

Lunacy Legislation for Ireland. By JOHN EUSTACE, M.D.,
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My attention has been drawn to the question of fresh Lunacy Legislation for Ireland, by the report of a Committee which was appointed by the Lord Lieutenant of Ireland in 1891 to enquire into the lunacy administration of this country.*

This Committee consisted of Sir Arthur Mitchell, K.C.B., Commissioner in Lunacy, Scotland; Mr. Holmes, C.B., Treasury Remembrancer in Ireland; and Dr. McCabe, of the Local Government Board.

Their report has already been very fully criticized in the admirable memorandum of Lord Ashbourne, then Lord Chancellor of Ireland, assisted by Mr. Collis, LL.D., Registrar in Lunacy, by the Right Hon. Mr. Justice Holmes, the Right Hon. Lord Justice FitzGibbon, and by the Right Hon. R. R. Warren, Judge of Court of Probate. To save time, I refer to this memorandum,† as it is well worthy careful perusal, and I acknowledge my indebtedness to it as a basis for my subsequent remarks.

To return to the report. It practically consists of a recitation of the Scottish Lunacy Laws of the present date, with the recommendation that they should be applied in their entirety to the case of Ireland, apparently without considering that, however admirably these Acts may work in Scotland, the conditions under which they would be applied, both as regards the central and local authorities in Ireland, would be vastly different.

In fact, were the suggestion to be taken seriously, all the judicial arrangements in Ireland would first have to be "adjusted" to suit this scheme of lunacy legislation. In the report there are some suggestions which appear to be original, particularly with regard to judicial supervision in connection with the committal of the person of alleged lunatics to asylums and with the management of their property, but on closer inspection one finds that these suggestions have been largely forestalled by the provisions

of the Lunacy Act Amendment of 1871, "with the practical working of which the Committee seem to have been singularly unacquainted or unobservant."

The Committee found fault with the provisions of our present Acts with respect to the authority for admission and detention in asylums, and they suggest that the procedure for authorizing the admission of persons into asylums should be the same for the rich as for the destitute.*

Let us now see how we stand in this respect in comparison with the English and Scottish modes of procedure. In Ireland, in the case of admission of a patient into a district asylum, one medical certificate and the magistrate's order in the case of the insane poor, with the addition of another medical certificate in the case of a paying patient, is necessary. In any case of urgency admission may be granted by the medical superintendent, or governors, or visiting physician, the case being submitted to the Asylums Board at its next meeting.

Under the same circumstances in Scotland, the medical superintendent may sign an urgency certificate, valid for three days, in the case of either a pauper or a private patient; and may, in addition, sign one of the ordinary medical certificates in the case of a pauper. Thus, in the case of the insane poor in Ireland, practically as much protection is enjoyed in this respect as under similar circumstances in England or Scotland.

In the case of the admission of a patient into a private asylum in Ireland, an order by the patient's nearest responsible guardian, together with two medical certificates, is sufficient; and the patient has not the benefit of judicial supervision at the time of committal, corresponding to what obtains in Scotland, where the Sheriff's order is necessary—or in England, where the order of a magistrate is necessary (except in cases of emergency). The want of this protection is especially apparent in the case of those detained in Irish workhouses under no judicial authority whatever (*vide* Report, p. 30).

In the case of private patients in Ireland, the want of the judicial order at the time of admission is mitigated as far as the protection of the patient is concerned by the fact that the superintendent must give notice within two days of the admission of the patient to the Inspectors of Lunacy. These officials are, therefore, made cognisant of all admis-

* Report, p. 34.

sions one day sooner than is the General Board in Scotland, where the three days' notice of physical condition is necessary. Further, in obedience to the Lunacy Regulation (Ireland) Act, 1871, a full return must be made by the superintendent to the Registrar in Lunacy, and within seven days, giving particulars as to the date of admission, the person by whose direction the patient has been admitted, the names of the medical practitioners signing the certificates, together with a notice respecting the property, if any, of the lunatic. The Irish Registrar is thus early in possession of important facts regarding the patient, who enjoys all the benefits of his case being immediately under the cognizance of the Registrar in Lunacy of the Court of Chancery. While I would suggest some form of magisterial supervision connected with the admission of patients, as in the English Act of 1890, it should not by itself be held sufficient.

