

*The After-Care Association.*

The annual meeting of this Association was held at the house of Dr. Sainsbury (the son-in-law of the late Dr. Hack Tuke), under the presidency of the Bishop of St. Albans. His lordship, who had prepared himself for his duties by a visit to the Claybury Asylum, spoke most forcibly in favour of the Association, and made an eloquent appeal for the extension of its work.

The Association has continued to increase in the number of persons aided and in the efficiency of its aid. Branch Associations are being formed in various parts of the country, and will, no doubt, add in course of time to the numbers of persons assisted.

In many asylums offertories and collection-boxes have been established during the year, and these will probably add something to the income of the Association, which is still quite inadequate to the possibilities of its usefulness. The Association, however, differs from most charitable undertakings in not being in debt; it is hoped that this may be held to be, not a defect, but a merit.

The evidence of the good work done in the prevention of relapse is yearly increasing, and should, apart from other considerations, constitute a strong recommendation to asylum superintendents to support, encourage, and improve this charitable effort.

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*Table IV.*

Dr. Rayner's criticism of the table that I proposed to substitute for that of the Statistical Committee is very humiliating to me. That the table fell short of complete perfection I had some suspicion. I even attempted, in a subsequent communication, to repair some of its defects. That exception might be taken to its details, to its general arrangement, to the principles on which it was founded; that it might be discovered to be incomplete, erroneous, misleading, and generally vicious—for all this I was prepared. But I did hope I had made myself intelligible. Alas! even this shred of comfort is reft from me. I explained, at some length, that the objects I was endeavouring to classify were cases of insanity. Dr. Rayner accuses me of

attempting a classification of "Insane States." I would assure him, if I had any hope of making myself understood, that I should not have the heart to apply such a term even to the State of Utah. I tried with all my power of endeavour to make it clear that my primary division was made according to the time of origin of the disease, as congenital or non-congenital; that my secondary division was based upon the intensity of the symptoms, and my third division on the character of the symptoms; and these divisions were not only explained and expounded in the text, but embodied in the tables. Yet Dr. Rayner understands that my position is "that the only possible classification at the present time must be based upon symptoms, qualified by the principle of subdivision by intensity of the symptoms." I have therefore expressed myself so imperfectly that my first basis of division has made no impression on him at all, and he has gathered from my statement that I intended to put my third before my second. It is not to be wondered at that he should accuse me of departing from the path that I had myself pointed out. I can only wonder that he had the patience to read any farther.

I am happy in the supposition that Dr. Rayner admits the validity of my first two classes of non-congenital insanity—Fulminating and Acute. I think I am justified in assuming that if any conceivable objection to these classes had occurred to him it would have been stated. The class of sub-acute insanity is less fortunate. Several of the "symptomatic states" may co-exist, he asserts, in the same case. In constituting this class I said that objection might easily be made to it. It is satisfactory to find a prediction so early fulfilled. And I gave, as an instance, the very objection that Dr. Rayner makes. It is pleasing to find oneself supported by authority. But when he says that the symptoms enumerated in the table vary in their predominance from day to day, I must regretfully part company with him. Such has not been my experience. If it pleases Dr. Rayner, or anyone else, to supply omissions in the Table, or to add sub-classes to those I distinguished, I know not why they should hesitate to do so. The addition does not invalidate the principle of the classification any more than the omission does so.

Whether the committee intended their headings to be considered kinds or forms of insanity really does not matter in

the least. My criticism was directed against the elevation of mania and melancholia, which are manifestations of insanity, to the same level with general paralysis and folie circulaire, which include mania and melancholia among their manifestations. The criticism, if it is valid at all, remains valid whether we call them forms, or kinds, or sorts, or species, or genera, or families, or congregations, or flocks, or herds.

Dr. Rayner follows certain statements by the conclusion, "Insanity, therefore, is a clinical term for the symptom unsoundness of mind." I am unable to follow his reasoning, or to discover how his conclusion follows from his premises, and, as I have spent the last twenty years of my life in combating and denying this conclusion, I may be pardoned for hesitating to accept it with eagerness, though I should be the last to detract from Dr. Rayner's merit in rediscovering it, and establishing it on a logical basis—a task I still think impracticable.

I will not quarrel with Dr. Rayner's primary divisions, though I may feel a mild surprise at his statement that my own primary divisions agree with those of the Statistical Committee. Dr. Yellowlees will rejoice, I am sure, at the tardy repentance of so hardened a sinner as myself. But I must express my inability to understand how a defect can be acquired—at any rate on this side of St. George's Channel.

I fondly hoped that I had made clear the recognition of acute outbreaks occurring in chronic disease of usually mild intensity, and with this intention had provided a special column headed "Exacerbate" in my table, but here again I express myself so imperfectly that Dr. Rayner has to explain the facts to me. Any criticism that I might make of Dr. Rayner's Table would be so biassed by prejudice as to be valueless. I could not agree to the separation of emotional states from intellectual states, because in my view intellectual states are an integral and essential part of emotion. I do not regard simple depression or exaltation as an emotional state at all. I regard obsession as a disorder, primarily of desire, and perhaps of will also, but not in the least of the intellect. Stupor seems to me as well entitled to be considered a general malady as folie circulaire, and to exhibit deficiency, not only of will, but of intelligence, emotion, and conduct. But here again I feel myself incompetent to criticise Dr. Rayner's scheme, for he discards altogether from his concept of insanity that disorder of

conduct which seems to me its most essential feature. So I could go on making to every item in the table objections to which neither Dr. Rayner nor anyone else would attach any importance.

CHAS. MERCIER.

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*“Certifiability.”*

The terms, “certified lunatic,” “certifiable,” “certifiably insane,” &c., are commonly used as if some single definite meaning attached to them. I do not think this is the case.

More than one form of certificate is authorised by the Lunacy Acts. The Idiots Act, 1886, authorises one form. The Lunacy Act, 1890, authorises three forms—Form 8, Form 10, and a combination of Form 8 and Form 9. The effects of these certificates are severally very different.

(1) A certificate made under the Idiots Act, 1886, of itself, and without further authority, legalises the reception and detention of the certified idiot or imbecile in an institution registered under the Act. A person so certified is doubtless “certifiably” insane.

(2) A certificate made in Form 8 of the Lunacy Act, 1890, whether accompanied or not by a certificate in Form 9, does not of itself authorise the detention, or even the reception, in an institution, of the patient to whom it refers. The reception and detention need for their authorisation another document. Neglecting for the moment the case of the urgency certificate, the question arises: Does the making of a certificate, in Form 8 or in Form 10 of the Lunacy Act, 1890, constitute the subject of it a “certified patient”? Is he thereafter “certifiably” insane?

The certificate in Form 8 is in two parts. It states that the certifying practitioner is of opinion that the subject of the certificate is a lunatic or an idiot or a person of unsound mind, &c., and also gives facts indicating insanity. If the opinion is given and signed, does this of itself constitute a certificate, and, if so, is the subject of the certificate then a “certified” lunatic, and “certifiably” insane, whether or no the facts in the certificate bear out the opinion that the certificate expresses?

Certificates made in this form are made for the purpose of obtaining a judicial reception order. Two such certificates