inserted to meet a common and frivolous objection to all classification—namely, that you cannot tell what an acute maniac will be in the future; therefore you must not classify him as an acute maniac. Katatonia is surely as clearly to be differentiated as confusional insanity. I am perfectly willing to place confusional insanity after mania as No. 3 of the list. It is a very definite disorder, and might therefore be removed from the subordinate position originally assigned to it.

Dr. ROBERTSON.—Seeing that you have mentioned the figures just now, I think that *stupor* should come in after mania. I would make stupor No. 3.

Dr. URQUHART.—Then about this question that Dr. Easterbrook raised; it does not very much matter to us whether we use the term "recent" or "acute" if we are agreed as to the meaning of each.

Dr. EASTERBROOK.—Yes, and that is why we should keep acute as meaning recent.

Dr. URQUHART.—I fancy from what I heard the other day that "recent" will be adopted. I am afraid you cannot get rid of the term "acute" in favour of "mild, moderate, or severe." If the Board of Lunacy have accepted "imbecility" only in a return from Dr. Turnbull, it has been accompanied by strong certificates. There is no doubt that "imbecility" is not a statutory term, and unless you add something to bring it within the statutory meaning it will not be accepted, for imbecility does not necessarily mean that degree of mental unsoundness which demands detention in an asylum. "Imbecile children" are mentioned in a Scottish Act, as Dr. Ireland said, but I presupposed that the debate was in reference to asylum returns.

Dr. ROBERTSON.—Imbeciles have been distinctly excluded.

Dr. TURNBULL.—I would like to get the reference.

Dr. URQUHART.—I think that our division should recommend this classification generally, without committing themselves to the details, for the consideration of our committee in London. That is all I desire to be done with it. I shall approach the President of this College myself.

Dr. IRELAND.—I daresay there would be no objection to Dr. Urquhart's classification as a whole; in fact, there has been a general approval of it, and there would be no difficulty in recommending what he has suggested.

Dr. EASTERBROOK.—As the only member of the Statistical Committee present, I can assure you that it will be submitted for their consideration. I suppose that that is all that one can do, and I would mention to them that it met with general approval here.

Dr. IRELAND.—Of course Dr. Urquhart knows about paranoia? It has been frequently patronised in this country. You put that under delusional insanity?

Dr. URQUHART.—Yes, but that will be a question for the Statistical Committee. It is a much more convenient term than "delusional insanity," but whether it should be accepted finally I am not prepared to say.

Dr. IRELAND.—I remember one German putting half of his cases down as paranoia.

Dr. URQUHART.—Probably he was pleased with the blessed word.

The Care and Treatment of Persons of Unsound Mind in Private Houses and Nursing Homes.[1] By ERNEST W. WHITE, M.B.Lond., M.R.C.P.Lond., President Elect of the Medico-Psychological Association of Great Britain and Ireland; Professor of Psychological Medicine, King's College, London; Resident Physician and Superintendent, City of London Asylum.

MY paper to-day is the natural outcome of the address by Sir William Gowers upon "Sanity and Insanity, Lunacy and

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Law, the Views of a London Hospital Physician, particularly in regard to Private Patients," given at our last general meeting in London. The discussion which followed was hardly worthy of the subject. Most of the earlier speakers, although eminent general physicians, had had little or no experience in the care and treatment of the insane; therefore, when the turn came for those practically acquainted with mental diseases to speak, the hour was advanced, the audience was weary, and an all too exacting brevity resulted.

To-day the alienist's side of the question can be fairly stated. My wish is to deal with it as briefly and appositely as possible, in order that the discussion may be as thorough as we can make it. I hope all who have had practical experience of single care, and of the treatment of mental cases in nursing homes, will assist us in our search after truth, that the best results may accrue to those who suffer from this, the saddest form of human ailments. I propose to treat the subject by a series of questions and answers, with illustrative cases here and there.

