

While there have not been as many suits for damages, and verdicts against physicians, for certifying insanity, in America as in England, still the possibility of such proceedings is an unpleasant fact in many parts of the country, where jury methods of commitment do not exist. The Supreme Court of Massachusetts, however, has recently decided that a physician is not liable for erroneously certifying to the insanity of an individual, even though the examination was an imperfect one, provided there is no proof of malice or bad faith. The testimony of the physician, it holds, is not the proximate cause of the commitment, since a judge must, under the Statutes, determine that ; and the physician must, moreover, in accordance with public policy, be like other witnesses considered privileged and protected against liability, so long as he acts in good faith, and without malice. The decision was by a majority of the court in full bench, and it appears to protect Massachusetts physicians from vindictive prosecution, as well as to afford a valuable precedent elsewhere.

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#### BELGIUM.

By DR. JULES MOREL.

All the alienist physicians in Belgium, anxious for the improvement of our asylums for the insane, are calling for a revision of the lunacy laws, such as will bring them into harmony with the actual state of psychiatry, and the condition of the lunatic asylums of the majority of civilised countries throughout the whole world.

Dr. Peeters, in his inaugural presidential address, has authoritatively laid down a number of points which call for the attention of the law-giver. He refers to the last official report of the Minister of Justice, published in 1900, in which are mentioned a number of faults which require a remedy. He insists on one vital point, the necessity for creating a special diploma in mental medicine, to obtain which would be an indispensable condition for appointment to the medical staff of an asylum.

He emphatically states that the terms of Article 17 of the General Regulations, setting forth that at least one physician shall be attached to each asylum, and that the physician shall have the direction of the management of the patients from the medical, the hygienic, and the disciplinary points of view, is not carried out. He would wish to see a provision added to this article whereby asylums for paying patients containing 150 persons and asylums for the poor containing 300 should have a special physician, who would be forbidden to take private practice. He rightly considers that the revenues of the establishments are sufficient to afford proper remuneration to the physician. He adds, without hesitation, that the observance of the law and the interests of the insane are worth a few banknotes. This is, indeed, the only way to promote the study of science in asylums. At present, in Belgium there is no inviting prospect for a physician who entertains the desire of pursuing the work of mental medicine.

A second point, which is unfortunately in conformity with fact, is that the close asylums retain a number of patients who should properly be located in the colonies, where they would derive great benefit from the free life, while confinement is a torture to them. Now, our lunatic asylums are always enlarging, instead of the number of insane colonies increasing.

The third and last point of Peeters' excellent address deals with the need of introducing into asylums professional instruction for the attendants; but, in spite of all the attempts made during the last ten years to attain this object, it has only met with absolute indifference.

In consequence of unfavourable reports made on the mode in which imbeciles and idiots are treated in most of the Belgium asylums, a very important discussion took place at the Society of Mental Medicine. These criticisms, on the one hand, hold good for the last twenty years; on the other, it would appear that they are soon about to lose their application. The asylums for idiot children have just been supplied with the equipment required for Fröbel's method. The methods of education adopted by Dr. Bourneville have been discussed, but it would have been more to the point to have glanced, for purposes of comparison, at the procedure in vogue in England, in Germany, and in the Scandinavian countries.

However that may be, it is important to record the great progress which has been made by Dr. Demorr, Professor in the University of Brussels, and Dr. Sey, of Antwerp, who are at the head of the generous movement for the education of backward children. The Belgian idiot asylums refused heretofore to introduce modern progress; they are now compelled to do so.

In Dr. Demorr's opinion,—and his competence to judge is indisputable,—only idiots who are dirty and idiots who are uneducable should be received into asylums.

At the same time that Dr. Peeters prepared his inaugural address, Dr. Jules Morel, in accordance with a request from the Bureau of the Section of Psychiatry at the International Congress of Medicine in Paris, brought out a work *On the Treatment of the Acute Forms of Insanity by Rest in Bed, and the Modifications which this Method would involve in the Organisation of Establishments devoted to the Insane*. Some of the conclusions at which he has arrived go to confirm the claims put forward by Dr. Peeters for the modernisation of the Belgian asylums. They may be thus summarised:

I.—Every patient admitted to an asylum should be placed in an observation ward until he has been thoroughly examined physically and mentally. In order that this examination may be as complete as possible, the physician must be in a position to utilise every means of diagnosis which the very latest discoveries of science place at our disposal.

II.—These classes should be confined to bed:

1. All patients suffering from acute psychoses, or from chronic psychoses when showing intercurrent excitement or depression.
2. All patients suffering from disorders of general nutrition.
3. All patients who are not able to conduct themselves in accord-

ance with the rules of ordinary life: the dirty, those who refuse their food, or have a tendency to suicide, destructiveness, etc.

4. All patients affected with somatic ailments of sufficient gravity.

III.—To effectually obtain the object of treatment in bed it is necessary:

1. That the asylum should possess a competent medical staff, sufficient for the needs of the service.

2. That the various physicians attached to the asylum should live therein, and should have each his own special task in the observation and treatment of the patients.

3. That no means of restraint should be used except in very rare and exceptional cases.

4. That the medical staff should undertake the professional instruction of the attendants, and that all members of the latter body who do not show satisfactory progress should be dismissed.

5. That the attendants should be intelligent, of high character, sufficiently paid, and entitled to a pension after a certain number of years' service.

6. That the buildings and arrangements of the institution should meet all requirements for the comfort of patients and staff.

Because of the superiority of the majority of foreign asylums over those of Belgium, whether as to buildings, manner of administration, or medical staff, Dr. Morel has formed the opinion that indispensable reforms in Belgium must be urgently demanded.

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## FRANCE.

By Dr. RENÉ SEMELAIGNE.

*Family Mental Diseases.*—According to Dr. Trenel, of Rouen, family mental diseases have not been sufficiently described, saving insanity in twins, and hereditary tendency to suicide in the same family. He has observed that cases of systematised insanity, dementia, periodic insanity, acute mania, general paralysis, and especially juvenile general paralysis, might assume the "family" form.

He thinks that a classification of such types would be very interesting and useful from a practical point of view; but it is necessary to avoid a confusion between two terms which are quite different, *i. e.* hereditary and "family," and for this purpose one must exclusively keep to the cases of patients belonging to the same generation.

Dr. Arnaud, of Paris, proposes the following definition, "a disease of a similar clinical character which invades two or more members of a family belonging to the same generation." According to him (Dr. Arnaud) all the family diseases are hereditary, all the hereditary diseases are not family diseases, consequently the questions are quite distinct.

Dr. Doutrebante, of Blois, thinks that these diseases are rare, he having observed only such cases as suicide or *folie gémellaire*.