In Ireland far too many persons are committed to district asylums as "dangerous lunatics" by a magistrate's order, and in many cases those so committed are found to be sane. I fear that the new democratic order of magistrates now being so freely created in Ireland is not likely to prove competent to judge of the state of sanity or insanity of these "dangerous" cases. In one case, which I have good authority for quoting, a man was sent by a magistrate's order to a district asylum as "a dangerous lunatic," largely on the evidence of his having become a convert from Roman Catholicism to Protestantism! He was visited by order of the Lord Chancellor and shortly afterwards liberated.

The recommendation of the Committee in the report that the Board of Control should be reconstituted, and the adoption of the same, deserves praise, as does also the suggestion as to the accommodation for the insane poor (technically there are no "pauper lunatics" in Ireland, as the maintenance of the insane poor is derived from the "county cess," and not out of the poor rate as in Great Britain). The Committee refer with pleasure to a clause of the Irish Lunacy Act of 1845, of which the purpose seems to be the appropriating of certain district asylums for the care and treatment of particular classes of lunatics—the incurable, the manageable, and those who do not require to be in a fully-equipped asylum, such as is required for acute curable cases. They rightly say that "the general intention

of such legislation is sound, and if effect were given to it, the hospital character of many asylums would be increased," and this is what is now everywhere aimed at under good lunacy administration. The admission of voluntary patients to asylums is also commended by the Committee.

As regards the actual working of lunacy administration in Ireland, the Committee recommend that a General Lunacy Board for Ireland should be instituted, devoid of any direct judicial authority, and here I fear they almost ignore the weighty position occupied by the Lord Chancellor, who, "by virtue of the Queen's Sign Manual, is entrusted with the care and custody of persons found lunatic, idiot, or of weak mind." The constitution of such a Board under the circumstances named would be absurd, seeing that it does not include "the present independent, direct, and easily accessible judicial authority," *i.e.*, that of the Lord Chancellor, who, having supreme jurisdiction over all insane persons in Ireland, and from being in constant contact with their persons and affairs, is, indeed, a most potent safeguard against unnecessary detention in asylums. And yet the Committee state that the present Irish system possesses no such safeguards!

As regards inspection of lunatic asylums, the Committee report that it is not adequate. Were, however, the jurisdiction of the Lord Chancellor to be lessened, there would be much less inspection, for the Lord Chancellor has, in Ireland, more than sixty medical visitors, who, at a moment's notice, make prompt and searching inquiry into any case brought under the notice of the Court in any way, public or private. I may mention as worthy of the highest praise the personal visits of the late Lord Chancellor, and also the fact that the Registrar in Lunacy, Mr. Collis, LL.D., usually devotes two days each week to similar visitation. These frequent unannounced visits do good, not only to the chancery patients, but also benefit the general discipline of asylums. Further, under the provision of the Act of 1871, the Lunacy Office of the Court of Chancery takes cognizance of and institutes inquiries as to the property, etc., of alleged lunatics, and uses the same as a petition on which to hold a commission if necessary. This, on the whole, compares very favourably with the Scottish mode in the case of the corresponding class in Scotland. There the "Board" constitutes, so to speak, the "Committee of person," and a

third party, the "Curator Bonis," constitutes after appointment the "Committee of Estate."

