

## THE JOURNAL OF MENTAL SCIENCE,

[*Published by Authority of the Medico-Psychological Association*]

---

No. 104. NEW SERIES,  
No. 68. JANUARY, 1878. Vol. XXIII.

---

### PART 1.—ORIGINAL ARTICLES.

*The Evidence Given Before the Select Committee of the House of Commons on Lunacy Law, 1877.*

Most of our readers are aware that on the 12th February, 1877, on the motion of Mr. Lewis L. Dillwyn, M.P. for Swansea, a Select Committee was appointed by the House of Commons, "To enquire into the operation of the Lunacy Law, so far as regards the security afforded by it against violations of personal liberty." That Committee consisted of Mr. Stephen Cave, chairman, Dr. Lush, Mr. Woodd, Mr. Ramsay, Mr. Leighton, Mr. Tremayne, Mr. Herschell, Mr. Goldney, Mr. Joseph Cowen, Mr. Kavanagh, Mr. Butt, Mr. Birley, Mr. Hopwood, Sir Trevor Lawrence and Mr. Dillwyn. It was generally understood at the time, and came out more clearly in the course of the enquiry, that the chief reason for the appointment of this Committee was the fact that strong statements as to the inefficiency of the present Lunacy Acts for the protection of the personal liberty of sane people had been confidently made and most industriously circulated among the public and Members of Parliament by a few persons and a small society, who said they could produce facts in support of their statements. It was generally understood at the time, and came out also during the enquiry, that most of those persons had had personal experience of the deprivation of personal liberty authorised by these laws. It certainly could not be truthfully said that there was any kind of public excitement on the subject of lunacy, or any public demand for an enquiry, nor had any lunacy *cause célèbre* occurred recently to draw attention to the subject. To most persons engaged in administering the Lunacy Laws, the appointment of the Committee came as a surprise, and most of them, at least in the provinces, did not look on it in any kind of serious light. We fear they thought of it chiefly as a sop thrown to satisfy a few noisy importunate lunatics who were at large, so that few of them offered

their evidence, or made any preparation to lay the results of their experience before the public. To this is due the fact that the non-official persons who gave their evidence before the Committee seemed to have been taken quite at hap-hazard, and that there was no proper representation of the different classes of persons who administer the Lunacy Laws, or have to do with lunatics throughout the country. Far too many of certain kinds of people were examined by the Committee, and far too few of others. This is self-evident when, in looking over the list of witnesses, one finds that 17 out of the 59 witnesses were Government officials; that out of the 26 members of the medical profession examined, all but three were specialists, and 14 were London men. The medical profession in general, apart from the specialty of psychiatric medicine, were as nearly as possible unrepresented, for only one of the three of their body was examined on anything but special points connected with individuals. And this in an enquiry as to how the Lunacy Laws affect the liberty of the subject, when 180,000 people have been certified insane and their liberty taken from them by the general body of the profession, under the authority of the Lunacy Act of 1845 ! Of that great body of medical officers of unions who certify nearly all the pauper lunatics, not one was brought before the Committee. Out of that most intelligent, public-spirited and large minded body of country gentlemen who compose the Committees of Visitors of the County Asylums, and who have had the whole labour of carrying out the Lunacy Acts in the English Counties, only one was examined on any general question. Not a single Visitor of a provincial licensed house was called to be examined as to how their work was done. Not a single independent representative of the legal profession, which has practically so much to do in carrying out the Lunacy Acts and managing the property of the insane, was asked to give his evidence. The whole body of Poor Law Guardians, who levy the lunacy rates, and represent the public as regards their expenditure, were conspicuous by their entire absence. One might have thought that a few really recovered lunatics could have been got to give a true and impartial account of their treatment while insane. As for Ireland, not a doctor but Inspector Nugent, not an official of any Asylum, public or private, not a governor of an Asylum, not even a half-cured Irish lunatic, appeared to tell how the insane of that country are treated. Scotland was represented by its two Medical Commissioners, and one

asylum physician from the provinces. Surely one or two of the Sheriffs, those all important officials by whose signatures every lunatic in Scotland is deprived of his liberty, might have been got to speak for themselves as to whether they acted "ministerially" or "judicially;" and whether they read the doctors' certificates through or not, before they signed their orders.

The enquiry was a most important one, and cannot be treated lightly by any one interested in the administration of the Lunacy Laws or in the welfare of the insane. Its scope was at once enlarged by the Committee from the question of the personal liberty of British subjects, as affected by the present Lunacy Laws and practice, to that of the general treatment of persons of unsound mind throughout the country in all ranks of life, the modes in which their insanity is determined, their liberty abridged, their civil rights lost and restored, and their power of communicating with their friends by letter and visiting. The vast amount of most valuable information and experience put on record in the Report from the witnesses who were examined, only makes it the more to be regretted that it was not made complete by having a more representative class of witnesses; but as it is, it will mark an epoch and form a landmark in the history of Lunacy in Britain.

Who is to blame for the serious omissions in the list of witnesses? It seems, in looking over some parts of the report, as if the Committee had allowed every one with a grievance or a crotchet, or who had anything to gain, to come before them, but had taken no trouble to search out that class of witnesses who would not come to offer themselves, but whose testimony and experience would have been most valuable.

The Report forms a vast Blue Book of 582 pages, containing 11,642 questions and answers. There is of course much repetition, and it is an absolute chaos as to the order in which the subjects were taken up by each witness. The various members of the select committee were evidently most variously qualified for their tasks. There is no doubt that the Committee was most fortunate in its Chairman. Mr. Cave showed a knowledge of the subject and a business-like mode of sticking to the essentials of the matter in hand, as well as a penetration in bringing out the less obvious aspects of a question, that were of most essential service in the inquiry. Next to him, Dr. Lush showed great ability, and

a mastery of the subject. The medical profession had no reason to be ashamed of its representative on the Committee. His special knowledge was of great service, though, as might have been expected, he did some special pleading in his mode of putting some questions about licensed houses. Sir Trevor Lawrence, Mr. Leighton, Mr. Tremayne, and Mr. Ramsay, were the other members of the Committee who took the most active part in examining the witnesses. Mr. Dillwyn chiefly asked questions relating to improper detention in asylums, and to the possibility of the artificial production of insanity and "dementia" by drugs.

The task of preparing a digest of the evidence for this Journal has been one of no slight labour, difficulty, and responsibility. The members of the Medico-Psychological Association were fairly entitled to expect such a digest, and this Journal would have failed in its duty had this not been at least attempted. No body of men in the kingdom are so directly interested in the working of the Lunacy Laws and the welfare of the insane as are the majority of our members, and no body of men would profit more in reputation and in the comfort of their daily work among the insane by wise Lunacy legislation and the public confidence engendered thereby. Those who in the future, too, may have to refer to this Journal will expect to find a record of our Parliamentary Lunacy stock-taking of 1877, the first since 1859.

In drawing up such a summary of the evidence as will be likely to be useful to medical men, two courses were open: the one was to extract or refer to the chief points in the evidence of each person examined, whose opinion or experience was entitled to consideration, the other to bring together the opinions or experience of all such persons on each question about which evidence was given. Both plans have their advantages, and to make a perfect summary of the evidence both would require to be carried out; that would extend this article beyond practicable limits. On the whole we think the first plan is the best and the most likely to present the evidence in an interesting form. The personal experience and opinions of such veterans in Lunacy Law-making, administration and treatment as Lord Shaftesbury, Dr. Bucknill, Mr. Wilkes, Sir James Coxe, Dr. Nugent, Dr. Lockhart Robertson, Dr. Mitchell, and Dr. Blandford should not be broken up into fragments, but stand together as unities, no matter how wide the range of subjects on which each spoke. Such men have so connected their names with all

that is good or distinctive in the treatment of the insane during the period of which this report is a review, that the future historian of the subject will wish much more to see what those men said, than any general summary of evidence on most of the questions now uppermost. This must be our excuse for the length of the extracts and of the article.

At the end we shall attempt to review the evidence as a whole, and endeavour to make out what matters are in need of being set to rights, and what suggestions can be made towards improving our Lunacy Laws.

The first witness called was Mr. C. S. Perceval, Secretary to the Commissioners in Lunacy. He gave a summary of the Lunacy Acts and of the work of the Commissioners. This and all his other evidence was most clear and business like. The Commissioners are without doubt fortunate in their Secretary. He brought out the fact of which so much was said afterwards, that a total stranger can give the "order" for the deprivation of liberty of a British subject who is insane—though only a very minute proportion of such orders are actually given—that this order does not need to be countersigned by any public authority whatever (116-7\*), and that it is no one's duty at present to make any inquiry of this stranger why he has signed it (118). The witness thought there ought to be a provision against this. He also brought out the curious fact, that there is no statutory provision for taking a patient to an asylum (126), and that the police have no authority whatever in the case of a private patient; we believe he might have added of a pauper patient. In his opinion, the medical certificates are the most important safeguards to the personal liberty of the subject (148), and the present forms are sufficient for that purpose. He said that the Commissioners are entitled to ask the amount of payment made for a private patient, and frequently do so (217). He declined to speak as to the profits made. He admitted that the Commissioners know of, and by implication approve of, the rough justice of higher payments in the case of some of the patients, maintaining in better circumstances those who pay less, both in hospitals and licensed houses. He lays the blame of a homicide or suicide by a patient on leave from an asylum on the medical attendant who advised the leave (257). He averred there never were any difficulties about "friends" visiting patients in licensed houses, unless for medical reasons (262).

\* The numbers always refer to the questions in the Blue Book.

316. In the case of outsiders, or in the case of societies, or persons like Admiral Saumarez, who made it their business to go and find out whether certain people were properly confined or not; how would the Commissioners in Lunacy act in such cases as those?—The Commissioners would probably refuse to make any order on the ground that the person had no *locus standi* at all.

