medical superintendent, if the patient is not dangerous, and if a relative or other friend signs the request for the discharge, and undertakes that he will be properly taken care of. In Queensland the Minister is required to sign the discharge-warrant in this case. Should the Superintendent object to the patient's discharge, it may still be carried out by the Inspector-General or the official visitor, or in Queensland by the Minister, after the objections have been placed in writing, so that they may be carefully considered. In Victoria, however, the official visitor does not discharge, but recommends, in a similar manner as the medical superintendent. Discharge is also granted on the expiration of leave of absence, if the patient has recovered and the medical superintendent recommends it, or if a certificate by a medical practitioner is furnished intimating that the patient no longer requires hospital treatment. A patient may also be discharged on the petition of the person who signed the request for admission, or made the last payment for maintenance, or in the event of these not being available, by the next of kin. He may not be discharged in this way, however, if the superintendent considers him dangerous or unfit, unless the Inspector-General or official visitor accepts the responsibility of over-riding his certificate. Discharge may also be granted by a judge of the Supreme Court where the patient has been brought before

him, and where, after inquiry, he deems the evidence sufficient to warrant his deciding that the patient is sane.

Leave of absence.—All States give authority to grant leave of absence to patients either on trial or simply on leave. The leave is granted by the medical superintendent on the application of a friend, and with the consent in writing of the Inspector-General. A patient may also be given leave of absence by the superintendent without the application of a friend, and he will then be in charge of someone placed in that position by the medical superintendent, or else in his own care. In South Australia and Tasmania leave is granted by two official visitors on the advice of the medical superintendent, and in Queensland one official visitor has the same power. In Victoria the Inspector-General may grant the leave on his own authority without a recommendation. The leave is to be granted for a definite period, except in South Australia, where it may be for any period. The power to give leave of absence has been of inestimable value, and is largely availed of. Not only may convalescent patients be discharged earlier than would be justified without it, or doubtful cases tried outside, but unrecovered patients may be permitted to go to their homes for short periods, and those liable to renewed attacks may spend the intervals with their friends. Again, by permitting a patient to be absent on leave to himself, as it is called, many cases can be allowed to leave the hospital who have not sufficient confidence in their own stability to be discharged. They are aware that they still belong to the institution, and can return at any time they desire, and thus the nervousness they would otherwise feel is allayed. Others, again, who could not well be trusted with the control of their property, may be allowed personal liberty under their own care. It may be of interest to state that the number of patients granted leave of absence in 1907 was—for New South Wales, 314; Victoria, 400; South Australia, 115; Queensland, 115; Western Australia, 52; and Tasmania, 32; a total of 1028, the total number of patients in the hospitals in these States being 14,453. In Scotland, in 1907, 167 patients were granted leave of absence on probation, exclusive of those on twenty-eight days' leave. It is evident that a much greater use is made of this method of discharge in Australia than elsewhere.

At the conclusion of the period for which the leave of

absence has been fixed the patient must return, unless it has been renewed, or he has obtained a medical certificate that he is fit to remain away from the hospital. In the event of neither of these conditions being complied with a patient may be recaptured as in the case of an escaped patient, *i.e.*, within three months.

Mechanical restraint.—In Victoria there is a special provision in the Lunacy Act restricting the use of mechanical restraint. In none of the other States is this thought necessary, and it is probable that even here it would be beneficial to have it eliminated from the Act. There are a certain number of exceptional instances where a patient requires to be restrained, either to prevent injury to himself, or on account of extreme violence or restlessness, and in which the restraining influence of attendants or nurses will be productive of more irritation than mechanical means. The actual number of such cases is, perhaps, small, but it is nevertheless in the interests of the patient that some form of mechanical restraint should be adopted in place of that of the attendant. In all the States an efficient inspection is provided, and inquiry into the cases in which restraint has been used is made by the Inspector-General at his visits. There is, therefore, but little fear of its undue use, whether it is prohibited by enactment or not.