What is certified single care? It is the care and treatment of a duly certified person of unsound mind in a private house. The forms for admission are identical with those for the admission of a private patient to a public or private asylum or registered hospital. There is a like order made by a judicial authority. The medical attendant takes the place of the medical officer in institutions, and must visit at stated intervals and make the customary reports to the Commissioners and Visitors in Lunacy. A registered practitioner with whom a single patient resides cannot act as medical attendant. The residence is approved by the Commissioners in Lunacy, and the patient visited periodically by them and the medical and other visitors for the county or borough. Chancery patients are visited by the Lord Chancellor's Visitors in Lunacy. Facilities of access are given to friends by Statute. Thus abuses are guarded against, and there is efficient official supervision.

What are the advantages of certified single care? They seem to be—

1. Privacy.
2. Domesticity.
3. Secret visits of friends.

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4. Avoidance of the stigma of treatment in a lunatic asylum.

1. *Privacy.*—The rich and well-to-do try their utmost to keep secret the mental breakdown of any member of the family for well-known reasons; hence single care at a distance from home is the desideratum.

2. *Domesticity.*—The upper classes often dread the contact of their relatives with other insane patients, and complain of the lack of the comforts of home life in public and private institutions. These objections are now removed by the villa residences attached to public and private asylums and hospitals for the insane.

3. *Secret visits of friends.*—In single care the relatives, if so disposed, can visit unobserved, and much more frequently than they can in an asylum or hospital.

4. *Avoidance of stigma of insanity.*—The sting of certification is in the magisterial inquiry. Young and inexperienced justices often investigate the cases more fully than is necessary. They place too little reliance upon the facts contained in the medical certificates. The terrors of certification are thereby increased. The form of the medical certificate needs revision; the term "alleged lunatic" should be removed. The word "asylum" should be applied only to an institution for "the chronic and incurable insane." "Hospital for mental diseases" should be used for an "institution for acute and curable cases." The terms "lunatic" and "lunacy" should be removed from the Statutes, "person of unsound mind" and "insanity" taking their places. For years past the terms "lunatic, lunacy, and pauper" have been forbidden at the City of London Asylum, and the word "asylum" only used for statutory purposes.

What are the disadvantages of certified single care?

1. The absence of skilled medical treatment.
2. Unskilled nursing.
3. Monotony.
4. Insufficient moral control.
5. Interference of friends.
6. Limited supervision.
7. Want of tact and business capacity on the part of the custodian.

1. *The absence of skilled medical treatment.*—The general

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practitioner as a rule knows but little of the treatment of mental disease. Psychological medicine has only recently become compulsory in the medical curriculum. Moreover I am sure you will all agree with me when I state that the knowledge of the proper treatment of mental diseases is not to be acquired in the rounds of general practice or in the consulting room, or even, at present, within the wards of a general hospital.

2. *Unskilled nursing.*—The nurses (male and female) having charge of single patients have, as a rule, had no special training in the management of mental cases, and, although perhaps hospital trained, are quite unqualified for the work. No nurse is qualified to undertake a mental case in single care unless possessed of the nursing certificate of the Medico-Psychological Association, which is a recognised guarantee of efficiency. The responsibility with single patients is the greater because the nurse, from want of skilled supervision, is so frequently thrown upon her own resources.

3. *Monotony.*—We all know of the many associated amusements and means of recreation provided in institutions for the insane. How dull must be the life of the patient in single care in this respect!

4. *Insufficient moral control.*—The moral decadence of the upper and upper-middle classes when insane is far greater than of the agricultural and industrial populations. Sedentary life, luxury, and high living tend to bad habits. Self-abuse is far more common amongst private patients than amongst the rate-paid. The moral control—I would rather term it "school discipline"—of our institutions is one of the most potent means we possess for successful treatment. The day is apportioned out to meals, employment, recreation, and amusements. The will is made subordinate to others, bad habits are corrected, and in many instances our patient is thereby conducted back to rational health.