Dr. Fox in his evidence, as we shall see, gives a different account of the actual practice. The following extract brings out the Commissioners' view as to what is sometimes called improper detention in asylums:—

266. Nor have there been any complaints made, suggesting that patients have been improperly retained in the asylums?—I do not know about complaints made. The Commissioners, from their own observations, sometimes think that a patient ought to be allowed to go, and their friends sometimes think that it is not time that they should be discharged. It is more in the case of pauper patients that we hear these complaints, than in the case of private patients. A near relation wishes to get the bread-winner of the family out of the asylum, or the husband wants to get his wife back, because he finds it very uncomfortable to be living without her, and he wishes her to be discharged, whether she is quite cured or not; those are the kind of complaints we get in much larger numbers than those relating to the undue detention of private patients.

267. You do not think that there is any ground for believing that people who are once received are improperly retained in these houses?—There may be sometimes a question of degree, whether the patients might not have been discharged a short time sooner than they were discharged; but with that qualification I should say not.

The following extracts show his views as to a public officer signing the order of admission of a patient:—

304. Are you of opinion that it would be desirable as to preventing the evils complained of by Lord Shaftesbury, if in the case of a certificate warranting the owner of a house to receive a patient, that certificate or that order should be countersigned by some public officer?—That is rather a large question; but it is one which, of course, I have been personally considering for some time, for I know it has been suggested, and I really do not quite see that it would be any protection to the patient. It is not so in Scotland. In Scotland, the sheriff sees the papers and signs the order, and if the Committee will refer to the evidence of 1859, they will find that it is no protection. I refer to the evidence given by Dr. Coxe, now Sir James Coxe, Commissioner in Lunacy in Scotland.

305. But still if there is an order from a public officer for his reception, he would be responsible in some respect?—But the question is how far would he be responsible.

306. Do you think the order of a public officer is a mere matter of form?—I know this, that the magistrates in pauper cases will very often not take the responsibility upon themselves at all, and will give no order for the reception of a patient unless there are two medical certificates, in which case the magistrate is bound to make the order.

307. In that case it is merely a ministerial act?—It is merely a ministerial act; and then the question arises as to any signature that could be devised; how far it would be a responsible and judicial act, or how far it would be merely a ministerial act.

308. That is a question as to how far a public officer should countersign those certificates; upon that perhaps you have not made up your mind?—Yes, I have made up my mind that as far as any plan which I have heard suggested goes, I do not think it would be of any use. I do not think there would be any additional protection to the patient at all; but there are, of course, two sides to every question, and you would interpose an additional difficulty no doubt, if that is your object, upon what is hard enough already.

309. I wish to know whether you do not think that there should be some public officer or some public record of the incarceration of people against their will?—You have a public record, but I do not personally think the intervention of a public officer would be of any material value at all to the liberty of the subject; it would certainly not be a material guarantee, and it would oppose an additional difficulty to the earlier treatment of insanity, which is so very important.

He described (333) how a new license is got, and the questions to the applicant certainly seem sufficiently searching, and the provisions sufficiently stringent. In fact, the general impression produced on any one reading his evidence is that he would rather not be the proprietor of a licensed house in London. They seem, from first to last, the bond slaves of the Commissioners in Lunacy. He thought all licensed houses could be bought up, but would prefer to leave the public their choice of asylums as they have now (348).

He brings out the important fact that the Commissioners have really no control at all over the 6,526 single pauper lunatics scattered throughout England. They can only visit (which they have no time to do) and advise. He thought two more Commissioners should be appointed (568), and that a statutory power should be given to appoint temporarily Commissioners in case of illness.

Mr. Wilkes, Commissioner in Lunacy, and formerly medical superintendent of the Stafford County Asylum, was next examined. He thought the ownership of a licensed house apart from the medical superintendentship is not desirable except under proper regulations, and that attendants

in licensed houses are "not, as a class, what they should be" (674); but that they are improving. "The question (of attendants) after all, is one of payment" (682). Believed that a training establishment for attendants would do much good. Clinical instruction should be given to all medical men in regard to insanity (708). Like every other medical man, he believed strongly in the early treatment of insanity, and gave an unhesitating opinion that asylum treatment does not retard the cure of the patients, but very much the reverse (693). He gave the following very weighty and fair evidence as the result of his large experience on the subject of the principle of private houses and public asylums:—

737. You said just now that in the case of pauper asylums, superintendents have no reason to keep them (patients) longer than they can help?—Of course their object is to discharge them.

738. In the case of private asylums there is a direct interest in retaining them?—I do not think so.

739. There may be?—I do not think so. I think the interest of the proprietors of private asylums generally is to discharge them, and to show their list of recoveries.

740. Do you think it is invariably so?—I do not know that it would be in the case of a chronic patient, who is absolutely insane; of course if a proprietor had a patient of that description he would not like the patient to be removed to another house; I think that is a natural feeling, but I do not think, as far as I can judge, that if the friends wished to remove that patient, any obstacle is placed in the way.

741. You see no objection to having a proprietor of a private asylum pecuniarily interested in the asylum?—I do not see how you could provide otherwise for it.

742. You do not think it ought to be done by County Boards by keeping the place for the care of well-to-do patients separate, utilising possibly the present asylums, and keeping them under public control?—I presume you mean to convert them into what is called a hospital?

743. Yes; into public asylums, under the control of some authorised body?—That I think is, on principle, a very important matter. I think if it could be effected, it is most important that all insane persons, who are so much at the mercy of others, should be in public asylums, and public establishments, if it could be effected, but I cannot see exactly, at present, how it can. I had a great deal to do myself with the promotion of the Coton Hill Asylum, which is a hospital, and there, I am sorry to say at present, though it has succeeded as far as the number of patients is concerned, they are still in debt, and they are unable to carry out the charitable principle to the extent desired. Still, as a principle, I think the erection of hospitals is a most important question.



He did not approve of the mixed system of private and pauper patients in the same building, but thought that if they were in separate buildings, under the same management, it would work well.

Mr. Wilkes was very conservative in his views throughout, and was perfectly satisfied that the protections which the law at present provides "are quite sufficient to protect the personal liberty of the people."

Dr. Lockhart Robertson was the next witness. He described the Lord Chancellor's visitors as being entirely subordinate to the Masters in Lunacy (823-4)—a statement as nearly as possible flatly contradicted afterwards by Master Barlow (11054). He was not so satisfied with the treatment of the Chancery patients in asylums as in private houses:—

876. What is your opinion with regard to the treatment of lunatics in these asylums?—I am not so satisfied with that as I am with the patients in private houses.

877. The nature of the asylums, I suppose, is the same as those in which ordinary lunatics are detained?—They are the same asylums.

878. And there is no difference in their treatment?—No.

879. The only difference being the amount paid, which is generally larger, I suppose, in the case of Chancery lunatics?—I do not know that it is larger. The Chancery lunatics are not a rich class. No, I should think the payment was about the average.

880. You say you are not so well satisfied with their treatment; in what respect?—I am not satisfied that they get their money's worth.

881. But as to their liberty and chance of discharge?—They are not nearly so well off as regards their liberty as the patients in private dwellings.

882. They have not as much freedom to move about?—No, and they have not such enjoyment of life, I think.

887. You think that in asylums they are generally not so well off with regard to liberty; with regard to detention after their recovery would warrant their being discharged, what is your opinion upon that point?—I think we have to look very sharp to get patients who are getting better moved out of asylums into private dwellings. I think our visits are very important in that way as regards the patients, and I think they ought to be more frequent to the asylums than they are; I think once a year is not sufficient for a visit to asylum cases.

He was opposed to the consolidation of the Commissioners' and Lord Chancellor's Visitors' offices, but it will be noted that his opinion would have had far more weight if he had not given so very insufficient a reason for it.

889. Would it not be an advantage if the two offices (of Lord Chancellor's Visitor and Commissioner in Lunacy) were consolidated;

there seems to be rather a waste of power; the visits overlap one another?—I do not think it could be done; the difficulty would be with regard to the Lord Chancellor, who, being responsible for the patient and for his property, and for his custody, could hardly undertake that responsibility if the visitors were not servants of his own, and liable to be sent at any moment where he pleased to send them.

The following part of Dr. Robertson's evidence as to the undue detention of many patients in asylums has been much commented on, so we give it in full:—

890. Have you formed any opinion as to what proportion of patients are detained after they ought to be discharged?—Do you mean of the Chancery patients?

891. Yes.—I do not think there are any detained after they ought to be discharged.

892. With reference to the lunatics generally, have you formed any opinion upon that point?—I think lunatics are detained too long generally in asylums, and I think a large number of lunatics who are in asylums, probably one-third, might be out of asylums. I am speaking of private patients now.

He gave the following evidence in favour of making the medical certificates terminable at a certain time, and on renewal that they should be given by specially educated medical men. We believe the certificates are terminable in Scotland after three years, and that all the Superintendents of Asylums there say that this provision is of no use whatever; so that if this principle was introduced into England they would have to be made terminable within a shorter time, for the provision to be of any use.

893. I asked a question the other day, whether the medical certificate might be made terminable at a certain time, and renewable, instead of being permanent; what is your opinion upon the point?—I heard you ask the question, and it struck me at the time that it was a most admirable suggestion. I was much struck with the question at the time.

894. The objection stated to it was, that it would be an unnecessary expense to those who could not afford it?—I think it would be a very good investment for those who could.

895. Your opinion is in favour of it?—Decidedly.

896. You think, I suppose, that a more minute examination of the case would take place, than at an ordinary visit?—Yes, there would be such a special examination by some physician who would be supposed to have some special knowledge of the subject.

897. You would add to that suggestion, this—that the persons who renewed the certificate should be a special class, and not simply

medical men taken from here, there, and everywhere?—Quite so. I think they ought to have some special evidence of their fitness for their difficult duty.

898. You would have the ordinary certificate left as it is for the first confinement, but that when it is renewed, it should be by people possessing a special knowledge of lunacy?—I think so; at least skilled physicians. I do not think the special knowledge of lunacy is so important as being a well-educated physician.