Habitual drunkards, West Australia.—In Western Australia authority is given to admit habitual drunkards to hospitals for the insane, but to a special ward to be set apart for the purpose. This does not commend itself as a thing to be imitated elsewhere. All experience of inebriates and of alcoholic cases shows that they are a difficulty in hospitals for the insane, and that they cannot be allowed to mix with the insane patients without detriment to the latter. If a separate ward is to be provided, it is to be presumed that its recreation grounds and staff would be distinct from the hospital, and as this would involve an increase in the size of the establishment there is no great reason why it should not at once be made an independent institution. If for the purpose of economy the higher officials of the hospital are asked to supervise it, this can be done equally well by having it built on an adjacent site as by combining it with the institution itself. The undesirability of mixing inebriates and insane is recognised in Western Australia, since it is enacted that where a licensed house admits inebriates it must not also

take insane patients. Inebriates are admitted on the order of a judge and after the hearing of two medical witnesses, and for periods up to twelve months, and they may be granted leave of absence for specified periods. They may be recaptured if they escape.

Over-sea patients.—With the view of preventing the importation of insane patients, or of degenerates who may become insane shortly after arrival, the Commonwealth has introduced a clause in its Immigration Act by which it may prohibit the landing of, or may deport patients who are insane on arrival. In addition, in some of the States there is a special provision in the Lunacy Statutes for excluding such cases by making the shipping companies liable for the maintenance of the patient in the hospitals for the insane, or by permitting them to return him to the port of embarkation. In some the patient must be insane on arrival; in others the penalty is enforced if insanity comes on within sixty days of arrival. There is no doubt that these legislative enactments have proved of great value to Australia in diminishing the number of cases which have been sent off by their friends in other countries as undesirables, and have thus been conveniently got rid of, and it would not be wise to relax their stringency.

Removal to other States.—In New South Wales, Victoria, Western Australia, and Queensland the Supreme Court has power to order a patient's removal to any place beyond the State if there are relatives or friends there who are in a position to take charge of the patient. The Court is, at the same time, also given power to make directions as to the patient's maintenance, and that sufficient security for it being continued should be given. The patient transferred to the adjoining State is thus prevented from becoming a burden on the institutions there even though the Court in the original State has no longer jurisdiction over him. Needless to say, this is used only in extreme cases.

Inter-state agreements.—A special provision for inter-state relations was brought into force in New South Wales for the benefit of patients from Broken Hill and district. Before this legislative enactment was made it was necessary to remove Broken Hill patients to Sydney, a journey of more than a week's duration and of an extremely costly nature. The enactment referred to provides that by arrangement with a

neighbouring State—in this instance South Australia—insane patients from New South Wales may be admitted to the institutions of the neighbouring State and maintained there at the cost of the New South Wales Government. Since it was introduced in 1894, 119 patients have been dealt with in this manner, and at the present there are 29 resident in Parkside, and maintained there at the expense of New South Wales. Western Australia and Queensland have made a similar provision in their Acts, but so far have not required to make use of it.

Boarding-out.—In New South Wales, Victoria, and Western Australia provision is made for boarding-out harmless patients. The boarding-out has to be carried out under the authority of the Inspector-General and on the certificate of the medical superintendent that the patient is harmless, and special regulations for its control have to be framed. The conditions of life in Australia differ so much from those in countries which are more thickly settled that boarding-out has not yet become a prominent feature of its lunacy work. For successful boarding-out it is of assistance to have a number of suitable homes in places where families have remained for years. The residents in these cases become attached to the locality, and the environment is such that the insane patients are surrounded by the atmosphere which is most suitable for their welfare. In Australia the people move from place to place as the means of obtaining work vary, and the more settled conditions of life referred to above have not yet been attained. The experience of Scotland and some other countries in this respect is, however, so encouraging that in spite of the local difficulties in Australia it should be tried, and doubtless by introducing the system in a small and tentative manner, and by confining it to suitable localities, it would take root and prove of advantage in reducing the population of the institutions.

Boarding-out to relatives.—There is a provision in New South Wales, Western Australia, and Queensland by which friends and relatives who are willing to take unrecovered patients, but cannot afford to do so, may be granted a monetary allowance, and this has proved of some value. The patient is discharged from the hospital, but if he proves unsuitable for living outside he may be re-admitted on the order of the Inspector-General without other papers. This is boarding-out in a most useful form,

as it ensures the patient a suitable home with his own relatives, and avoids the risk of his being taken merely as a revenue-producing individual. Unfortunately, however, it cannot reach such large numbers as boarding-out proper.