We admitted in October last a lady who had been under certified care since the previous January—that is, for upwards of nine months. Upon admission she had hallucinations of hearing, her expression was vacant, she walked about aimlessly, did nothing, was faulty in habits, wet, etc., and was drifting to dementia. We put her under proper discipline, roused her from her lethargy, gave her shower-baths morning and evening, which have been continued to the present time. To-day

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(December 15th) she is industrious with her needle, bright and thoughtful of others, takes part in the associated amusements and recreations, plays the piano and sings well, has regained her self-respect, and is most tidy in her appearance and dress; in fact, is rapidly approaching convalescence and discharge, to the intense delight of her relatives and friends. (She left recovered on February 6th.) Now in single care the sufficient moral control of such a case as this is wanting.

5. *Interference of friends.*—With single patients the friends either get them removed as far from home as possible, satisfy themselves that they are well housed, well clothed, well fed, and kindly treated, and visit them only when obliged, for sympathy for the insane relative generally quickly dies; or the patient may be visited much too often, the treatment of the medical attendant and management by the nurse being interfered with, to the great detriment of the chances of recovery.

6. *Limited supervision.*—Certified single patients are taken for profit by needy practitioners, decayed ladies, etc. The official supervision of these custodians is limited. How can we guarantee in all cases humane treatment by nurses? also proper food and environment at all times? We must remember the best mental trained nurses remain in the asylum service or become attached to the better nursing institutes of the metropolis. Therefore we have not always the most reliable people in charge of the patients under consideration. On the contrary, it is an absolute fact that in a great number of cases the nurses in charge have not had any mental training whatever; frequently they are hospital-trained nurses who are sent out by institutions to whatever case may turn up. I have heard also of asylum laundrymaids posing as mental nurses on the books of such institutions.

7. *Want of tact and business capacity in the caretaker.*—Decayed ladies and retired nurses are not possessed of much business capacity, tact, or energy in the duties of the house.

What is uncertified single care? It is the taking charge of a person of unsound mind (not under certificates) in a private house or nursing home. I believe hundreds of insane patients of the upper and upper-middle classes are at the present time under care and treatment without being certified in the various counties of England and Wales, not to say the Channel Isles and near the Continent. What happens is this:—A member of a

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family, probably with neurotic inheritance, develops mental symptoms. The parents dread certification, and, because of the so-called "stigma of insanity," avoid as long as possible the alienist physician being called in, but consent to a "nerve specialist" being consulted. To the neurologist the patient is taken; he duly prescribes and advises. After a short time the symptoms become more pronounced and home treatment is impossible; the patient must go away. Then the assistance of the decayed gentlewoman is sought, that she may undertake the remunerative care of the insane person; or a nursing home is selected, with which some practitioner in a suburban or rural district is connected. The neurologist sees the case from time to time in consultation. He considers himself well qualified to treat this form of disease, and in the interests of humanity (as Sir William Gowers tells us) is accessory to an evasion of the law. Ultimately, in many instances, owing to an exacerbation of the symptoms (some attempt at suicide or homicide, etc.), certification becomes imperative, and to a recognised institution for mental diseases the patient is sent. It is from these cases many of us have to glean our recoveries, and a difficult task it is at so late an hour in the day of disease. Let us consider two or three cases to illustrate uncertified single care.

Several years ago I was asked to see a lady patient suffering from an attack of acute mania. She was at a farmhouse at a short distance from a country village. Upon arrival I jumped out of my trap and was walking through an orchard to the house, when I beheld the patient among the fruit trees, but in the broiling sun (it was early in August). On either side of her was a hospital nurse, the one pulling one way, the other the other. The patient, a fine muscular young lady of twenty-five years, was semi-nude, with many bruises of the neck, chest, and arms; her hair was dishevelled, her clothes were untidy and torn, and she did not appear to have been properly washed and attended to. Sedative medicines had been given, even to nausea. All were of no avail. The nurses had not had asylum training; the patient was not taking sufficient food; the bowels were not properly looked after; and she was not under proper moral control, although physical control was by no means wanting. Secrecy was the order of the day, so to this out-of-the-way place she was sent, and visited by a medical practitioner daily. The case had been drifting for about ten weeks. I told the father

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the patient ought to go to an institution for the insane, and she went without delay. She improved at once, and was discharged, recovered, within two months. This lady has had no relapse, but has since attained success as an authoress.