899. People in very considerable practice?—Yes, the leading men in each district.

He made the following very important suggestion as to the formation of Asylums for Chancery patients, the weak point of which is, that it assumes that the system of Chancery patients and Chancery visitors, and inquisitions, and a totally different mode of looking at patients by the law, whether they possessed property or not—that this system is to continue for ever. We should think that few people but a Chancery visitor of lunatics hold this view.

900. Can you give any suggestion with regard to the formation of Asylums?—I would say that with regard to the Chancery patients, I have more than once felt that instead of our patients being placed throughout the country in the private asylums, where we pay about £100,000 a year on the whole, we might very fairly have three asylums of our own, one in each district, which would show the public the advantage of a public asylum as contrasted with the private asylums; and I think, being under the control of the visitors, they would almost stand out as models to the country of what a public establishment for the upper classes should be. We are certain of the patients, so there could be no loss on the establishments; we have the patients already.

901. They would be self-supporting after the first cost of the erection of the asylum was defrayed?—Certainly.

902. Would you extend that to all lunatics, or would you confine it to Chancery lunatics?—The Chancery asylums would necessarily be confined to the Lord Chancellor's wards. I should extend the system to all counties; I think the Justices ought to have the power in each county of building, on the credit of the rates, asylums for the upper classes, as well as for the pauper. At this moment, the paupers are much better put up in asylums than the upper classes, not only relatively, but absolutely better put up. I should rather be a pauper myself had I the misfortune to be in an asylum.

He makes an admirable suggestion about legalising and encouraging what he might have called the domestic treatment of recent insanity and threatened insanity among the higher classes in the houses of medical men.

905. You also have a suggestion with regard to a smaller class of asylums, I think?—Yes, I think particularly for the upper classes, for the richer classes. For example, in the London district, if a medical man were allowed to receive two or three patients into his house, I think those patients, if recent cases, would be much more likely to get better than patients placed in a large asylum. I think it has a bad effect, in recent cases, sending them to an asylum. Their arrangements are much inferior to the home from which they (the patients) are brought, they are so shocked and upset, that I think the treatment which may now be necessary for safe custody is not quite the best. If two or three were sent to the house of a medical man, to whom it would then be worth while to receive them, which it hardly is with one, I think they would be in much pleasanter and more hopeful circumstances for treatment.

1021. Do you think there is no danger, in boarding out, of ill-treatment of patients; you say that they are visited, and you think that operates as a check, but do you think it a sufficient check?—I think the public opinion is a great check; the opinion in the village, and in the district, and of the neighbours; I think the whole tone of public opinion is so raised with regard to the treatment of the insane, that each year there is more and more facility given to returning the insane to private life and removing them from that false position of incarceration which is abject misery for a period of years to any man who can possibly enjoy liberty, which is the greatest enjoyment that we all have.

1058. With private patients as well as Chancery patients, so far as possible, you would hand the treatment of lunatics over to individuals, and not, as a special profession, to persons who keep a licensed house?—I would. I would spread it out among the medical profession, and treat it as a disease, not as a specialty as it is now.

Chronic patients of another class he seemed to think better off with other people than doctors. "It is only a needy doctor who would trouble himself with a single patient living in his house" (985). We think we have heard of young doctors doing this who were not very needy if the pay was good, and old ones, too. We think this witness blew hot and cold about doctors taking in patients into their houses; or at all events, he was not explicit enough. His opinion as to the "Chartered" Scotch Asylums is given as follows:—

908. Perhaps you will explain what is the nature of the chartered asylums in Scotland?—Yes, 80 per cent. of the private patients are in the chartered asylums in Scotland, whereas in England we have only 48 per cent. in public asylums of the private patients.

909. In other respects is the Scotch system superior to the English?—I think so.

He differs in opinion from Mr. Wilkes as to the effect of

removing many patients to an asylum. He thinks that effect is sometimes "antagonistic to cure," and "a great source of irritation."

He most properly suggests that the power of the Committee in Chancery cases should be controlled and regulated, and it seems evident that the relative powers and positions of the Masters, Visitors, Commissioners, and Lord Chancellor are in urgent need of regulation and statutory definition, if all these are in future to have to do with the same set of over-official lunatics, which we don't believe will be the case.

His opinion as to the Scotch pauper lunatic colony of Kennoway is very favourable. He and Dr. Lush had some lively sparring as to some of the opinions quoted above, in which both parties showed much acuteness and tenacity of view. He was of opinion that private houses should be replaced by public asylums (1180). There were some questions put to him and to others as to the Commissioners being on such intimate terms with the keepers of private asylums that they could not do their duty, which certainly showed a profound ignorance of the facts and a suspicion that was in its absurdity a mere superstition. He was of opinion, generally, that the safeguards against improper detention in asylums were sufficient, and that a more complicated system of checks would do more harm than good.

Dr. Robertson has a very low opinion of some of the licensed houses in London and their proprietors. He certainly made strong accusations against Sussex House and Dr. Winslow, from which house he admitted he had been the means of removing many Chancery patients. Dr. Bucknill afterwards supported Dr. Robertson as to some of the facts. On a subsequent occasion the latter was recalled, and after rebutting some of Dr. Winslow's evidence—it can serve no good purpose for us to go fully into these questions relating to individual patients—he made two very important suggestions to the Committee: one was, that a visiting physician should be appointed by the Commissioners to every licensed house. If something of the kind could be done, no doubt it would completely allay the unpleasant public suspicion as to those asylums, and thus be a source of the greatest comfort to their proprietors. The second was, that all the letters of the patients not forwarded should be sent to the Commissioners. The objectionable effect of such an enactment was pointed out afterwards by Mr. Phillips.

He defends the use of neurotics as follows:—

6867. Are you aware that there is what is called chemical restraint used in lunatic asylums?—Yes, I have read of such statements by which the writers implied, as I understood, the use of narcotic and sedative medicines; that is what they call chemical restraint. My own opinion is, that there is no treatment for recent lunacy so valuable as those narcotic and sedative remedies.

6868. You are in favour of it?—Most decidedly I am in favour of the judicious use of them; I believe there are more patients become chronic lunatics from want of the proper use of those sedatives, than from any abuse of them.

6869. You do not think the habitual use of chloral has a deleterious effect upon the brain?—The habitual use would probably have such an effect; I am speaking of the judicious use of it.

By habitual use, I mean constant use every day for a long period?—I should imagine that was as prejudicial as the use of any narcotic habitually indulged in.

6871. Is chloral more prejudicial than common stimulants?—I should have thought less so; the habitual use of chloral is more dangerous to life than any narcotic, inasmuch as it apparently accumulates.

Dr. J. Crichton Browne, when called, at once informed the Committee that he could not agree with much of his colleague Dr. Robertson's evidence. Thought abuses much more likely to grow up in private houses than in private asylums (1222), and that the lunatics boarded out should be properly inspected (1268). This opinion is so entirely reasonable that we think no one can refuse assent to it; that those 6,000 single poor patients should be left entirely without inspection, while the 1,000 Chancery patients have three most able, energetic and highly paid visitors to themselves in addition to the Commissioners, is one of the finest illustrations of British regard not to the man but to his possessions that it is possible to conceive. He agreed with the other witnesses that the present law is quite sufficient for the protection of the liberty of the subject (1283). His colleague had said that when sent to examine patients and report privately to the Lord Chancellor as to their capacity to claim a jury, he was in the habit of giving them a broad hint that if they wished to get off, to claim a jury, while he, on the contrary, never advises on this point at all.

He does not at all agree that one-third of the patients at present in asylums could be boarded out, and does not approve of two or three patients being boarded in the same private house at all, but would recommend much larger numbers, especially in the case of paupers (1314). Did not approve of a magistrate's order for the admission of private

patients to asylums (1385), nor that the medical certificates should be terminable. About the only things in which this witness seemed to agree with his colleague were that asylums for Chancery patients alone should be built, and that his office should not be amalgamated with that of the Commissioners.

He made an admirable recommendation as to a *post-mortem* examination being compulsory in the case of every death in an asylum, and that a report thereof, signed by two medical men, should be sent to the Commissioners.

He gives the following evidence in regard to the establishment of psychiatric dispensaries connected with asylums:—

1515. You think there may be attached to asylums, or to hospitals, out-door departments?—I think it would be of very great advantage if the law allowed that; a sort of dispensary might be attached to the county or borough asylums, just as there is to general hospitals, to which patients threatened with mental disease, or who are threatened with a return of the malady, might go and obtain the skilled advice of the medical officers of the asylums, the ordinary general practitioners being unfit to deal with a case of that kind. In that way a large number of patients might, I think, be prevented from coming back to the asylum.

He thought asylums under-officered (1522), and made the following statement as to the criminal responsibility of the insane, which would be reckoned by most medico-psychologists as a retrograde, and by some a cruel, dictum.

1558. Are you of opinion that they (lunatics) should be relieved from responsibility to the laws of the land?—Certainly not, except so far as any crime they may commit has been influenced by their insanity, or is the result of mental disease.

He advocates a short course of study of mental disease for all medical men (1583). He makes a statement in the answer to 1612, that “as a rule” his patients at Wakefield had not been kindly treated by their friends before they were placed under his care, which we must take the liberty most strongly to doubt. Is the West Riding of Yorkshire so entirely backward that human affections are stamped out by mental disease “as a rule?” We should have thought it some mistake had he not (in 1615) strengthened and exaggerated the statement by saying that “cruelty and chastisement as if for an ordinary case of misconduct are the rule in the early stage of insanity.” It may be so in Yorkshire, but we most energetically protest against the applicability of

this opinion to other parts of the country which we know, where cruelty is the rare exception and not the rule at all. Mismanagement from ignorance is common, cruelty rare. Is any case really strengthened by such exaggerations, especially if they are also libels on human nature?