Licensed houses.—In all the States except South Australia and Tasmania there is authority to establish licensed houses. The licence is granted by the Minister for a period not exceeding three years in all but Victoria, in which it is not fixed. However, the practice is to grant a licence for one year only, and this course is to be recommended as it introduces a more efficient control over the institutions. The licensee is aware that unless the house is properly managed, and that unless recommendations are attended to, the licence will not be renewed, and this is more useful than providing penalties for failure to comply with the requirements of the Act. A medical man must reside in the licensed house where the patients exceed a prescribed number—20 in Queensland, 25 in Western Australia, 50 in Victoria, and 100 in New South Wales. Where the number is less than this visits by a medical practitioner must be paid daily, twice a week, or less frequently, according to the number of patients. Where the medical man is resident he must be the superintendent, whether he is the licensee or not, and where there is no medical man resident the licensee must be the superintendent and reside. In Victoria, however, the licensee must be the resident superintendent, whether there is a resident medical officer or not, and he is prohibited from acting as medical attendant on his patients. The arrangement by which the resident medical officer is the superintendent is to be commended, and is following the practice which has been found of so much value in hospitals for the insane themselves. A resident medical officer who is not the superintendent cannot be sure of having all his recommendations carried out, and may be discouraged in initiating improvements and reforms if want of attention to them is shown by the superintendent, who is probably more readily influenced by motives of economy. His appointment gives the necessary authority and control, and can alone ensure that the institution is under proper medical supervision. On the other hand, it is not easily seen what objection can be taken to the licensee, if he is a medical man, attending professionally to the patients in his institution or to his being the

superintendent. No one is more interested than he in seeing that the patients are attended to in the best possible manner, since the reputation of his house depends on this. In Victoria the medical officers and the general staff of the licensed house must be approved by the Inspector-General. It is doubtful if this can prove of much practical value, it being obvious that he cannot very well personally interview and select applicants for these positions, and his approval must necessarily be of a more or less formal character. Although it provides a means of refusing permission for the appointment of persons known to be unsuitable, it is probable that an equally valuable power to prevent this is obtained in the usual inspection. In other States the name of the resident medical officer alone has to be submitted on his appointment.

Licensed houses for single patients.—Licences may be granted for a house with a single patient, and for this the stringent regulations just detailed are not insisted on. The medical visits are confined to that of a practitioner once a fortnight, who must not be related to the licensee, professionally or otherwise. In Victoria the Act permits the licence to be issued in this manner, or with the full conditions of the ordinary licensed house as may be determined at the time the licence is issued.

Paying wards.—In Victoria there is provision in the Act for the establishment of paying wards in the hospitals for the insane, and the Master in Lunacy is given authority to collect charges for maintenance in these wards, and his approval is necessary before a patient can be admitted to them. The patient must also be removed from the paying wards if the Master in Lunacy directs this to be done because of the cessation of payments. This was enacted in 1890 in an amending Act which abolished the licensed houses. In the later Act of 1903 the authority to establish licensed houses has again been granted, and the necessity for this special clause is therefore not now so pressing. There is nothing to prevent any State establishing such wards in its hospitals for the insane, and it is entirely a question of policy depending on the local conditions whether private patients are left to private enterprise or provided for by the Government. A great deal may be said in favour of either plan, and it is probable that the public interests are best met by adopting the middle course of providing for well-to-do patients in both State hospitals and in licensed

institutions. A considerable section of the public would prefer to use the State institutions because of the greater confidence felt in them, but, on the other hand, a number desire the extra comforts and privacy which can better be obtained in a private institution specially established to cater for this class.

Criminal insane.—All the States have special sections in their Acts dealing with the criminal insane, and in New South Wales and Victoria criminal hospitals have been set apart distinct from the other institutions for the detention and treatment of these patients. The numbers who would be admitted do not yet warrant the other States taking this step, and their criminal patients are therefore placed in the general wards. The admission of criminal patients is by warrant of the Minister or the Governor on receipt of medical certificates with the exception of those cases where the patient has been found insane on arraignment before a jury specially selected to try this fact when no medical certificate is required. On the patient's recovery he is discharged by the same uuthority, *viz.*, the Minister or the Governor on receipt of certificates signed by the superintendent of the hospital, the Inspector-General or other specified medical practitioner. If the sentence is unexpired the patient is returned to prison. If it has been determined by effluxion of time he is discharged altogether. Should the patient still be insane on the conclusion of his sentence, his name is removed from the books of the criminal hospital and he is transferred to a free ward unless he is certified to be homicidal or dangerous, when on a special warrant from the Minister he may be detained in the criminal division. If a prisoner becomes demented and not dangerous he may be transferred to a free ward even though his sentence has not expired. Where a patient has been acquitted of his crime on the ground of insanity he becomes a Governor's pleasure prisoner, but in most States he does not consequently become a patient in a hospital for the insane. It is still necessary to obtain certificates of his insanity and forward these to the Governor, who then authorises his admission to the criminal hospital. These cases may be discharged conditionally, which amounts to granting leave of absence on trial, a concession which is not permitted to other criminal patients in any but South Australia. In most of the States it is enacted that a patient committed for trial on