I will now give you a case of uncertified single care in which the alienist even failed, and you will see the reason. Six years ago I was asked to visit in consultation a lady suffering from puerperal insanity. The attack had occurred five weeks after parturition, and the symptoms at first were a mixture of mania and melancholia. The patient had a very bad family history. The father died of general paralysis of the insane, a brother had for some years been insane, and a sister has since had an attack of mania from which she has recovered. The family is one of typical neurotic inheritance. We had ample means at our disposal, and an excellent opportunity offered for treating an acute case (uncertified) under the most favourable conditions, for the house was a large old manor-house with extensive grounds, surrounded on all sides by a wall some ten to twelve feet high. We converted a suite of rooms on the ground-floor into quarters for our patient, who took exercise for hours daily in the old-world gardens, and we secured trained nurses for night and day duty (one had been trained at the City of London Asylum); in fact, converted a most suitable residence into a complete private asylum for one patient. The family medical attendant visited twice a day. I met him in consultation three times a week. This went on for two months. Sometimes the patient was better, sometimes worse. At last I said to myself, "This patient won't get well here. She is not under sufficient moral control. She knows she is at home, in the home of which she has been mistress for years; she does not therefore subordinate her will to others. She must be certified and go to a private asylum." The husband, who was tenderly attached to his wife, but a man of sound common sense, agreed with me at once; not so, however, the mother-in-law! I then proposed that another alienist should see the case with me, and the husband said, if he were of the same opinion as myself, the patient should go from home, even at the risk of the ire of the mother-in-law. The consultation was held, we agreed, and the patient went to a private asylum to improve quickly, and to recover under moral discipline in about three months.

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And now let us consider a case of uncertified single care in which a good and permanent recovery resulted. Some sixteen years back I was consulted regarding a physically healthy young lady who had developed suicidal tendencies and homicidal impulses. She had threatened to drown herself, and had attempted to strangle her sister, with whom she was sleeping. There was no inherited tendency to mental disease. The causes were indolence, self-indulgence, and the habit to which I have alluded as so common in the upper classes. The relatives begged that she should not be certified. Fortunately I knew a medical man who had been an assistant medical officer in a county asylum, and who thoroughly understood the requirements of our patient. Into his house she went, and was never left night or day. In the morning she had a shower-bath on rising. After a light breakfast she was taken for a long ride on a double tricycle with her trained companion. After the midday meal she had another tricycle ride, wet or fine. A diet was arranged with limited animal food. The bowels were carefully regulated, and a suitable night draught given when needed. She improved steadily, and recovered completely in about four months to remain well ever since. In this instance an alienist directed the case with a skilled medical attendant, and trained nurses saw the instructions carried out.

Next let us consider a case where a young lady suffering from incipient insanity was in a nursing home, uncertified, under the charge of a mental nurse for two months, at the end of which time she had to be certified and sent to a public asylum receiving paying patients.

A lady was admitted into the City of London Asylum in July last suffering from melancholia. She was, on admission, agitated and emotional, heard voices which told her of unfortunate occurrences to her friends, thought she had been very wicked, was troublesome with her food, etc. After moral and medicinal treatment she steadily improved, and was recommended for discharge as recovered on December 15th last, then having been convalescent a month. She weighed on admission 7 st. 11 lbs., and on discharge 9 st. 11 lbs. She told me that in the nursing home nothing was done for her, and the life was painfully dull and monotonous; the nurse sat near her all day doing her needlework and seldom spoke, but watched her carefully. There were three other ladies in the

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house, of whom she saw but little; she thought they were mental cases.

What are the advantages of uncertified single care?