He said that 1,000 patients is the proper number for a pauper asylum (1664). Lord Shaftesbury, as we shall see, puts the figure at 300, and Sir James Coxe at 200. On this most important question we are surprised that the opinion and experience of more of the witnesses were not asked.

Dr. Bucknill came next. He has had every kind of professional experience in regard to insanity, first practising in general medicine, then Superintendent of the Devon Asylum for eighteen years, Lord Chancellor's Visitor of Lunatics for thirteen, now a consulting physician in lunacy, the joint author of the most comprehensive work on Psychological Medicine in the English language as well as many others on lunacy and its legal relations, the founder of this Journal, and altogether the head of this special branch of medicine. No man ever gave evidence before a Parliamentary Committee on any subject who was better qualified to do so. He gave the following general account of the working of the statute under which he held his Visitor's office, and the objections to its machinery:—

1716. The Act of Will. IV., in the 3rd section, directs that the medical visitors shall superintend, inspect, and report direct to the Lord Chancellor on the care and treatment of the Chancery lunatics. The Act empowers the Lord Chancellor, in conjunction with the Lords Justices who act under the Sign Manual, to make certain general orders, which supplement the Statute. In 1855, Lord Chancellor Cranworth, in conjunction with the Lords Justices, made certain General Orders which are really the acting directions for the Visitors of Lunatics up to the present day, and in those Orders they direct that all special reports, that is to say, all reports in which the treatment of lunatics is not satisfactory, shall be made to the Board of Visitors; that is to say, not to the Lord Chancellor, but to the Board of Visitors, and that Board, if they think fit, may refer it to the Masters. The Masters, if they think fit, may call before them any persons to give evidence upon these special reports, and they can make a report to the Lord Chancellor thereupon, if they think fit. The result of that is, that all the important reports made by the medical visitors are not made to the Lord Chancellor, but to the Board, and referred to the Masters. Now the Masters are the persons who practically appoint the committees. These reports are in almost all cases complaints of the manner in which the committees discharge



their duties. Therefore the reports of the Visitors are referred to the gentlemen who appoint the committees, and their determination is come to upon the sworn evidence of the committees themselves, namely, the persons accused.

He lays down the following most important principle to go on in future legislation, in regard to the admission of patients into asylums and their discharge—"I think the principle should be to make the admission as easy as possible to provide for early treatment; for if there is a difficulty in getting patients out of asylums there will be a disinclination to send them in" (1232). He has strong objections to the power at present given by the statute to the person who signs the order for a patient's admission to an asylum whom he describes "to be put in possession of the field" (1742), and would have the original order only last for a certain time, and then a "re-certification" by a "properly qualified medical man approved by the Commissioners in the Metropolitan district and by the Visitors of Asylums in the provinces." The following is an extreme illustration of the absurdity of the present law:—

1752. Is there no objection ever made to the status of the person who signs an order?—I never heard of one.

1753. In fact, a perfect stranger may make an order for the detention of a wife, contrary to the wish of her husband?—Yes, clearly.

1754. If he can only get two medical certificates?—Yes, and make an agreement with the proprietor to receive her.

1755. Do you consider that a state of things which ought to exist?—Certainly not.

He thought that there are persons detained too long in private asylums (1770), but that they are "very rarely" "admitted wrongfully." He recommended amalgamation of the offices of Chancery Visitors and Commissioners. None of the actual holders of these appointments who were examined, nor Lord Shaftesbury, would hear of this; but we think that Dr. Bucknill's arguments for are infinitely more cogent than theirs against such a scheme, and commend themselves to any unbiassed person of common sense. He says, "I think that is much needed. It was recommended before the Committee which sat in 1859. They are two costly offices. Combined they cost £25,000 a year, and two sets of visitors are travelling over the country on parallel lines, and I think if they were combined a much greater amount of visitation

could be provided for all the lunatics in the kingdom at not any increase of expense. The Board would be much more powerful, at all events, than the Board of Visitors." As he says elsewhere (1854), the two Boards are not co-operative. No amount of official conservative prejudice should prevail against so great a benefit to be conferred on the insane. This increased visitation is one great desideratum at present, according to the evidence of most of the witnesses.

He expressed a strong opinion as to increasing the medical character of all asylums, public and private, and making them more hospitals for cure and treatment and less of boarding-houses. Thought the "general admission of visitors into asylums" was a good thing to correct abuses, and "to disabuse the public mind of its prejudices with regard to asylums." He thought the Commissioners ought to have the power of ordering any patient out of an asylum to be under domestic care, but still under certificates. After having been a visitor specially appointed to see to the right treatment of lunatics with property for thirteen years, he said he had "no knowledge" of the unfortunate people whose property was under £1,000, who "escape all observation." Who can say after this that there is not one law for the rich and another for the poor in England, when they become insane, at all events? He said, "I cannot express too high an opinion of the hospitals for the insane," and "I should be sorry to see (private asylums) got rid of."

It is clear that his official life has merely strengthened Dr. Bucknill's former ideas of giving greater liberty to those of the insane who can enjoy it, those ideas which prompted him to devise and carry out at Exeter pavilions and cottages for his pauper patients; for he says, "I should like to see the quiet, tranquil, incurable cases in domestic life."

Sir James Coxe was the first witness called from beyond England. He first gave an account of the Scotch lunacy law and its working. It differs notably from that of England in many respects, but especially in three points, viz. :—  
1. That private and pauper patients require the same form of order and the same number of medical certificates for admission into an asylum; 2, that "Order" is given by a judicial officer of the State, the Sheriff; and, 3rdly, as to property, lunatics who have it, have no special visitors or peculiar legal treatment, get their property managed for them much more cheaply than in England, and the law

makes no distinction between those who have less than £1,000 and those who have more. The witness pointed out, however, that the Scotch law is as loose as the English in allowing a stranger to petition the Sheriff for an order to put a patient into an asylum (1941). This clearly needs remedy. Another point for statutory revision is that which allows the medical certificates to be six or twelve months old before being presented to the Sheriff with the petition. It is satisfactory to learn that, as a matter of fact, Scotch lunatics are not deprived of their liberty six months after being medically certified to be insane, the Sheriff's practice being better than the law. The witness says that he understands the practice of different Sheriffs varies in regard to judging whether the facts in the medical certificates are correct or not. The witness described the "certificate of emergency" under which a patient in Scotland can be taken to an asylum and kept there for three days, which is clearly an admirable provision which the profession in England should at once import. It conforms perfectly to Dr. Bucknill's principle of easy access to suitable treatment. It does not appear, however, that the operation of this certificate is sufficiently guarded. There is no provision that it shall be signed on the day of the patient's admission into the asylum. Fancy a medical "certificate of emergency" being signed in the case of a patient who is not taken to the asylum for a month, and the Superintendent expected to receive him on this warrant! We have heard of something like that happening in Scotland. In such a case it is a "certificate of convenience," as Dr. Mitchell called it, of the worst and most objectionable kind. In Scotland the Commissioners make the Asylum Superintendent send them a statement as to the "physical condition" of the patient immediately on admission. This seems a good regulation, and might well become a statutory enactment; and if a thorough medical examination into all the organs and bodily symptoms, it would tend greatly to keep up the medical character of asylums. The witness described how the Sheriffs' orders lapse after the patient has been three years in an asylum, unless the Superintendent certifies that the detention of the patient is necessary either for his own welfare or for the protection of the public. The witness would not allow the Superintendents of private asylums to give this renewal certificate. We should have liked to have had the witness asked what was the actual legal authority on which Scotch patients are detained in

asylums there after the first three years. Is it the Sheriff's order or the asylum doctor's renewal certificate? He should also have been asked, as there were no Sheriffs called to speak for themselves, if there was any appeal from one kind of Sheriff to a superior one, or if there was any check or control over the Sheriffs at all in this matter? Supposing a Sheriff began to act capriciously and made an order when there was no proper petition or statement, or medical certificate, would the Asylum Superintendent have to admit the patient? If his order is in legal form, does it cover and protect the illegality of every other part of the paper?

The single patients in Scotland are regularly visited once a year by "Deputy Commissioners." This is a most necessary work and a good provision for doing it. Those same single pauper patients get two visits a year from inspectors of poor and four from parish doctors, so that they are better off in regard to visitation than an Englishman with £20,000 a year. Sir James Coxe described the "Fiscal case" in Scotland, which would seem to be a mild kind of criminal lunatic, whom the Fiscal and Sheriff send to an asylum on special authority for a few days until his friends or the inspector of poor make proper provision for him, when he ceases to be a criminal lunatic in any sense. This also seems a good means of dealing with a certain class of cases where mildly criminal acts have been done by lunatics in the initial stages of their disease, and as the result of that disease. The most objectionable thing about being a "Fiscal case" is that your name is publicly advertised in the papers of the district as a lunatic. That is an injurious and cruel thing to many respectable people, and should be stopped by statute.

The witness described the process by which an unrecovered or doubtfully insane person gets out of an asylum in Scotland. It appears that the law allows two doctors to be sent to any patient in that country, and if they say he is quite sane, the Commissioners have to order his discharge; but if they say he is not quite sane, but still well enough to leave the asylum, the omnipotent Sheriff alone has power to order his release. This latter plan costs so much, however, that it is never followed. Personal liberty, therefore, in Scotland is guarded and tempered *quoad* lunacy laws by two doctors and a Sheriff who put you into an asylum and can take you out thence, the only difference being that Sir James Coxe says nothing about fees for doing the

former, but expressly mentions the fees both to the doctor and the Sheriff as a barrier to your getting out. We have often heard that it was a more responsible thing to give a certificate of sanity than of insanity. In Scotland this seems to be acted on, and the fees fixed accordingly. It is no doubt right in principle that the same officials who have the power to put patients into asylums should have the power to take them out. In addition, though the Scotch Commissioners expressly say they don't want this power given to them, beyond all doubt they should have the power of discharge of sane persons which is vested in their English brethren, and also that demanded by the latter of ordering the discharge of unrecovered harmless cases whom they might consider fit for domestic care when that could be got. Sir James Coxe is altogether against the idea of experts in lunacy in any shape or form :—

2067. You do not think it would be an additional protection to the patient, if all these dealings with lunatics, or alleged lunatics, were in the hands of specially educated medical men?—No, I think the practice would be very apt to degenerate into a close guild of specialists, who would be regarded by the public with distrust. Besides, I do not see how such a proposal could be carried out without great inconvenience to the public.