account of attempted suicide if insane may be certified by two practitioners and sent on to an ordinary hospital for the insane, and that on his recovery he may be discharged by the Inspector-General in the usual manner; he is then not liable to be tried for his offence.

Observation wards.—In New South Wales, Western Australia and Queensland, it is provided that observation wards shall be established in the gaols, and that prisoners serving sentence who appear to be insane must be placed in them by the prison authorities. These wards are visited by the Inspector-General of the insane, and a prisoner once admitted can only be removed on a certificate signed by him and another medical practitioner whether he is to be discharged recovered, or certified and transferred to a hospital. This is the only instance in which the Inspector-General is permitted to sign a certificate for admission.

Legal proceedings.—All the States among various other legal technicalities provide for a penalty of £20 or six months' imprisonment for neglect or ill-treatment of a patient on the part of any of the officers or staff. At the same time, however, they afford protection to the staff in that proceedings may not be taken in connection with any act if it has been carried out in good faith and with reasonable care, and in New South Wales, Victoria, and Western Australia, no suit lies unless it is begun within three months after the act or of the discharge of the patient from the hospital. In South Australia this bar also exists but for twelve months.

Second Part.

It would be wearisome to enumerate the other more technical points in the lunacy enactments as they refer more particularly to the formal question of law, the powers of the Master in Lunacy, or the administration of property, and are not specially interesting medically, and I turn therefore to describe the general administration of the hospitals, their management and inspection, their staff, and the methods of dealing with the acute insane, and with recent admissions.

Administration of hospitals for the insane.—Hospitals for the insane in Australia are State institutions supported wholly from the public revenues, any monies collected from patients

or their friends for maintenance being paid into the public funds and not reserved specially for the upkeep of the institutions.

Master in Lunacy.—An officer appointed by the State, the Master in Lunacy becomes the public trustee of patients admitted to the hospitals, and is clothed with the necessary legal powers to administer their affairs from the moment of their admission. He also fixes the rate of maintenance paid according to the means of the patient or his friends, and collects and pays it to the State. The institutions are thus relieved of the responsibility and the labour connected with these financial matters, and this is no small boon. At the same time, the administration of the estates of patients is probably more efficiently carried on by a department specially devoted to the purpose. In South Australia and Tasmania, however, arrangements for a Master in Lunacy have not so far been made, and the duty of managing the patients' property is imposed on the hospital authorities.

Title of hospitals.—The State institutions are called "hospitals for the insane" in all but South Australia, where the word "asylum" still obtains, the intention being to avoid the suggestions associated with the older term. New Zealand has lately adopted the name "mental hospital" for its institutions, and this is perhaps even better and more euphonious than "hospital for the insane" in use here.

Licensed houses.—In only two States are there licensed houses or private institutions apart from the State hospitals, *viz.*, Victoria and New South Wales, and in these the number of patients is 172, amounting to 1·7 *per cent.* of the whole number of patients in these States.

Inspector-General.—The hospitals are maintained by the States, apart from the Commonwealth, and form in each a distinct service. The administration is by an Inspector or Inspector-General, who is the official head of the department, and who combines in his office the duties of Commissioners of Lunacy and of a departmental administrative head. The full responsibility of the administration rests with him, and he appoints and dismisses the general staff, nurses, attendants, and outdoor staff. The higher officers, medical officers, clerks, etc., are not appointed by him except in Victoria, but in most cases he is consulted and his recommendation guides the

appointment. The medical officers are appointed to the department and are transfered from one institution to another as the service requires, receiving promotion according to merit or seniority.

