

new licence can be granted. To receive more than one patient would constitute a private asylum. Sir William Gowers objects also to the sanction of the justice of the peace being necessary, and adds that "such a sanction could only be a useless formality." He forgets that it is right that the liberty of the subject should be taken only by some mode of judicial procedure.

(¹) Read at the General Meeting, February 12th, 1903.

Lunacy and the Law.(¹) By T. OUTTERSON WOOD, M.D. Durh., F.R.C.P.Ed., M.R.C.P.Lond., Senior Physician, West End Hospital for Nervous Diseases, Welbeck Street, Cavendish Square, W.

IT augurs well for the success of the action taken by the Conjoint Committee of the British Medical Association and this Association with regard to the amendment of the Lunacy Law, to enable cases of recent (incipient) insanity to be legally treated in private care, without being certified as lunatics, that the Lord Chancellor inserted into his proposed Lunacy Bill a clause to meet our requirements, in the very terms I advocated at the annual meeting of the British Medical Association in 1896.

The importance of the subject must be my justification for bringing before this Association some features in connection with it from a practical point of view. I look upon the question for my present purpose as being divided into two sections only, for I intentionally leave the rate-aided class to be dealt with elsewhere.

Section 1st.—The proposal to extend the provisions of the present law so that incipient cases of mental disorder may legally, and without delay, be brought under skilled care and treatment without certification ; and

Section 2nd.—The suggestion that cases admittedly certifiable, or even already certified, may be placed in single care without the so-called stigma of certificates ; or if already admitted into an asylum, they may be taken out and placed

in the house of some relative or impecunious person, and kept there for profit, and not necessarily for cure—for it is not suggested that these patients may be curable.

Now, sir, with regard to the first section, which deals with cases of recent (incipient) insanity, I would divide them into two classes: (*a*) those who are amenable to reason and advice, who are absolutely uncertifiable, and who can to a great extent take care of themselves; and (*b*) those recent cases of a mild type in which the mental warp is more pronounced, who may require removal from home, who are almost certifiable, or who may even have harmless delusions, who require a certain amount of moral restraint, and who may object to the control necessary for their proper treatment. With regard to Class A, no alteration of the law is necessary; these patients are as capable of treatment outside the Lunacy Law as any ordinary medical case. I have to deal with a large number of them as out-patients at the hospital, and I have no difficulty whatever with them.

It is with regard to Class B that the law requires amendment, to enable us to obtain the legal control of the patient; and a system of notification seems to me the best to meet the requirements of such cases. This, however, is no new idea. I have for years advocated a relaxation of the present law in order that incipient, doubtful, or undeveloped cases might, under suitable conditions, and at the earliest moment, be brought under that expert care and treatment which experienced alienist physicians know to be so necessary for the arrest of the disorder and the cure of the patient. Upon this point I am glad to think we are all agreed. It is the adoption of a principle that has worked well in Scotland for many years, and I know of no reason why, under proper conditions, and with the necessary safeguards of skilled supervision, it should not work equally well in England and Wales; the order of a magistrate on this side of the border taking the place of the order of the sheriff, as in Scotland, for the legal detention of the patient for a definite period. There is, however, one point upon which we must insist, and it is that wherever these cases are so placed, whether it be in a doctor's house or not, they shall be at once notified to the Commissioners and be placed under their official supervision, as well as that of some skilled and independent local authority, appointed by the Lunacy Board.

Above all, we must be certain that it shall not be merely a matter of boarding them out in so-called medical homes or private houses, kept by unqualified, inexperienced, and untrained persons, but that we shall have some guarantee that they will be properly cared for and looked after by those who have been trained in some recognised institution for the insane, or whose competence is assured by long experience, and who shall be approved of by the Commissioners ; and further that they shall be nursed and attended, not by hospital nurses who have had no asylum training, but that their nurses shall be asylum trained, and preferably that they shall hold the certificate of the Medico-Psychological Association for proficiency in nursing and caring for those of unsound mind.

It is absurd to imagine for one moment that such cases as these can be properly treated by persons with no special knowledge of, or experience in, all the details of the moral control these persons require, and we must speak out with no uncertain voice in our condemnation of any attempt to minimise this, the most vital part of their treatment. The periodic visits of a consultant are practically useless as regards the supervision of these details, which are of daily, even hourly importance for the cure of the patient. This, of course, we cannot expect physicians, however eminent, to appreciate who have not made a special study of the care and treatment of mental disorders. It is the absence of this special knowledge on the part of the hospital physician which will permit him, on the one hand, to give these, the most difficult of all cases to manage, into the care of inexperienced people of limited means, or hospital nurses with no asylum training, who do not know what to do with them, who cannot understand the constant supervision and the unceasing vigilance they require, who are unable to anticipate a suicidal impulse or an outbreak of homicidal violence, and who will either rush in terror from the room at an outburst of excitement or will resort to the injudicious and unnecessary use of mechanical restraint ; or, on the other hand, to give them up to the tender mercies of the keeper of some medical home or nursing institution who has never seen the inside of an asylum, who does not hesitate to send out hospital-trained nurses to acute mental cases, and untrained domestic servants as trained mental nurses !

