OCCASIONAL NOTES OF THE QUARTER.

The Lunacy Bill.

"An Act to amend the Acts relating to lunatics," passed the House of Lords on April 16. Although its death and burial appear imminent,* it is only right to acknowledge the amendments introduced since the Bill was originally brought in by the Lord Chancellor. In the comments which we made in the last number of the Journal, on the form in which it then appeared, we pointed out some of the very objectionable clauses which it contained. It is satisfactory to know that should the Bill ever pass in its present form, the mischief done will be greatly lessened, in consequence of the pressure which has been brought to bear upon the framer of the Bill. Vested interests in proprietary asylums have been respected; the complete abolition of the system of single patients has been withdrawn, and County Justices are left to their discretion in regard to their provision of public asylums for private patients. Medical men are also still further protected from vexatious actions in lunacy. On many minor points the Lord Chancellor was induced to make modifications in the direction desired by the medical bodies, which have taken the Bill into their consideration and represented their opinions to his lordship.

On the other hand, further amendment is required in order to reduce what remains objectionable to a minimum, and to this end the Parliamentary Committee of our Association, and that of the College of Physicians, have drawn up reports upon the Bill, which contain important suggestions, and will retain their value, although the Bill is not likely to pass into law during the present Session of Parliament. In the endeavour to escape from the injustice which the Bill in its original form perpetrated upon the proprietors of licensed houses, the Lord Chancellor has introduced a limitation which some regard as a monopoly, and which it is generally felt would be objectionable in its working, as it is obviously open to criticism in theory. With regard to single patients, it is much to be regretted that with certain exceptions an order must be obtained from a Judge in Lunacy before they can be admitted. At the same time, as the Lord Chancellor has met the remonstrances of the profession by so considerable a

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modification of the original clause putting an end to the system altogether, it is not likely that further concessions will be made. Again, the clauses in the Bill which give power to the judicial authority who grants the order for admission to hold an inquiry and summon any person to give evidence when such authority is not satisfied with the medical certificates, are obviously open to very great objection, and they have in consequence been strongly opposed by the Parliamentary Committees to which we have referred. To other points on which the Bill as amended falls short of what we deem advisable, the document which follows makes reference. We will only enter our protest here against the system of appointing legal Commissioners in Lunacy. Patients themselves are alive to the absurdity of such appointments, and we well remember the rebuff given by one of them to a barrister, to whom he had begun to relate his case. He suddenly inquired whether he was speaking to a physician. On finding that such was not the case, he left him with the very sane remark, "Then I have no more to say to you."*

The following "Observations on the Lunacy Acts Amendment Bill" have been issued by the Parliamentary Committee of the Medico-Psychological Association, signed by the Honorary Secretary, Dr. Rayner:—

The Association has ever asserted the principle that the insane are sick persons suffering from disease, and that, in legislation relating to them, great care is demanded to prevent the legal disabilities entailed by insanity from militating against their receiving the careful, considerate, and judicious treatment required by their disease.

The introduction in this Bill of magisterial intervention in the procedure necessarily antecedent to the placing of an insane person under proper care, requires great consideration, that it may not by publicity or formality act as a deterrent to the adoption of appropriate treatment, nor, by its machinery, cause delay.

The Committee while holding the opinion that the magisterial intervention is unnecessary, and calculated to be antagonistic to the welfare of these diseased persons, recognises that with the safe-guarding provisions made in this Bill, the result of such introduction will have been

* Since the above was in type, a forcible letter, written by Dr. Batty Tuke, has appeared in the "Lancet" (May 30), enforcing the same opinion.

reduced (except in one respect to be hereafter alluded to) to a minimum of evil, while, indirectly, by the protection given to medical persons in signing certificates, the insane are advantaged.

This protection will remove the existing and daily increasing difficulty of placing insane persons under control, due to the reluctance of medical persons to expose themselves by so doing to vexatious prosecution by legal procedure.

While withdrawing opposition to the principle of magisterial intervention, and admitting that it may be in some respects expedient, the Committee affirm that it is contrary to the philanthropic principle of regarding insanity as a disease, and that its adoption is not based on any adduced or proven facts.

The power given to the magistrate (Clause 3, s-s 12) to "visit the alleged lunatic," appears to be in direct antagonism to the principle enunciated above.

In the case of a delicately-nurtured lady suffering from puerperal insanity, the feelings of her relatives (and her own on recovery) would be outraged, by the exposure of her possible obscenity and filthy conduct to a stranger, or, even worse, to a neighbour.

If the object of the magisterial "visit" is to determine the question of insanity, this would certainly be rather the function of a medical person, deputed by the magistrate, than of the magistrate himself, however experienced.

It is suggested that after "to do" (line 41, page 4), the words "appoint one or two medical practitioners" should be inserted.

A difficulty in the magisterial visit might arise, in the case of the insane person being removed on an urgency certificate to an asylum at a distance, say from Yorkshire into Kent. The power to depute a medical visitation would obviate this difficulty.

The power of demanding reports of mental state, property, &c., given to the Commissioners in Lunacy (in Clause 34, s-s 1 and 2) appears to be inquisitorial, and in many cases might bring the Commissioners into popular odium, even if exercised with the greatest circumspection.

The suggestion is made that insane persons under the charge of near relatives should be excepted by the insertion after "person" (Clause 34, s-s 1, page 25, line 14) of the words, "other than a husband or wife or relative within the first degree."