His opinion of attendants in Scotch asylums is unfavourable, and what is worse, he suggests no remedy, and throws cold water on schemes of training. We should like if he had been asked in what "different asylums" training schools had been tried, and failed. The fact is quite new to us, if it is a fact. He makes an excellent suggestion that the Sheriff, instead of the Court of Session, should have power to appoint a *Curator Bonis* for patients of small means, under £1,000. The exact process of the appointment of this *Curator Bonis* and its cost was not described by any of the Scotch witnesses, and this was an important omission, for every witness agreed that the English system of an inquisition in such cases is a most cumbrous and expensive one. So far as we can ascertain, it is this. The nearest relative of the patient usually, soon after he becomes insane—for the property of patients in Scotland does not seem to be generally left uncared for till they become chronic lunatics—gets a solicitor to draw up a petition to the Court of Session, to the effect that A. B. is insane, and unable to manage his affairs. He sends along with this a statement of the means

of the patient, and the names of his nearest relatives, together with two medical certificates of his mental incapacity. This is presented to one of the Judges, who orders it to be printed and stuck up in a public place in the Court, and copies served by an officer of the Court on the patient and his next of kin. In eight days, if the patient is in Scotland, and in 14 days if he is not there, the Judge issues an order for the appointment of some competent person, often of his own selection, as *Curator Bonis*, who then has to find heavy security to the Court, and proceeds to administer the patient's property for his benefit, rendering an account of his intrusions to the Court of Session every year. The cost of this proceeding varies from about £15 up to £30. There is one weak point in the process from a legal point of view, and that is that there is no provision for the patient's communicating with an agent or friend or even the Judge after he gets the paper served on him.

The witness next alluded to a matter which seems to have disquieted some of our weaker medical brethren very much. The Scotch law, like the English, allows asylums in which there are less than one hundred patients to be managed by a non-medical superintendent, a doctor visiting every day, and it appears there are several such asylums in Scotland, one of which, that at Banff, is thus spoken of by him :—

2093. Are those asylums under non-professional men as well managed, and are the patients as carefully treated as they are in asylums where medical men have charge ?—I think they are just as well. I think the Banff Asylum is a model asylum in every way.

2094. Do you think, with reference to the curative treatment of patients, that the visit might be made by medical men resident in the district, without having medical men especially appointed as managers or superintendents of the asylums ?— Yes. Where you have a large asylum, of course as the members increase there is always a greater demand for medical visits. In a small asylum a resident medical man is not necessary; in a large asylum it becomes necessary from the frequency of calls which might be made upon him.

Surely there is nothing wonderful in the above statement or opinion. We have never heard any one deny the fact that the Banff Asylum is a well managed asylum; whether it is a "model asylum" is a mere matter of fancy. Surely it is possible for a layman, and it would not take much of a layman, to manage an institution with 100 pauper lunatics from a country district, with a doctor looking in and

taking the medical charge. It afterwards came out that the work is so light, that even an inexperienced young doctor hadn't enough to do, and it would appear that it was to save any youthful member of our profession from *ennui* and the mental degeneration that results from idleness, that he was discontinued and a layman appointed; we presume the sort of man being selected who would take no harm from having too little to do, and had tastes for farming through which his health would be kept in order.

In regard to the question of providing accommodation for the insane generally, the following are his views:—

2102. I think if you would not put restrictions upon the means of providing accommodation, if there were a sort of free-trade in accommodation, that accommodation would soon adapt itself to the wants of the public. For instance, if you would begin with not restricting District Boards to the provision of accommodation for pauper patients, but give them permissive powers to assess the districts for private patients, I believe a good many of them would provide accommodation for that class. I believe a good many of them would assess themselves, and provide for private patients in that way. I think if you would do away with restrictions as much as possible upon the manner of making provision for the insane, and allow natural laws to take their full swing as it were, it would be better.

We confess we should have liked Sir James cross-examined as to his exact meaning, when he spoke of "free-trade in accommodation," and the present "restrictions" on that, whatever it may mean, and as to how he would formulate the "natural laws" that regulate the making provision for the insane and what they would be likely to do when they took "full swing." We should scarcely have supposed a hard-headed official Scotchman capable of talking in this way, and before a Committee of the House of Commons too. "Natural laws" seemed to have been allowed to have pretty full swing in the times before the Commission of 1857, of which Sir James Coxe was secretary, and we should like to have had him asked how he liked their operation.

The following are his views as to the effects of treatment and the early sending of cases of insanity to asylums, &c. There is no doubt some truth in what he says about the fallacy of claiming for asylums all the cures of recent cases sent there when we don't know how many get well without being sent to asylums, or would have got well had they not been sent there:—

2106. You think the sending of patients, at an early stage of

their disease, to an asylum, is not in all cases beneficial?—No, I think in many cases it does harm. I think there is a great fallacy about the benefits of early treatment being restricted to asylums, I believe that if you take a hundred recent cases, a certain proportion of them recover, but I do not think you are authorised in arguing from that, that if old standing cases had come sooner into the asylums, the patients would have recovered under the asylum treatment. I think they are there as the residuum of a number of cases which have already recovered under outdoor treatment.

2110. Do you consider that mental disease is in a great respect like bodily disease; you would, I suppose, consider the analogy would hold good as to the treatment, as well as to the disease, that mental disease might be treated anywhere in the same way as bodily disease?—Yes, certainly. I think the asylum is simply a convenient hospital for treating them; after a time it becomes just a convenient prison.

Very much has been said about the last sentence, about the prison view of an asylum. Is an asylum a prison? We have looked up "prison" in one of the best English dictionaries, and find one meaning of it to be "any place of confinement, or restraint." The witness was right, therefore, strictly speaking, but still we confess it sounds harsh, and it is certainly not a medical view of asylums. It is well, however, to have all sides of a question brought out, and we could point to many cases of chronic insanity in asylums, where at all events the relatives look on them as just "convenient prisons." On the whole we believe he was right to bring out strongly this view. If a number of lunatics from asylums had been examined by the Committee, most unquestionably many of them would have taken the same view and used the same expression. It was well to take a look at asylums from this point of view, considering that the other aspects of them were sure to be well brought forward.

He thus dissipates a pleasant delusion of Dr. Bucknill's:—

2130. I think Dr. Bucknill said in his evidence, "In Scotland there is only one large private asylum, and in that the nursing in the ladies' house is conducted entirely by ladies, and it is made to an extent which is surprising, like an ordinary residence; there are no locked doors in it, there is every egress and ingress for all the patients all the day through; that is the adoption of a plan which was first carried out in the Fife and Kinross Asylum in which the Commissioners for Scotland are justly interested and proud of its results, which I have visited and been much delighted with;" is that the only case in which there is lay nursing; are you acquainted with the circumstances to



which the witness refers?—I do not know any private asylum to which this description is applicable.

He here refers to the undoubted hardship of a life-long residence in an asylum to many cases.

2139. Have you been acquainted with any cases, and if so, how many, of patients having been improperly detained after their complete recovery?—No, none. I have seen a great many cases which I thought might be perfectly well out.

2140. That was not because they had completely recovered, but because you thought they might complete their recovery outdoors?—No; because I thought it was a hardship to keep a man in an asylum so little insane that he was capable of being out of it. I think it is a very hard case for a man to be locked up in an asylum and kept there; you may call it anything you like, but it is a prison. He is cut off from all associations of outdoor life. A man has his life only once, and it is a very hard thing to keep him in an asylum all his days.

As regards the “boarding-out system,” the following are his views:—

2141. The boarding-out system, as I gather, is very strongly in your mind as the proper system to be extended?—I think facilities should be given to get patients back into their families. I am not much an advocate for having what they call colonies, of having them all concentrated in villages.

2147. I take it that such influence as you may yourself legitimately use as a Commissioner has been exercised in favour of the system?—We have not fostered the boarding-out system at all; it has developed itself; it is a self-development.

2185. I observe here that notwithstanding the bias, which, no doubt, is a very proper bias, felt by the authorities in Scotland in favour of boarding-out, the proportion is almost precisely the same as in England, where there is no official bias in that direction?—Yes; I think there is a great deal of talk about the Scotch system of boarding-out, but in reality there is as much boarding-out in England, the only difference is that it is part of the Scotch system of lunacy to place every pauper lunatic under the jurisdiction of the Commissioners; whereas in England this is not the case.

2186. Taking English private patients and Scotch patients, I find that in England 94 per cent. are in asylums, and in Scotland 93·8 per cent.?—That may be so.

*Mode of Discharge of Recovered Patients in Scotland.*

2219. In your experience of 20 years, how many times do you think you have had such a case that patients have been discharged from asylums by superintendents of their own proper action?—They are always discharged by their own proper action, every patient that recovers.

2220. I mean without interference on the part of the Board, when the medical superintendent is satisfied that the patient need not be any longer detained, and discharges him without consulting you?—Yes, he merely sends us notice that he has discharged him.

2221. Suppose that instead of its being within a fortnight or three weeks of the admission that he comes to that opinion, it is a year, or two years, or five years afterwards, has he the same power of discharge?—Yes.

The discharge of recovered patients it would thus appear is not expressly provided for in the Scotch Acts at all. The medical superintendent does so by “drawing an inference that is not expressed in the Act.” This is clearly an omission. In pauper cases, on their recovery in asylums distant from their homes, there is no provision at all for parish officers coming to remove them, and we have heard of them refusing to do so, saying, in fact, to the asylum doctor, when told a patient was recovered—“Well, then, you have no right to keep him any longer in the asylum, let him out. It is your business, not mine.”