The Inspector-General of the insane is required to pay formal visits of inspection in New South Wales and Queensland at least once in six months, in Victoria and Western Australia once in three months, but, as a matter of fact, visits are made much more frequently for administrative purposes. In South Australia and Tasmania, where the number of hospitals is yet small, an Inspector-General has not been arranged for, his duties being carried out by the official visitors of the institutions with the medical superintendents, and in Western Australia and Queensland the Inspector also acts as superintendent of one of the hospitals. In Victoria the Inspector-General is appointed for a term of five years, and to increase his independence he is placed outside the Public Service Acts, and is removable only by Parliament. In other States the appointment is like that of most public officers without a limit of time.

Official visitors.—Official visitors also are appointed, who are directed to visit once a month in some States and once in three months in others, in South Australia once a week. Of these visitors one requires to be a medical man and one a member of the legal profession, or a magistrate, two at least being appointed for each hospital. In South Australia the number is six, and no profession is definitely specified. In Victoria the qualifications of the official visitors are that they must be justices of the peace, otherwise there is no profession specified. In this State also the same official visitors are to be appointed for all the metropolitan hospitals, others being selected for the country institutions. The appointment of official visitors is not for any fixed time, except in South Australia and Tasmania, where it is for one year, subject to reappointment annually. The same official visitors may be appointed to more than one hospital, and they may be appointed to hospitals for the insane, hospitals for criminal insane, or to licensed houses. To ensure their independence they are not permitted to sign certificates for admission to hospitals or licensed houses, nor to attend professionally a patient in a licensed house, or have direct or indirect interest in it. In Victoria, however, it is provided that the official visitor may not visit the licensed

house while he is attending a patient in it, which would appear to extend to him a right, denied in the other States, of attending one of his patients there, provided he suspends his official visits for the time being.

The official visitors are directed to inspect in much the same terms as the Inspector-General, but they have no administrative control, and they report on each visit to the minister under whom the Lunacy Department is placed. The special value of official visitors consists in their being available as an outlet for patients' complaints, and to satisfy the friends that there is someone outside the officials of the department who will see the patients and be able to investigate complaints and report on possible abuses. While their inspections are guided by this principle, it may be felt that the appointment is of advantage, and for this purpose it is probably more valuable to select official visitors from those residing in the neighbourhood of the institution, and to confine each appointment to a single hospital. In this way the visitors would acquire a distinct interest in the hospital itself, and would avoid the risk of creating what might easily become a class of professional official visitors.

Inspection of licensed houses.—As regards licensed houses, the Inspector-General has the same powers of inspection as for the State hospitals, and although he is not placed in charge of their administration, any recommendations or instructions he may give are, as a rule, readily carried out. His relation to the patients, as to admission, discharge, leave of absence, etc., are in all respects similar to those in the public institutions. Official visitors, too, where appointed to licensed houses, carry on their inspections on the same lines as in the State hospitals and report in the same manner.

Inquiries.—Both Inspector-General and official visitors have power to summon witnesses and examine them, on oath if necessary, in connection with any inquiries which they may have instituted in relation with their duties.

Inspection of patients in private houses.—Where uncertified patients are treated in private or unlicensed houses, there is no provision for official inspection. In some of the States, New South Wales, Western Australia, Queensland and Victoria, it is provided that where a patient is kept more than a year, even if by a relative or by someone who derives no profit from the case,

should there have been any restraint or coercion at any time during the year, the case must be reported to the Minister, who can direct an inspection to be made, and if it is found that coercion or restraint has been used, may then order his removal to a hospital for the insane. This is intended to provide against ill-treatment of patients in private houses, but it does not cover the cases of insane patients placed under treatment in nursing homes which have not taken out a licence. As yet none of the States have made provision for permitting patients in the early stages of their disease to remain under private care on the certificate of a medical man, and none of the States have approved of insane patients being detained other than in hospitals for the insane or licensed houses, and most of the States have directly prohibited it. At the same time there is no doubt it is carried on to a considerable extent, and, it must be recognised, not altogether without advantage to the community. It would, therefore, be advantageous to give statutory permission for the practice under suitable regulations. The stigma of insanity consists almost more in the certifying of the patient than in admission to a hospital for the insane, and if in a recoverable case this can be avoided, the State should be expected to facilitate it. At the same time a two-fold risk must be guarded against, firstly, that nurses or others, who mainly desire to obtain an income from the patients, may detain them in unsuitable premises, and secondly, that patients are not kept in nursing homes where, through want of familiarity with the treatment best suited to cut short the attack, otherwise curable cases become chronic. Active ill-treatment or neglect need not be considered here, as with this class of patient it is not at all likely to occur. There is already ample power to deal with it under sections of the Act. It would appear useful to permit the treatment of uncertified mental patients in suitable private or unlicensed houses on a certificate from the medical attendant corresponding to that required in notifying infectious diseases. Under this arrangement, when a patient with mental disease is being treated in a nursing home or private house, the case would be notified by the medical attendant to the Inspector-General of the insane, a copy of the certificate being left with the person in whose care the patient is to be. The Inspector-General would then have a right to inspect, although it may not be necessary that he should do so in every case. Whether