Under the Scottish law, from the fact that there is no Lord Chancellor, it is possible that a patient's property might be dissipated before the appointment of this "curator," which is practically always on the initiative of a third party. Then, again, there are no officials in the Scottish system corresponding to the medical visitors of chancery patients under the Chancellor's vigilant Registrar. Patients with property under curatory are simply visited twice a year by the Commissioners as ordinary private patients, and there is not that special supervision enjoyed by chancery patients in Ireland. An important point in a poor country like Ireland is that this staff is maintained without cost to the State, the expenses being borne either by the income of the particular lunatic or by the Lunacy Fund of the Court. Chancery patients constitute the great majority of the inmates of private asylums, which are virtually chancery asylums. These private asylums should, I think, be licensed only by the authority of the Lord Chancellor, and not by the magistrates as at present.

One other point on which I should like to touch, is the subject of "boarding-out" of pauper lunatics in Ireland, and for which such a strong claim has been put forward by Dr. Clouston, arguing from his experience in his own country. However admirable in theory it may be and even practically workable in Scotland, I fear if adopted in Ireland it would mean a reversion to all the abuses following these pauper lunatics being left to the care of their friends, as was the case before the adoption of asylum care of lunatics in Ireland.

Similarly with respect to the care of lunatics in lunatic wards of poorhouses, the present abuses of the system are so glaring that I need hardly again refer to the subject. Judging from an interesting article by Dr. Rorie in the "Journal of Mental Science,"* the danger of the control of pauper lunatics passing entirely into the hands of Parochial Boards is by no means insignificant, and I fear, in the case of Ireland, any further extension of power entrusted to "guardians" will only be attended with an aggravation of the present evils.

In conclusion, I think that an attempt to remodel Irish

* "On the Present State of Lunacy Legislation in Scotland: An Historical Note of Warning," by Jas. Rorie, M.D. "Journal of Mental Science," April, 1888.

lunacy along the lines suggested by the Committee would be a mistake, but a system somewhat analogous to that of England, which has, as in Ireland, a Lord Chancellor's jurisdiction, and much the same code of law, would be more feasible. I have to thank Dr. James Cameron for his aid in connection with some points of Scottish Lunacy Law.

Two Cases of Insanity with Goitre treated with Thyroid Extract. By THOMAS SAMUEL McCLAUGHRY, L.R.C.S.I.,
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I desire to call attention to a mode of treatment which has not yet been generally adopted in cases of goitre, and to submit two cases in which thyroid gland was administered. The preparation used was five grains of the extract in tabloid form. The result in both cases was highly encouraging, though one was much more so than the other from a mental point of view.

Case I.—Maria R., admitted 20th August, 1891, having previously attempted to set fire to her house and to murder her husband and son. From then till 27th January, 1894, she had undergone various means of treatment for a large bronchocele from which she suffered, her mind during this time being very much deranged. She was treacherous and morose, wandering about in an apathetic manner, taking no interest in her surroundings, never employed in any way, and, if thwarted, inclined to be violent. During this period all medicines recommended by modern teaching had been employed (with the exception of injection of tr. iodine), but without any obvious change in her mental state. She had, indeed, passed into the category of almost hopeless cases.

On January 27th, 1894, after consultation with Dr. Hatchell, it was decided to employ the thyroid treatment. One tabloid of five grs. was given in each meal, as she refused to swallow them. The measurement of her neck on that day was 15½ inches.

On February 11th, about a fortnight after commencement of treatment, I made a very careful physical and mental examination, and found a marked improvement. Instead of the patient walking away or holding down her head when questioned, she now answered in a fairly intelligent manner. On measuring her neck I found it to be but 15¼ inches, showing a decrease of half an inch. At this period I reasoned with her, and asked her to take the tabloids, which she consented to do, having been up to this time unaware that they had been administered in her food.

On February 27th, one month after commencement of treatment, I found the circumference of the neck to be 15 inches, showing a decrease of three-quarters of an inch. Her mental improvement was very marked, having become bright, cheerful, and industrious, taking an interest in her surroundings, and frequently speaking about her home and children.

March 6th.—As the tabloid treatment has not caused any disagreeable symptoms, such as digestive disturbance or variation in temperature, it was decided to give an extra half tabloid at each meal.

April 18th.—Patient to-day complains of a lightness in her head, which has