As regards Banff Asylum again, and his views of medical treatment and the medical element in asylums, we had better give his own words :—

2233. Is that a case in which you would put strong pressure upon the proprietor, or the public authorities connected with that asylum, that a resident medical man should be appointed?—There was a resident medical man originally. He had so little to do that upon the petition of the District Board to try how it would work with the appointment of a non-medical man as superintendent, we made the experiment, and the experiment has answered remarkably well.

2234. Are you satisfied generally with the amount of supervision in Scotch asylums, as to the quantity?—Yes, I think so. I think there is a great deal in the management of asylums that is non-medical. I think the mode of management of this Banff Asylum, for instance, depends very much upon the natural qualities of the superintendent, and his being a man who is well acquainted with the management of land. He employs the patients upon the land in a very satisfactory way. It is a small asylum; it cannot exceed one hundred patients. They have got about 20 acres of land belonging to them originally, and they rent a farm of about 100 acres besides, which they cultivate.

2243. Do I understand you rather to lessen the importance of medical treatment in asylums?—No; but I think a great deal of the supervision of a good asylum is not medical; I think it is like the management of a large hotel, or something of that kind, and medical men are not necessarily the best hotel or farm managers.

2246. You have not much faith in the medical treatment of insanity, looking upon insanity as a special thing?—I have great faith in the medical treatment of insanity, by restoring the bodily functions to health; but I think you cannot treat insanity as a special entity; I think you must set to work to restore the health of the body, and that the mind then rights itself. That is the view I take of it.

2276. What in your opinion, is the best number for a well-managed lunatic asylum?—My own view is in favour of small asylums. I think when you come to large asylums the patients are lost in them, and I do not think they are more economical. The rates of maintenance are lower generally in our smaller asylums than in our larger asylums.

2277. Would you put the limit at 500?—I would rather not exceed 200. I think the smaller an asylum is the better, unless for pecuniary reasons.

We think it is a pity that opinions as to the effects of drugs and medical treatment should not be confined to the practising physicians who use them, and who, therefore, are the only persons who have an opportunity of forming a correct judgment on the matter.

2329. Have you ever known of any cases in which they (drugs) have been administered in hospitals or asylums?—There are many cases in which chloral is administered, I think, that has a tendency to produce dementia; but it is not given for the purpose of producing dementia, but to soothe the patient.

2330. You are of opinion that chloral is injurious?—Yes, if its administration is prolonged.

2331. Bromide of potassium?—I do not think that bromide of potassium is so injurious.

2332. Laudanum?—Any narcotic administered for a length of time would have a prejudicial effect, but I think chloral more prejudicial than laudanum and bromide of potassium.

We think Dr. Lush, in his examination of this witness, showed too much of a bias, and tried somewhat unfairly to confuse the state of matters in Scotland in 1857 with the present state of things. And if Sir James Coxe had been inconsistent in his opinions expressed then and now, it would rather tend to increase the value of his present views, they being the result of matured experience.

Dr. Harrington Tuke was the next witness. He thought that the proper system for all private asylums was to have a resident medical proprietor. He thus described the treatment in such an institution: "In a private asylum, on the convalescence of a patient, he would at once be removed into the family" (2548). The great field of the future for our pri-

vate asylums is no doubt in the direction of such domestic management for suitable cases. But then he says of the 60 medical officers of the London licensed houses, "I suppose there must be some fools and some scoundrels," and when then asked if it might not be a dangerous thing to commit anybody to the care of fools and scoundrels, he replied "No!" because such men were carefully supervised. On purely psychological grounds we differ from Dr. Tuke as to the possibility of making "fools and scoundrels" into suitable guardians of the insane by supervision, but we prefer to believe that he spoke both uncharitably and unadvisedly of his brethren.

He was very strong as to the effect of suitable medical treatment early applied in a private asylum. The following extract will show his views as to the results:—

2554. What is the rate of cure in private asylums as compared with public asylums; have you got any statistics in your mind?—Yes. The private asylum should be restricted to asylums governed by medical men; and in those the rate of cure is much above the private asylums generally, and for this reason. It is proved by this fact, that while the increase of insanity has been so enormous in the class of paupers, the increase of insanity in the higher classes has been checked, and it is really almost stationary; the reason being, I take it, that each medical superintendent of the higher class looks after 23 patients, whilst in the lower class each superintendent looks after about 800. I am not counting the assistants to each superintendent.

2555. So that, on the whole, there is no doubt that the rate of cure is considerably higher in private asylums?—Undoubtedly; it is statistically so.

We have taken the trouble to look into this matter. The Commissioners in Lunacy publish an annual return, in which all those matters that can be statistically put are to be seen, and we find in the report for 1876, p. 27, that the "Proportion of stated Recoveries to the Admissions" have been for the 18 years, 1859-76, in County and Borough Asylums, 35·67 cent.; in Metropolitan Licensed Houses, 27·04; and in Provincial Licensed Houses, 31·36. Dr. Tuke subsequently said to the Committee (2620) about the registered hospitals:—"The cures are much less, Bethlehem and St. Luke's being excluded." On turning to the same page of the Commissioners' Blue Book, we find the percentage of the recoveries in the Registered Hospitals to be 38·32, against the 27·04 in the Metropolitan Licensed Houses. In the same

answer (2620), from which we have quoted, Dr. Tuke ventures on what would seem very tender ground indeed, and confidently makes this statement in regard to the registered hospitals and his professional brethren who superintend them :—"The last report of the Commissioners of Lunacy contains records of mismanagement and complaints against these hospitals. There is not one of them whose medical man has any repute for treatment, or who has come at all to the front." This, indeed, is a grave charge, and if not to be proved, Dr. Tuke should surely not have made it. In simple justice to those gentlemen and their institutions, we must again turn to the report to which Dr. Tuke refers, the same from which we have been quoting, and carefully go over the Commissioners' entries on all the registered hospitals in England (pp. 330-350). We find almost nothing but praise of their condition and management. Positively the only statements of the nature of complaints are that the patients at Wonford House are left for an hour without supervision after going to bed; that the windows of St. Luke's are dirty; that the "Medical Journal" at Warneford Hospital was not up to date; and that at York they used some old box beds. Turning to p. 108 of the same report, we find a page and a half in regard to the suicide of one of Dr. Tuke's patients at Manor House, which most persons would say looks much more like a "record of mismanagement" than anything to be found in the Commissioners' entries regarding the hospitals. By the way, in that entry we observe—we do not criticise or blame, but merely put on record the fact—that Dr. Bucknill's American friend would have gained his famous non-restraint bet had he been admitted to Dr. Tuke's Asylum, for in the case of this gentleman, we find in the Blue Book that it had been "deemed advisable to place him under restraint, by means of a straight waistcoat, for three or four nights." Then, as to the facts about "Cures." We find at p. 149 that the very lowest proportion of recoveries in any hospital (excluding those for idiots) was 14·2 per cent., and the one next to the lowest was 22·5 per cent., while the highest was 58·9 per cent. Turning to p. 150, we see there the results for the year in all the London private asylums, and we cannot be accused of unfairness if we take the two, one of which Dr. Tuke owns, and the other of which he visits, viz., Manor House and Northumberland House. There were admitted into Manor House, 16 ladies and gentlemen, and there were discharged, recovered, 2, being at the rate of 12·5 per cent.

The admissions into Northumberland House were 30, and the recoveries, 12; or at the rate of 40 per cent. Comment on these facts is unnecessary, as is any further reference to Dr. Tuke's evidence, except to refresh his memory in regard to any hospital man not having "any repute for treatment," or having "come to the front," by pointing out to him the names of Mr. Mould, of Cheadle, with his 59 per cent. of "cures," and Dr. Thurman, of The Retreat, with his "Statistics of Insanity," which, at all events, have been hitherto reckoned perfectly reliable as records of facts.

Dr. Nugent, one of the two inspectors of lunatic asylums in Ireland, then gave the committee an account of the working of the Lunacy Laws in that country. He began by claiming that the English Lunacy Act was founded on the Irish (2t.00), a statement which Lord Shaftesbury afterwards corrected. In Ireland there are no local authorities that have anything to do with private asylums, which are, therefore, dependant for their visitation and inspection entirely on the Inspectors. The following is his account of modes of admission and discharge of pauper lunatics to the District Asylums:—

2705. You have three modes of admission; one by a single medical man's certificate alone?—That is presented to the Board; the other is where a single medical man signs a certificate of insanity, and the patient is brought before the physician of the asylum, who, on his own authority, admits him, subject to the approval of the Board at its next meeting. The third is where two magistrates sign the admission of a patient into the asylum, and that is mandatory under the Act.

2706. You appear to think neither of those satisfactory except the first?—I think the first is the most satisfactory. There are urgent cases. The best proof I can give you of the fact is this: That I was looking over and preparing, within the last fortnight, the report for Parliament, and I find that the number of lunatics admitted in the ordinary or legitimate way was only 197; the number admitted by resident physicians, about 798; and the number sent in by magistrates, 1,239.

2707. Do you think that under any of those forms of admission there is danger of a sane man being sent into an asylum?—I think that very often magistrates do not exercise proper discretion, and that they send in patients that they ought not. They may be insane; but they fix them in the asylum as dangerous lunatics, when *bonâ fide* they are not dangerous lunatics, when they are simply mentally affected.

2708. What mode have you of getting patients who have recovered out of these pauper asylums?—As soon as they are re-

covered the cases are brought before the Board, and the Board order their discharge.

2709. Who brings it before the Board?—The resident physician, or he writes to the inspectors; or when the inspectors are seeing the asylum, if there are patients in it whom they think fit to be discharged, they order their removal.