he visited or not depends on the facts as disclosed in the certificate and on other features of the case, such as its duration, its nature, his knowledge of the parties, etc. The length of time for which a patient is to be so treated should be defined, and if desirable the number of the cases to be received in any one house, or taken charge of by any one individual, could also be limited. Such an arrangement, by its simplicity and the ease by which a patient could be brought under its action, should secure ample provision for the early treatment of acute mental cases. It should, at the same time, go a long way towards educating the public to place insanity on the same level as other diseases, as they would become familiar with cases of mental disease treated by ordinary practitioners outside hospitals for the insane, and alongside ordinary illnesses. When in course of time these patients recovered and again resumed their place in the community, the stigma which at present follows an attack of mental disease would be considerably lessened, since in most cases the nature of the illness would not be generally known, as would have been unavoidable had they required to be treated in an institution for the insane.

Medical staff.—The medical staff of the hospitals, following the generally adopted custom, consists of a medical superintendent, with such assistant medical officers as the size of the institution warrants. The proportion varies considerably in the different States from one medical officer to 500 patients upwards to one medical officer for 200 patients. In most the economic point of view has been dominant in deciding on the medical staff, and there has been an evident desire to appoint no more than sufficient to cope with the work. This means that the officers have their time so fully occupied with routine work that but little is left for scientific research or for the advancement of our knowledge of insanity. It must be agreed that this is a mistaken policy, and that if the State would expend more money on the medical staff and in encouraging the more scientific of the officers to engage in research, in course of time an ample reward would be gained. In New South Wales the proportion of medical staff to patients is about 1 to 300 in the ordinary receiving hospitals, and in the more chronic hospitals 1 to 400. In Callan Park, however, the proportion is 1 to 200, there being five medical men on the staff. This largely increased staff has been appointed to

enable more advanced and careful work to be undertaken, and ample facilities in the shape of clinical rooms, laboratories, etc., have been provided. It is much to be desired that this be imitated in all other hospitals which admit a sufficient number of acute cases to supply enough material for the work.

Medical superintendent.—With the medical superintendent the conditions of the hospital administration are such that it is difficult for him to detach himself from the general administration and take an active part in the scientific or even in the clinical work. This is much to be deplored, as it is easy for the medical staff to fall into routine habits unless they have before them the example of a superintendent who is equally enthusiastic in the details of medical work as they are. Nothing is more certain than that a junior staff will be moulded by the senior officers, and that the best results in raising the hospitals to a high level in the medical and scientific world can only be obtained where the medical head is able to give sufficient time to the direction and encouragement of his medical staff. It is, of course, necessary for the medical superintendent to be in touch with the routine work of the institution on both its lay and medical sides, but if a suitable business assistant is provided it should be possible for him to relieve himself of all lay routine, and make it necessary only that he should be the official arbiter in all questions which may be referred to him without requiring to carry out detailed lay work. To attain this the lay assistant should be given a certain independence of position, and should be a somewhat superior officer to the general secretary or steward usually appointed with a title somewhat defining the increased dignity of the office. No doubt the position is a difficult one to fill properly, as where both men are energetic there is risk of having two officers—one medical and the other lay—jealous of each other's privileges, but if the medical superintendent is tactful and sufficiently anxious to secure time to devote himself to the medical aspect of his work, no serious difficulty should arise. It is only by this means or some similar arrangement that the hospitals for the insane can be raised and kept up to a proper level in the line of medical progress and the medical staff relieved from the opprobrium of being denoted mere institutional managers. At the same time there can be no relaxing of the rule that the medical superintendent is the supreme head.