1. Avoidance of the so-called "stigma of insanity."

2. Secrecy.

3. The so-called continuity of medical treatment (doubtful if unskilled).

4. Freedom from contact with other persons of unsound mind.

5. Domesticity.

What are the disadvantages of uncertified single care?

1. Insufficient general and moral control of the patient. There is no legal power of detention, for the patient is in full possession of civil rights.

2. The patient's property is not safeguarded from unworthy relatives, solicitors, medical men, caretakers, and nurses.

3. Frequently there is unskilled medical treatment, or none at all.

4. Unskilled nursing as a rule.

5. Monotony in some out-of-the-world place.

6. Interference of friends.

7. Want of official supervision.

8. Incapacity of caretaker.

The want of official supervision is perhaps the most serious of these disadvantages, for I have heard of inhuman and cruel forms of personal restraint which have been used upon these unfortunate patients, even since the passing of the Lunacy Acts, 1890–91, and is not this what we should expect with no official supervision? In 1893 we sent two nurses to a well-known southern seaside resort for a private patient who had been acutely insane, but uncertified, for seven weeks. The nurses found the patient roped by the wrists and ankles to the four corners of the bed. She was in a filthy state, and she had been tied down for days. Men had been called in to assist in the roping process. The patient's wrists and ankles were much marked, bruised, and abraded. The hospital nurses in charge of the case were afraid of their lives, but upon our nurses clearing the room and removing the ropes, the patient accompanied them without a murmur, and gave no trouble on the journey.

I have heard of another lady being roped to a bedstead like

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a monkey to a pole, with just sufficient rope to allow her to attend to the calls of nature.

We recently admitted a lady who for months had been at a seaside resort with a caretaker, in whose house a room had been fitted up as a strong-room, with iron bars in place of the lower panels of the door. An occasional peep at the patient was taken through the "grille." This, I presume, was supposed to be curative treatment under single care. The physician who was an eye-witness in the last two cases is present to-day, and will verify my statements with fuller details. Let there be no disguising the fact, mechanical restraint of an advanced type is often resorted to with uncertified patients in single care by unskilled nurses and heartless caretakers. We, who know how the excited patient frets and struggles even to exhaustion under mechanical restraint, and how fearfully it reduces the prospect of recovery, must raise our voices in no uncertain strain, in the interests of suffering humanity, against any relaxation of the law which will open the gates any wider to such barbarisms.

What is the suggested notification of mental cases? It is that in all cases of mental unsoundness in which certification and compulsory detention seem needless, and in border-line cases, there shall be a system of notification to the Commissioners in Lunacy by any one receiving payment to the effect that "A. B— is a person of unsound mind and is not a proper person to be detained." It has been also suggested that this notification shall be to the local authority. It is presumed, in the first instance, it will be followed by the visit of a Commissioner in Lunacy or some one deputed by the Commissioners, and, in the second, by a medical officer appointed by the local authority.

What would be the advantages of such notification? They would be the same as those given under the heading uncertified single care (*vide supra*).

What would be the disadvantages? These, again, would be identical with those given under certified single care (*vide antea*), with, in addition—

9. Increased official expenditure from the necessary appointment of deputy or district Commissioners to inquire into the numerous class of cases which would rapidly crop up. In an article on "Lunacy Law Reform" in the *Lancet* of December

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27th, 1884, I suggested the appointment of Deputy Commissioners in the following terms:—"District experts as medical officers of insanity, occupying analogous posts with those of coroner and medical officer of health, with fixed salaries, these officers to be elected from their experience in the specialty and to be allowed to practise as pure physicians. Their duties would be to examine all supposed lunatics in consultation with the medical man in attendance, to sign all necessary certificates, to visit all single patients and patients in private asylums in their districts, to report thereon from time to time to the Commissioners in Lunacy, and so act as district agents for the Commission, or Deputy Commissioners. They would have power to order the discharge of any single patient, or any patient from any private asylum in the district, should such a course be desirable on account of recovery or otherwise. They would also have authority to prevent the removal of any patient by his or her friends when such removal was calculated to be fraught with danger to the patient or others." Many of the suggested reforms in that article were adopted in the Lunacy Acts, 1890–91. This was not, for the obvious reason—expense.