To any Englishman the fact would be utterly incomprehensible, that only 197 out of the total of 2,234 of the unfortunate lunatics of the poorer class are admitted into asylums in “the ordinary (?) or legitimate way,” which seems also the easiest, while 1,239 are virtually sent as “dangerous lunatics,” with only “the form of having a medical certificate.” No wonder Dr. Nugent finds this “very unsatisfactory,” and has “constantly spoken of it.” It urgently needs rectification in the interest of humanity. The inspectors are more powerful as to the discharge of private patients than the Commissioners in England or Scotland. He apologetically defended the existence of visiting physicians to public asylums in Ireland, but made out no good case for them.

He here describes what seems to be an admirable law and practice in regard to criminal lunatics that should certainly be copied in Great Britain.

2891. What is the state of things with regard to criminal lunatics in Ireland?—The first asylum that was opened, I believe, in Europe, of the kind regularly constituted, was that at Dundrum, which was placed immediately under the Inspectors, and left altogether to their control; it has been in existence now about 24 or 25 years, and I cannot conceive any institution to have progressed in every respect more satisfactorily than that has done. The system adopted in Ireland with regard to criminal lunatics is this: the Government leave altogether the admission of these lunatics to the discretion of the inspector. There are numberless cases of persons acquitted on the score of insanity whom we never think of sending to the criminal asylum, because very often minor offences are symptomatic of disease more than anything else. A man breaks a pane of glass, or hits his neighbour, or does something that brings him within the category of an offender; we would never think of sending that man to a criminal asylum, except he had shown, previous to that, violent or dangerous tendencies. We then measure the crime, or offence, very much by the antecedent character of the parties. There are 166 now in the Criminal Asylum at Dundrum, of whom 66 have committed murder. Of course, when a party commits murder, or any violent outrage on the person, he is peremptorily sent to the asylum, and the rule invariably is this, that at the termination of the assizes all the cases that have been tried by

the judge of assize are sent up to the inspectors, where the parties are acquitted, either on the score of insanity, or where they are found incompetent to plead by a jury empaneled to test their mental capabilities at the time they are arraigned. We then select and examine each individual case, in all cases of murder, cases of violent assaults on the person, any cases of crime that would involve transportation for seven or fourteen years. We consider those as the proper cases to be placed in the criminal asylum. But for minor cases, where the punishment would not exceed six or eight months' imprisonment, or punishment of that kind, we really do not think it is worth while to send them to the criminal asylum, except the individual who commits the offence is of a very violent and dangerous character. If we find that he is a violent and dangerous person for the time being, that he has to be under penal servitude, we send him to the asylum, and when the period of his incarceration naturally would have terminated, he is removed back to the asylum to which he is naturally chargeable.

The following suggestion of Dr. J. H. Bridges, one of the Local Government Board's Inspectors, is well worthy of attention for London and the large cities of the kingdom. He had first described the present arrangements at the workhouses, which are confessedly most imperfect. The proposed plan works well in Paris, and is free from the objections Lord Shaftesbury afterwards urged against it; at all events it would be better than the present arrangement under which workhouses arranged for one purpose are used for quite another.

2945. Could you suggest any modification or improvement in the present system beyond what you have already stated?—I have suggested at times to the Local Government Board the possibility of having in London certain probationary wards, which would, in point of fact, be equivalent to workhouse lunatic wards, only that they would be fewer in number; for instance, instead of having 30—one to each workhouse, or one to each union—you might conceivably have four or five such receptacles, in which these persons would be under special and skilled inspection, with a proper staff of attendants to supervise them.

2946. Do you mean belonging to all the workhouses?—Belonging to all the workhouses. I mean, supposing they were placed under some such common authority in London as the Metropolitan Asylum District Board, or some other authority of the same kind were adopted, it would be worth while for the authority to have a proper staff of attendants, a properly paid medical officer, and properly constructed wards in which they could be specially under observation.

2947. You would, in fact, advocate the construction and establishment of intermediate asylums between the workhouses and the actual metropolitan asylums?—Yes.



Dr. Bridges, who has had much experience of the Poor Law Medical Officers who sign the present single certificate, suggested that two certificates should be required for all pauper cases. He condemned the practice of some Guardians, who insist that all the pauper insane of their unions should pass through the workhouse first, before going to the asylum, no matter how urgent their cases may be. Anything more short-sighted and harsh cannot be imagined. He disclosed the startling fact that a lunatic may be detained for years in an English workhouse, without any sort of legal authority whatever, or even being certified to be insane! This state of matters needs remedy.

Mr. W. G. Balfour, L.R.C.P., then gave evidence that he had known a son sent to an asylum in Scotland by his father when he was not insane; but it appeared that when his father procured his discharge he would not leave, but stayed on as a voluntary patient. That asylum must be a very nice place. The witness recommended that one of the medical certificates should always be signed by an expert in lunacy, and that a magistrate should attest the signatures of those who sign orders, and also of the relieving officers. He thought that "it is as easy to treat 5,000 lunatics as 500." He would have the State buy up all private asylums. He made an important suggestion, that all English patients in foreign asylums should be under the protection of English Ambassadors (3157).

Mr. J. J. Henley, another of the Local Government Board's Inspectors, described thus how a lunatic is at present admitted into a workhouse, and what is done to him—

3405. What local supervision is there of these lunatic wards?—As soon as a lunatic is admitted into a workhouse, an alleged lunatic or an imbecile, his case is entered in a special book which is recommended to be kept by the Commissioners in Lunacy, stating the condition of the person on admission. His name is then transferred to another book of which this is a sheet, which is examined every quarter by the Visiting Committee; his name is then entered on the certificate, which I quoted before, of the medical officer, to say that he is a proper person to be kept in a workhouse, and that the wards are sufficient for the purpose; and the medical officer also makes a quarterly return to the Commissioners in Lunacy, and the Guardians whenever they visit the asylum, have to answer a special query in their visiting book with regard to the treatment of all lunatics in the workhouse; and another book is kept, which is called the workhouse medical report book, which is laid before the Guardians from

time to time by the medical officer, in which he is bound to report to them where he may see any deficiency in the nursing or treatment of any person in the workhouse. That, I think, is as far as the local supervision is concerned.

The futility of any mere permissive act to produce anything like solidarity of working among the various local authorities who have to do with lunatics he pointed out, is well illustrated by the failure of "Lord Devon's Act," the provisions of which have never, in any one instance, been put in force since it was passed (3410). He thought well of the Scotch lunatic wards of poorhouses, and advocates an arrangement by which a number of half-filled workhouses in a county, should join and empty the inmates of one or two suitable ones, which are suitably placed and have land attached into the others, which could then be used for the reception of chronic, harmless, incurable lunatics, so utilising buildings already in existence. This suggestion will bear probably important fruit in relieving the now overpressed county asylums. He does not think that there is any inconvenience in having a small number of harmless lunatics in the ordinary wards of a workhouse.

Dr. Rhys Williams, of Bethlem Hospital, was next examined. He approved of the idea of psychiatric dispensaries attached to asylums (3617), thought that the position of physician to a public asylum was a more satisfactory one than that of a private asylum, did not believe that lunatic hospitals would suit the higher classes in England, thought that the Commissioners' visits should be more frequent, and that private asylums could not be suddenly done away with, but be gradually absorbed by the public authorities. He did not think chloral or other drugs could produce insanity, but did not like chloral, and had almost given up its use. He gave a good account of his female attendants. If all the witnesses had said what they had to say as clearly and succinctly as did Dr. Williams, how easy would have been the task of making a digest of their evidence for the readers of this Journal!

Dr. Maudsley was next called in. He was strongly of opinion that the present forms for the admission of private patients into asylums or private houses were quite sufficient, and if made more stringent would operate injuriously on their early treatment and chances of recovery. In regard to other matters, he gave the following evidence:—

*Present Unwillingness of Medical Men to Sign Certificates.*

3754. And yet, all over the country, people are exposed to be sent to an asylum upon the certificates of two medical men, who really are not qualified to give an opinion?—There is no doubt about that; but I think the way in which that operates mostly, is that, feeling themselves not qualified, they shrink very much from giving certificates. There are some medical men who will not give certificates under any circumstances scarcely. The medical man of a family is often unwilling to do so, because, when the patient comes out from under care afterwards, he probably will have some feeling of hostility towards him; and I am sure the medical profession, as a body, would be extremely glad to be released from the necessity of certifying.

*Order by a Public Official.*

3756. If it is considered desirable, as I heard suggested, that the certificates should go before some public official before they were acted upon, it seems to me that no public official would be in a better qualified position to judge of the value of the certificates than the Commissioners, to whom exact copies are sent within 24 hours; indeed, not nearly so much so. If he entered really into the matter in each case, it would be a very anxious responsibility—a formidable matter for him to undertake; and if he did not, it would simply become a mere matter of routine, which, adding to the publicity, and adding to the expense, and adding to the delay of getting a patient under care, would make the early treatment more difficult than it is.

*Psychiatric Dispensaries, but no Patients.*

3748. Are there not cases of incipient lunacy which might be met by medical treatment, as an out-patient would be treated in other diseases?—No doubt in some cases there might be, but the difficulty of the early treatment of lunacy arises very much from this, that a man does not himself recognize that he is becoming insane. Very few insane people do acknowledge that they are insane; it is quite the exception when they do, and in the early stages it is a most uncommon thing for a man to suppose so; he rebels against all kinds of treatment then, will not see a doctor, thinks the idea that he is ill perfectly absurd. Just at the moment when it is most important that something should be done, at that moment there is the greatest difficulty in doing what is desirable.

*Advisability of distinguishing between Forms of Admission to Asylums for Cure and for Safe Custody.*

3751 Then again, there are dangers of such a person as the young lady you mentioned being sent by mistake to an asylum, in which case the symptoms would be very much aggravated, would not they?—I do not think it would be advisable to send her to an asylum, nor

would I do so; but I should send her from home to some medical man's house, or to the house of some suitable person. If I have to do that, I have to go through exactly the same forms as I do to send her to an asylum, and there is the greatest unwillingness on the part of friends to do that. All I desire to see done, if feasible, would be to distinguish with regard to the stringency of admission-forms between the early cases of insanity in which it is a question of treatment, and chronic cases of insanity, in which it has become rather a question of safe custody.