Pathologist.—In New South Wales and Victoria a special pathologist is provided. The Victorian appointment, however, is hardly made on the lines best calculated to obtain scientific results of value. The salary provided is too small to expect a man of high attainments to devote himself entirely to the work, and as it is directed that he is to perform *post-mortem* examinations in all deaths in the hospitals, his time must be too much occupied by this duty to permit him to engage in serious research. In New South Wales the pathologist is given a more independent position, and the salary is sufficient to place him on a level with the medical staff of the hospitals. His time is wholly devoted to research work, and though he is not expected to perform *post-mortem* examinations which are left to the regular medical staff of the institutions, he is at liberty to go to all the hospitals and obtain material. He has a central laboratory situated in the University by the courtesy of the University authorities, and in this his main work is carried on, but he is specially attached to Callan Park, where he has a definite standing in the laboratory and in the wards, and has the assistance of the medical staff there and of the clinical clerks and such of the medical officers in the hospitals as are engaged in research. The laboratory is open to any of the medical staff who desire the opportunity of scientific work, and the privilege of doing so has been availed of to a considerable extent.

Nursing staff.—The nursing staff in most of the States is now trained, the nurses and attendants having to attend courses of lectures and pass examinations during their first two or three years of service. The training was instituted as far back as 1837 in New South Wales, and in 1894 in Victoria, South Australia following in 1901, and its effect in the improvement in the nursing in the hospitals is beyond question. Each State has its own syllabus and its own arrangement of the details of training, but the essential features are similar in all. The course extends over two years, but in New South Wales it has recently been increased to three years so that it may accord with that followed in general hospitals. On successfully passing the final examination a certificate of efficiency is awarded.

No pensions are given to the retiring staff, although undoubtedly this would go far towards obtaining a better class of applicant and diminishing the number of changes in the staff which at present annually occur.

The hours of duty and leave of absence given to the staff in the various states vary according to local influences, and are generally considerably more liberal than those of nurses in general hospitals. In some cases a proportion of the attendants in the male wards go to work with the patients in the grounds, but in others the indoor staff is completely separated from the outdoor, so that an attendant's duty is entirely confined to indoor nursing. This system is undoubtedly that most likely to improve the nursing of the insane. It cannot be expected that attendants whose duties consist partly in nursing and partly in outdoor work can acquire such nicety of manner as will justify their challenging a comparison with nurses.

Incipient cases and reception houses.—In this review of the conditions in hospitals for the insane in Australia, the more recent attempts to deal with incipient cases have been but lightly touched on. This, however, ranks among the most urgent and important questions now before the minds of alienists, and is being seriously taken up by at least two of the States. In New South Wales Dr. Manning many years ago introduced the principle of the reception house for observation and treatment of those early cases, and most of the States have included a provision in their Lunacy Acts for similar institutions. These reception houses, though they have done admirable work in this direction, cannot properly cope with the incipient insane, and are not in a position to settle the whole question. Their functions are to act as a filter to prevent the admission to the hospitals of alcoholic patients and of those with *delirium tremens*, and to offer an opportunity of deciding as to the insanity of transient and doubtful cases and to assist in the classification of patients in transit to the hospitals. They should not properly take the place of an acute hospital in which cases are treated to recovery, except those of transitory insanity or of slight insanity which do not require certification or long detention. The reception houses must necessarily pass through their wards a great variety of forms of insanity, both curable and incurable, and it is therefore impossible to ensure such a classification in them as would give the acute cases the separation from other patients which is necessary for their proper treatment. The number of alcoholics to be dealt with alone forms a formidable contingent, and if the reception house is used as an acute hospital it should have separate wards for the

alcoholic as distinct from the insane patients. It is in every way better, therefore, to limit the reception house to its proper place as an institution for observation, and for the distribution of patients to the hospitals for which they are most suited, and to deal with the acute insane in another manner. Several alternative proposals are open for selection as to the best method of carrying this out.

(1) In most countries the hospitals for the insane themselves are making provision for acute cases by adding new admission wards as acute hospitals, separated as far as possible from the general hospital, so that they may form a quite distinct institution. By this means a mental hospital is created within the grounds of the institution itself.

(2) In some instances, *e.g.*, at Glasgow in Scotland, Albany in New York, and in some of the German towns, these early cases are treated as uncertified patients in buildings attached to the general hospitals or to the poor-houses, and not to the hospitals for the insane.