Gentlemen, I am speaking of things of which I have personal

knowledge, and in my opinion, instead of the law being made more elastic with regard to these transparent frauds, it should step in and compel every nursing home or institution receiving such cases as these to be placed under some official supervision. If this were done we should hear less of the fatalities which are of such frequent occurrence, and which help to fill the columns of the daily Press. While, therefore, we advocate the early treatment of cases of incipient insanity without certificates, let us endeavour to make sure it will be carried out in such an efficient manner that there shall be no excuse in future for the smuggling away of what are termed "borderland" cases, or those deliberate evasions of the law which have been alluded to, and even boasted of, before the members of this law-abiding Association, and which have in so many instances been followed by fatal results.

I will now turn to the second section of the subject,—I mean the suggested extension of this system of notification for incipient cases, so as to make it applicable to chronic certifiable cases of insanity and to those already certified and living in institutions for the insane. This, in my opinion, would be a dangerous innovation. It is sad to reflect that at this time of day we are compelled to reiterate the arguments of our predecessors in this Association against the unwisdom of such a retrograde step, and that the cruelties of mechanical restraint must again be brought forward to steady the minds of well-meaning but ill-informed philanthropists and bring into bold relief the danger of giving a free hand to those impecunious persons who bombard us with applications for the care of this class of patient. One of those individuals who was anxious to obtain the care of such an one endeavoured to impress upon me that blindness and being crippled would not matter. I presume if the unfortunate patient was blind he could not see and criticise his food and surroundings, and if crippled he could not escape, and would require less expensive supervision!

It has been suggested that the relatives of many certified patients should take them out of asylums because they are not dangerous to themselves or others, and that they could undertake the care of such cases as well or even better than they could be cared for in an asylum, without the "stigma" attaching to them of being certified lunatics. This, to my mind, is mere sentiment; nothing can alter the fact that the patients are

insane, whether they are certified or notified ; and whether the fastidious friends like it or not, the fact remains. My experience through a long series of years spent among the insane is that more downright cruelty and neglect are often inflicted upon such patients by friends and relations owing to their ignorance and incompetence, and through judgment giving way to feeling, than is possible under the splendidly humane treatment of such cases in our institutions for the insane, private as well as public, which are a credit and an honour to our country.

In support of this statement permit me to give you an account of a case which came under my notice a short time ago—a refined young lady of some twenty years of age, who, to save the “ stigma ” of certificates, was placed in charge of a hospital nurse in a so-called medical home, and who, because she was anxious to leave her room, had an ingenious waistband buckled round her to which was attached a half-inch rope sufficiently long to allow her to attend to the calls of nature. This rope was firmly fastened to the bedstead. The nurse explained to me that but for this contrivance she would not have been able to leave the patient alone ! Comment upon this case, which was one of certifiable insanity (and I certified her), but not dangerous to herself or others, is needless to members of this Association. Take another case, which I also certified and sent to an asylum—a young lady aged twenty-two years, who was kept in a private house to save certification, in charge of a hospital-trained nurse. She was in a state of acute mania ; she had bitten the hand of the untrained lady in whose home she was detained, because she endeavoured to hold her down by force. This hospital nurse had an untrained young woman as an assistant. The patient was curled up in bed, jabbering incoherent nonsense, her hair unkempt, and she was unwashed and dirty ; the room was barely furnished and most uncomfortable, and the window was strongly barred. As I was leaving the apartment I found each panel of the door, excepting the one below the lock, was protected by a stout half-inch deal screwed securely over it, and the door showed evidence of violence. On examining the door from the outside I found the panel under the lock was made to slide in a groove, with a knob on the outside to draw it backward and forward, and over the space left when the panel was withdrawn were three strong iron bars.

On inquiring of the nurse the use of this ingenious device, she informed me that it was to enable anyone sitting outside the room to see what the patient was doing inside!—a convincing confession of incompetence! I confess to being somewhat shocked at such a condition of things occurring in the closing months of 1902. But, gentlemen, these are the evasions of the law we must expect to increase and multiply if the law is made “more elastic” with regard to cases of certifiable insanity without adequate official supervision.