10. I am afraid notification, unless under the most efficient official supervision, would encourage a continuance of the evasion of the law, or at least would delay proper remedial treatment, in consequence of the patient not being under proper moral control.

What cases are suitable for care and treatment as certified single patients?

1. Quiet and harmless tractable imbeciles.
2. Quiet and harmless chronic dements.
3. Certain general paralytics in the last stage.
4. Hypersensitive patients convalescing from melancholia.

What cases are unsuitable? All others.

What cases are suitable for care and treatment uncertified?

1. Transient cases of mania and melancholia dependent upon drink and abuse of drugs.

2. Certain border-land cases where the symptoms are undeveloped.

3. Other cases in which the symptoms are not severe, and which have a definite exciting cause not likely to be long operative.

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How should they be protected against abuses? By proper and complete official supervision. I have been for years past and am still in favour of the appointment of Deputy Commissioners for districts as defined above, such appointments to be made from those skilled in the treatment of mental diseases.

What is the suggested temporary care and treatment of the incipient insane? In 1899 the joint Committee of the British Medical and Medico-Psychological Associations, of which I have been a member by your courtesy since its formation, waited upon the Lord Chancellor at the House of Lords. It urged the necessity of early legislation for the incipient insane. It told him how numberless border-land cases were smuggled away in the country, the Channel Isles, and on the Continent, to avoid legal certification, how their chances of recovery were imperilled thereby, and how the possibilities of inhuman care existed. As a consequence, he introduced into the Lunacy Bill of 1900 the following clause, adapted from the existing clause in Scottish Lunacy Law:

1. If a medical practitioner certifies that a person is suffering from mental disease but that the disease is not confirmed, and that it is expedient, with a view to his recovery, that he be placed under the care of a person whose name and address are stated in the certificate, for a period therein stated, not exceeding six months, then during that period the provisions of Section 315 of the principal Act shall not apply.

2. The certificate must not be signed by the person under whose care the patient is placed.

3. Where a medical practitioner signs any such certificate he shall within one clear day after signing it send a copy of it to the Commissioners, and the Commissioners may visit the patient to whom the certificate refers.

I believe this clause with its three sections will meet all the requirements of the case for the insane of the upper and upper-middle classes, provided the Deputy Commissioners above named be appointed.

As several of the county and borough asylums are at the present time admitting private patients in large numbers, would it not be well that the voluntary boarder system appertaining to registered hospitals and private asylums should be extended to public asylums? There are many patients, incipient and border-line melancholic cases, who lack self-confidence, and who,

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if they can place themselves under the sheltering wing of an institution giving them medical and general supervision, will rapidly regain their mental balance, and thus escape certification. Those who have had ample experience of the voluntary boarder consider the legislation regarding him has been productive of much benefit.

Having surveyed the subject in detail, we must now consider the various points, not already discussed, to which allusion was made by Sir William Gowers.

The contemplation from the train of the wall of Hanwell Asylum we are told prompted him to lead a crusade against the existing Lunacy Laws. He thought of those the wall excluded and those it included. Now the wall of Hanwell (the oldest of our London county asylums) is an anachronism! The asylums of to-day have no walls! and while the buildings include those committed to the humane and skilled care of the medical officers for treatment, they do not exclude those who desire to gain knowledge regarding mental diseases. The love-lorn Kentish cavalier, when he wrote in his prison in Westminster the lines, the first of which Sir William quotes, little thought they would be applied to an asylum for the insane some 250 years later on. Let us contemplate these lines.

> " Stone walls do not a prison make,
> Nor iron bars a cage;
> Minds innocent and quiet take
> That for a hermitage.
> If I have freedom in my love,
> And in my soul am free,
> Angels alone that soar above
> Enjoy such liberty."