(3) A mental hospital, such as was advocated by the Commission presided over by Dr. Brudenell Carter, and which the magnificent bequest of Dr. Maudesley has now encouraged the County Council to erect in London.

In Australia, New South Wales and Victoria have each progressed along one or other of these paths. In Victoria a reception house has been established, which undertakes, in addition to the function of a reception house proper, some part of the early treatment of insanity, and a mental hospital is being opened to which the curable cases from the metropolis are to be sent. As the patients admitted to a mental hospital, however, must be certified, it is to all intents and purposes a hospital for the insane, limited in its admissions to acute and curable cases. It differs from the regular institutions, therefore, only by dealing with curable cases, by its situation, its separation from the chronic insane, and by the constitution of the staff. The necessity for certification, it is feared, will hamper its action in diminishing the stigma of insanity or in persuading the patients to place themselves early under treatment. In New South Wales, on the other hand, a different route has been followed. A mental hospital has been, or is being, added to each of the hospitals for the insane in place of being erected in a central situation. Though within the grounds of the hospitals it will

exist distinct from the general building, and under a separate nursing staff, and in it patients may be treated from admission to discharge without entering the general wards. The patients sent to these will have all the advantages of a separate mental hospital, but will not be able to avoid the disadvantage of having been certified and of being known as having been in a hospital for the insane. These mental wards, therefore, will not be able to prevent the stigma of insanity, although they should be of great value in providing facilities for early treatment, and thus increase the recovery-rate. The staff consists of the regular resident staff of the hospital, and has not associated with it visiting honorary medical officers. In addition to this, however, provision has been made for uncertified patients. It was hoped that the larger general hospitals, following the example of other countries, would open a mental ward, so that suitable cases could be treated without requiring to be certified and sent to a hospital for the insane. So far, difficulties have prevented this being realised, but it is still hoped that in the future it will be carried out. In the meantime a small ward has been erected on ground adjacent to the reception house in Sydney, in which uncertified male patients are being treated. The medical staff consists of honorary visiting physicians, and the nursing staff of nurses in the day time and an attendant at night, and the conditions are as similar to those of a general hospital as possible.

All classes of the acute insane are thus provided for, the early, the slighter, and the borderland cases in the ward for uncertified patients, and those whose disease requires the restraint and surroundings of an hospital for the insane in the mental hospital attached to the institution. In these cases the patients treated are of the curable class; those suffering from incurable forms being sent to the general wards of the hospitals, to which also are transferred the cases which have not recovered in the acute hospital. By appointing an honorary medical staff selected from the ranks of practitioners in the city, it is hoped that certain advantages will accrue, not only to the institution but to the profession at large. The experiments in these States, if experiments they are, are at any rate a sign of continued interest in seeking a solution of the problem of dealing with the constantly increasing numbers

of insane patients in the community, and will doubtless also help to a definite result in the near future.

It should also be noted that in Western Australia a mental ward is already in existence in connection with the Perth Hospital, and that it is proposed to extend this system to other hospitals in the country.

The Legal Duties and Responsibilities of the Medical Profession in Matters of Lunacy. (1)

By T. PROUT WEBB, K.C., Master in Lunacy, Victoria.

THE object of this paper is an endeavour to suggest for the consideration of the medical profession certain aspects of their legal duties and responsibilities in matters of lunacy.

It may be well at the outset to state definitely that the medical practitioner has in cases of insanity no greater privilege or protection than is extended to the ordinary layman, except such as are expressly conferred upon him by the Statute Law. Yet how often do we find that he overlooks this, and with the single eye to the relief or cure of his patients assumes or directs the custody or control of a person mentally afflicted, and regards him as an individual bereft of his ordinary rights and privileges. No doubt he acts with a large heart and with the best of intentions, and does that which humanely and medically is, in his opinion, the best for the patient, and accepts, perhaps, without thinking of it, the responsibilities of the situation with never a conception of the risks he runs, or of the possibility of having to defend an action for assault or false imprisonment. Yet it is a matter worth pausing to consider not only from his individual standpoint, but as one intimately affecting the larger questions of the treatment of the actually insane, or of those whose condition is on the border-line of insanity. To rightly appreciate the importance of the consideration, I venture to put before you a statement of the matter as it presents itself to the legal mind.

Accepting the fact that an individual is suffering from some form of mental disease, one of the first and most important considerations for the medical practitioner who is called in is