The posting of notices, as directed in Clause 38, s-s 2, is felt

to be contrary to the spirit of treatment, which has hitherto prevailed in asylums, of withdrawing the mind of the patient as much as possible from the fact of his detention and condition.

This regulation would continually remind him of, and direct his attention to, these circumstances, and such notices would be entirely out of harmony with the environments of the majority of private patients.

The Committee wish strongly to express the feeling that the penal clauses in the Bill are excessive in number and severity, and could only be justified on the assumption that in the past, professional men engaged in the treatment of insanity had been guilty of conduct calling for stern repression; an assumption which would be indignantly repudiated, and which the facts of the Parliamentary Inquiry (in 1877) would prove to be without foundation.

The Committee are grateful for the protection accorded against unfounded prosecutions by clauses in the proposed Bill; but are of opinion that, since vexatious proceedings are often commenced by recovered or imperfectly recovered lunatics, further protection should be given, so as to prevent asylum medical officials being mulcted in the initial costs. Such protection might be given by adding to Clause 5 a subsection to the effect that "no proceedings should be undertaken under this clause except by the direction of the Attorney-General, and after deposition of a sum equal to the probable costs of the defendants."

The remuneration of physicians "summoned" (Clause 3, s-s 13) to attend the inquiry on an adjourned petition is felt to be doubtful. A leading physician might be summoned a distance of several hundred miles. Would the remuneration in such a case be the fee of an ordinary witness, or proportioned to his professional standing? If the latter, would not the petitioner in this way be heavily fined by such adjournment, if such expenses are paid by him. The liability to such additional costs would deter petitioners from employing men of eminence, and the non-payment of just fees would deter the latter from signing certificates.

The Committee fully recognise the justice of the provision that no private asylum shall be refused its license except on the ground of unfitness, and wishes to reiterate the opinion that these establishments have done good service in the past in the treatment of the insane, that they have been progressive, as certified by Lord Shaftesbury in 1877, that their competition

with public asylums is beneficial, and that they supply to certain classes, by their privacy and individuality of attention, a want which the public asylums will never entirely fulfil.

The Committee, while acknowledging the important changes which have been made in the Bill in regard to the vested interests of the proprietors of licensed houses, are opposed to establishing a limitation in these institutions, and would, in the interest of private patients, prefer free competition. In addition to the essential objections attaching to such limitation, there is much reason to fear that the object in view, that of eliminating the worst asylums, will not be secured. On these and other grounds, the Committee are of opinion that it would be better not to interfere in any way with private asylums by repressive legislation, but trust to the voluntary discrimination of the public in deciding whether to place their friends, when afflicted by mental disease, in public or private institutions.

The Hospitals for the Insane, which are benevolent institutions, would seem to be undesirably affected by the clauses of the Bill referring to them.

To confer power on a State department summarily and without appeal to close these important institutions, managed by an unpaid body of Governors, is without parallel or precedent.

The Medical Superintendents of these institutions, who are paid officers of the governing bodies, are made responsible, under certain circumstances by a severe penalty, for the admission or retention of patients, whose admission or retention they (the Superintendents) are absolutely unable to limit or control.

In reference to "Boarders" in Hospitals and Licensed Houses, interference with the present regulations is considered unnecessary and even harmful, with the exception of the proposed removal of the limit imposed by the necessity of a previous residence in an asylum, which the Committee regard as an advance on the existing regulations.

Boarders, when relapsing into insanity, often demand their discharge from the control under which they had voluntarily placed themselves when still retaining their self-command: to enable them to summarily demand their discharge, Clause 32, s-s 5, would expose them to the danger of suicide, &c., and would not give time to their medical guardians to communicate with their friends and thereby prevent anything untoward resulting from the returning insanity.

As the clause stands, medical men would have to face the alternative of breaking the law and incurring penalties by detaining an insane person, or of turning out on the world a possibly dangerous lunatic.

The governors of a hospital would appear to be as freefrom taint of interest as the magistrates governing other asylums, and the opinion is held that both petitions and certificates might without disadvantage be signed by them.

The Association numbers upwards of four hundred medical men engaged in the treatment of insanity, and their varied experience, as well as the interest naturally felt by them, seems to impose the duty of bringing the above observations to notice.

Classification of Insanity.

It will be remembered by readers of the Journal that the subject of the classification of mental disorders was discussed at the Congress of Psychiatry, held at Antwerp in September last, and that certain members of the Congress representing different nationalities were appointed to obtain the best-recognised classifications of medico-psychologists in their respective countries, in the hope of obtaining an international system on which all might agree for practical purposes. The nomination of this Commission arose out of a paper read by M. Lefebvre, Professor in the University of Louvain, in which he himself laid down as types of mental disease, idiocy, cretinism, general paralysis, dementia, toxic forms of insanity, mania, melancholia, and circular insanity. The author did not confine himself to classification, but included in his statistical investigations, the number of insane persons in a given area, the causes of insanity in general, the duration of the disease, and its termination and mortality. However, the question of classification took precedence of all others.

The subject was brought under the notice of the Council of the Association by Dr. Hack Tuke, and, after mature consideration, the following report was drawn up by the Council, and forwarded to the Society of Mental Medicine in Belgium, which undertook to receive and digest the various communications made by the physicians nominated by the Congress for this purpose:—

"The Council of the Medico-Psychological Association of Great Britain and Ireland, having been requested by one of their