We do not acknowledge the walls as part of our treatment to-day! Nor are iron bars necessary in institutions for the insane. They appear, as we have seen, to be only required for uncertified patients in single care! Our cavalier, although imprisoned, was happy withal in the freedom of his thoughts.

Sir William Gowers tells us that in many cases certification is harmful and unnecessary. Many of us differ from him upon this point.

We recognise in certification the means of placing the patient under proper control for treatment, and we are satisfied that the chances of recovery are, in many instances, greatly increased

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thereby. The cases quoted by him as suitable for treatment without being duly certified were peculiarly unfortunate. They all had delusions of persecution, and these patients, as we alienists know, may at any time become actively homicidal or suicidal by impulse. They should certainly all have been under certificates, both in the interest of the public and of themselves. Sir William Gowers states that every patient received for payment and uncertified is a free agent—can leave or be removed at any time. Such is not my experience with uncertified insane patients in single care. Furthermore I do not admit that certification is in any way disastrous to the patient, or the painful distress to the friends it is stated to be.

Sir William speaks of the "divorce of psychological medicine from general medicine." There is no divorce! They have always been separate and distinct, and must remain so from the very nature of mental disease, and the treatment demanded. The moral side of this treatment is all-important, the medicinal only accessory, and that in quite a minor degree. The days of chemical restraint and of the exhibition of medicinal nostrums for insanity are past and gone. We have too many proofs of the value of our more enlightened system to wish to revert to them. Let the general body of our profession make themselves thoroughly acquainted with this system; they will then recognise the vital importance of the daily contact of the mental physician with his patient, to control the management and moral treatment of the case, the necessities of which are ever varying.

We are told that the "master of method" is necessary for the full and proper development of the normal mind of youth; that a scholar who has not had training as a schoolmaster is unequal to perfecting a student's education in classics, mathematics, or the higher sciences. How much more, then, must the "physician of method," trained by long experience and daily contact with the insane, be essential for the re-education of the abnormal mind, for the replacing of the unhinged mind upon its hinges, for the dispelling of the hypochondriacal delusions of the melancholiac, and for the calling back to mental life again of the *quasi*-demented patient in mental stupor! Speaking after thirty years' experience as a public asylum physician and thirteen as a lecturer on mental diseases, I would state unhesitatingly that to comprehend the vagaries of the mind diseased

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to lead that errant mind back to health, and to recognise the means by which this end can be attained, are problems only to be solved by those who have made the insane their intimate and lifelong study.

Note appended February 7th.

Sir William Gowers has just published in pamphlet form his address of November 20th, 1902, with a Note. I observe the title is altered. It now reads, "An Address on the Prevention of Insanity." Would not "On the Evasion of Insanity" be more appropriate? In the Note he draws attention approvingly to Sir William Church's suggestion that notification should be to the local authority, the facts of each case to be subsequently investigated by the medical officer of health or some other official appointed by the local authority. What does the medical officer of health know of mental diseases? Is he qualified to decide such a case? And who is the other official suggested? Who but one skilled in the treatment of insanity is qualified to decide whether the conditions under which the patient is placed are such as are likely to promote recovery, or whether certification is necessary in his or her own interest? Sir William Gowers is in error when he states that provision is already made for the reception of border-line patients as voluntary inmates of public asylums. At present voluntary boarders cannot be taken in county or borough asylums, but only in registered hospitals and private asylums. He tells us, moreover, that it is a sarcasm to suggest that patients on the verge of mental derangement would place themselves in lunatic asylums. Is he not conversant with that large class of cases of incipient melancholia in which the patient lacks self-confidence and self-reliance, is imbued with a sense of impending trouble, and consequently eagerly seeks admission into a private asylum as a voluntary boarder, and expresses a feeling of relief when under the sheltering wing of the institution? The limitation Sir William Gowers takes objection to in connection with the clause for the treatment of incipient insanity, "that no person under this section shall receive more than one patient at the same time," is in accordance with the principle of the Lunacy Acts, 1890, 1891, that private asylums are to die out by gradual extinction, for no

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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

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