I do not wish to weary you with a recapitulation of further instances of the inhumanity of ignorance, which are only too well known to us; but I venture to say that, if the supervision of the certifiable insane in single care by the Commissioners is in any way relaxed, we shall soon have a recrudescence of those scandals which brought on to the Statute-book the Lunacy Law as it now stands. No perfunctory visitations of the physician can prevent them. Only within the last month I had three applicants for the post of nurse to a mental case, and in view of the question I have raised of asylum-trained nurses being so necessary for the care of mental cases, permit me to describe to you the kind of persons these three applicants were.

No. 1.—A lady, quite untrained, but with some years' experience in private cases, wonderfully self-confident, and largely possessed of the audacity of ignorance. When I asked her if she was trained she said, “Oh no!” she didn't believe in trained mental nurses; they only irritated the patients. When I asked her what she would do if the patient happened to become violent, she said, “I would look at her—that would be quite enough!”

No. 2.—Another lady, untrained, who, when I asked her what she would do if the patient became violent, said, “I would pull her arms back and tie them with a towel.” I mildly suggested that that might not be enough; then said this untrained lady, with a knowing look, “I would get a strap with hooks on it and hook them back!”

No. 3.—A tall, strongly built lady, very much satisfied with herself and her powers, who would take any case, male or female; she was a trained hospital nurse whose only knowledge of mental training was gained by three months in a county asylum some years ago, and a few months in the insane ward of a workhouse. When I asked her what she would do if the

patient became violent, she said very decidedly, "I am quite competent to do some '*policemaning*' if necessary!" I thank that lady for the word "*policemaning*;" it is so suggestive of truncheons and handcuffs, and such like trifles! It is these and such as these gentle, untrained, impecunious ladies into whose care the friends of patients are asked to deliver them. *Yet they all had testimonials from the friends and relations of former patients!* Then there is a further view of the subject, which the following incident illustrates, and it is a pretty example of another method of evading the law. A friend of mine, at the request of his patient's relatives, called a physician in consultation upon a mental case which required certification to legalise the necessary control. "Oh, you must not certify it," said the physician; "call it hysteria, and you can do what you like with it." "That is all very fine," said my friend indignantly, "but the woman is a lunatic and ought to be certified." "Call it hysteria," reiterated the physician, and away he went, leaving my friend to treat a case of acute mania as hysteria. But very soon the crockery ware began to fly about, and the "hysterical" patient had to be promptly certified and sent to an asylum. "Call it hysteria" indeed! We have arrived at a serious state of things if consultants, either unable or unwilling to recognise a case of acute mania, can bring themselves to call it "hysteria" in order that they may pander to the pride and prejudice of fastidious relatives who look upon this, one of the most affecting disorders that can afflict a fellow-creature, as a crime, or something to be ashamed of. Is it not rather the duty of a consultant to support the medical practitioner in his endeavour to induce the relatives of the sufferer to take a sane view of her malady, and do their best for her, rather than hand her over to such untrained and unreliable people as I have described, to be "policemaned" as a case of "hysteria"?

They who have spent their lives in endeavouring to ameliorate the condition of the insane must not stand by without protest and allow a reversion to those methods of barbarism which would be bound to follow any relaxation of the law, without something more to protect the unfortunate patients than the mere visits of a physician, who may have no special knowledge of the care and treatment they require. Above all, we must be satisfied that those who are allowed to take charge

of insane patients are properly trained and competent to do justice to their charge.

The point upon which the whole question hangs is that of adequate supervision. It is a very simple one. The Commissioners in Lunacy have all the facts in their possession. There is no need for any commission of inquiry about the lunacy laws. We know quite enough about them already. The appointment of Deputy Commissioners, together with local expert representatives of the Board in centres of the population, will, in my opinion, meet every requirement. By these means the vagaries of those who take charge of cases of doubtful or confirmed insanity will be held in check, and the friends and relatives will be controlled and guided by the firm but kindly supervision of trained experts, who are qualified by long experience to guide and direct them in the right way.

(¹) Read before a general meeting of the Medico-Psychological Association held at the County Asylum, Derby, February 12th, 1903.

Note on a New Case-book Form.(¹) By W. R. DAWSON, M.D., F.R.C.P.I., Medical Superintendent, Farnham House, Finglas; Examiner in Mental Diseases, University of Dublin.

THERE are two systems of recording cases in use in asylums. The first, dispensing with all but a very few headings, notes the facts in consecutive order, and their value or worthlessness depends entirely on the experience of the writer. The second (of which the method employed at the Murray Royal Asylum, Perth, is the most thoroughgoing example) seeks by numerous printed divisions to ensure that no fact of importance will be missed. Those who support the former urge that multiplication of headings encourages a mechanical and perfunctory manner of case-taking, that the resulting record is scrappy and disconnected, that intelligent amplification of salient features is sacrificed to the noting of many unimportant facts, and lastly that, as the divisions are never all filled in any individual case, the case-book presents an untidy and ill-kept appearance. It must be admitted that there is a good deal