*Importance of Early Treatment.*

3744. You think that if there was more care taken, more delay in admitting or consigning patients to asylums, their cure would be more doubtful?—Undoubtedly; there are two great objects to be kept in view with regard to the detention of patients; they are put under care, not only for their own safe custody, because they are dangerous to themselves or others, but another, and most important object, if insanity is to be cured, is, that they be put under care for treatment, and early, because recoveries are entirely in proportion to the early stage at which treatment is adopted. If regulations are made more stringent than they are now, and, indeed the present regulations operate to some extent in that direction, the friends of patients will, instead of sending them from home, as is almost essential in a case of insanity—unlike in this respect other disease—keep them at home under improper conditions, and so very much injure the chance of recovery.

*Dislike of Relatives to any Forms.*

3745. Would that early treatment necessarily involve sending them from home; could not they be treated to a certain extent as out-patients?—If a patient is sent from the care of his own friends, even if it is to a private house, it is absolutely necessary to go through the same forms as you go through to place him under care in an asylum; and my experience as a physician is that friends shrink very much from doing that. They dislike the supposed publicity of it; they dislike the formally pronouncing him to be a lunatic; and they will not remove him from home in consequence.

*Early Treatment in Private Houses.*

3761. Do you think the system of private houses a good one?—I think it is very important in the early treatment of insanity, in some cases, that they should not be sent to asylums, when it is still important that they should be placed under some kind of care.

*Sanity and Insanity: the Line between.*

3791. Do you agree in the opinion which was expressed by Dr. Williams, that the line of demarcation between sanity and insanity is by no means very distinct?—It is like a line of demarcation between light and darkness, it is impossible to draw it.

He recommended the abolition of that clause in the Lunacy Act under which the proprietor of a private asylum can certify that a patient is dangerous, and so prevent his removal. Along with all the other medical witnesses, he scouted the idea of there being any drugs that could produce insanity.

Dr. Duckworth Williams would send all cases early to asylums, and after a time discharge them, or send them to their friends, or the workhouses, each of which should be thus equipped:—

3876. My idea is that all workhouses might have a detached building, in which chronic lunatics might be detained, and in which they might be kept much cheaper and at much less cost to the rate-payers than in the county asylum.

He described how in the last seven years he had so discharged 200 chronic harmless cases from the Sussex Asylum at Haywards Heath, only 10 per cent. of which had come back, and that in this way he had saved the county £30,000. Another effect of this he then described:—

3884. It has done away with the prejudice against the asylums in the county of Sussex to a great extent. Friends now see that they can get their relatives out without any trouble.

3942. It is a matter of humanity, rather than scientific opinion, that you would advise these discharges?—I think they are more comfortable with their friends; their friends are more satisfied; and the patients themselves are more satisfied.

He thought such cases could do with less diet on the whole than those in asylums, chronic lunatics not needing more than other persons, while recent cases do. He did not suggest any scheme by which the various medical superintendents of asylums shall be enabled to see alike as to what constitutes a chronic, harmless, incurable case. It would be a great pecuniary gain to every county, wanting a superintendent, to make it a *sine qua non* in every eligible candidate to have most clear perceptions on this point, judging by the example of Sussex. He thought that it would be an advantage for local authorities to build for, and lodge patients of every class, but was against the idea of having pauper and private patients in the same building. He made a most positive statement that lunacy is on the increase in Sussex, but brought forward no reasons that the majority of persons would think sufficient. He also stated, as a fact known to him, that criminal lunatics are most dissatisfied with the diet of the county asylums after the more sumptuous fare at Broadmoor.

Dr. Gilchrist, of the Crichton Royal Asylum, Dumfries,

then explained to the Committee the case of a Mr. Wilson, whom he had detained in his asylum for a longer period than the Scotch "certificate of emergency" allowed him to do, and who thereupon brought an action against him, and got £150, the Board of Lunacy having told his agents about the fact six weeks after its occurrence. The witness is clearly a kind-hearted, over-conscientious man, who thought that it was his duty to do as he did for the protection of the patient; but good motives do not unfortunately in this wicked world protect public officials who are appointed under Acts of Parliament from the consequences of a deliberate violation of the provisions of such Acts. Dr. Gilchrist must be satisfied with the approval of his conscience, the sympathy of his professional brethren, and the general impression which seemed to be produced that the Scotch Board of Lunacy did a shabby thing in telling tales of him out of school. If they have no power themselves to prosecute for such an illegal detention in an asylum, they ought not to have interfered. He thought the Scotch plan of letting patients out on probation a good one when they don't go to their friends. But he did not make a suggestion as to where else they should go; and he says that a considerable proportion of his "probationers" come back. He thought the Scotch law quite sufficient to protect the liberty of the subject; but if this is so, we consider it a most unfortunate circumstance that he should have had to come to tell the Committee about his own abuse of the certificate of emergency, a provision under which any urgent case in Scotland can be sent at once to an asylum, which is quite according to Dr. Bucknill's and Dr. Maudsley's ideas of making the forms most easy for placing an acute case of insanity under medical treatment without delay. We believe that the certificate is in Scotland the greatest comfort to the friends of patients and to the asylum physicians, and of the greatest value to the patients themselves, and we hope the Committee in its report will recommend its extension to England. We have reason to believe that Dr. Gilchrist's cases, of which he and Dr. Mitchell told the Committee, are the only instances known of an illegal interference with the liberty of the subject that could by possibility be attributed to this certificate.

The witness described the Scotch system of allowing patients to enter asylums voluntarily, but does not think that this provision is of any use in cases of temporary insanity from drinking, or in the case of dipsomaniacs, who constantly

make use of it, but won't stay long enough to do themselves any good. This is his experience of the treatment of private and pauper patients together in the same institution but not in the same building :—

4326. Are you aware whether there is any feeling of discontent on the part of paupers at seeing the private patients treated better than themselves?—I should say certainly not, so far as my experience goes. The two houses are so entirely separate from each other that it could hardly be possible.

In the following quotation he makes a very grave statement as to the relations between the Scotch Board and the asylum physicians :—

4197. I do not refer to the case in which you yourself were concerned; but generally speaking, is the system of visiting, and the system of supervision of asylums in Scotland adopted by the Commissioners, considered a satisfactory one by those who have the management of asylums?—I think I am speaking the truth when I say it is not generally satisfactory to the profession, to the medical superintendents.

4198. Is it satisfactory to the public?—I can hardly answer that; I should say not always.

4342-3. You state that the medical profession, generally, in Scotland, are, in your opinion, dissatisfied with the administration of the Lunacy Board; will you state the grounds on which they object to the present administration?—Perhaps it was not right for me to make the statement except with considerable qualifications, but it is, I think, generally the impression of the medical superintendents that the Board interferes a little more than they might do in special matters of detail, which should be left to the medical superintendent, who is supposed to have the skill and experience necessary to deal with them. I do not think I can say anything more definite than that; I have heard them complained of by gentlemen speaking in ordinary conversation.

4344. Hearsay complaint?—Yes, I have no other ground for it.

This must strike a stranger oddly, for if there is one thing more than another that seems characteristic of the Scotch Medical Commissioners and Superintendents, it is the friendly terms on which they seem to be when they meet on professional platforms. Is it possible that his treatment by the Board in the Wilson case has rankled in Dr. Gilchrist's mind and coloured his opinions regarding it? At all events, on this point we should have liked the evidence of other Scotch physicians.

Dr. L. S. F. Winslow occupied himself chiefly before the Committee in rebutting the grave charges brought

against his house by Dr. Lockhart Robertson and Dr. Bucknill.

Then came the cases of Mrs. Lowe, Mrs. Petschler, Anthony Stevens, Peter Chance, the Rev. W. A. O'Connor, the Rev. J. W. Thomas, and Mr. Walter Marshall, all of whom personally or through others gave evidence before the Committee as to their wrongous detention in asylums. It perhaps would be improper to indicate an opinion on the merits of any of those cases before the Committee have given in their report to Parliament, but there can be no impropriety in saying that there was strong and abundant testimony in all the cases that mental disease had existed. In reading over those cases, it does strike one that if greater freedom of visitation and of sending letters had been allowed, and facilities offered for trying some of them out of asylums whenever the acute symptoms had passed off, or the patients had acquired a fair amount of self-control, we should never have heard of them before a Parliamentary Committee on Lunacy Law. By far the most satisfactory quietus to many very troublesome but not dangerous lunatics is to send them out of an asylum; the trouble they give to their friends and the asylum doctor when out and in getting them back again, is infinitesimal compared to that implied in keeping them in, and they are apt to be much more satisfied and easily managed thereafter.

Mr. Wm. W. Parkinson, master of the Bermondsey Workhouse, formerly an attendant and afterward the chief attendant in an asylum, then gave evidence. He was the only man of that class who was called, and we are certain that this was a mistake. Intelligent attendants could have given the Committee most valuable information on points that doctors can't speak with any authority upon. He thought there were too great facilities for sending patients to asylums. He would like to have two medical certificates in pauper cases, the one being given by an independent man, the parish medical officer being, in his opinion, often young and inexperienced. He thought there is now a great tendency among people in the lower and middle class to put their friends into asylums. This is a very important point, which we believe to be true in large towns, and which was brought out by no other witness. He thought for the removal of the pauper cases to asylums the Guardians should appoint trained persons. This also is a point of some practical importance.



This is his opinion of attendants in asylums, and he must have known them :—

5808. What is your experience of attendants in asylums ?—I think they are very much improved upon on what they were 20 years ago. My first experience was very bad indeed. I think that the attendants are very much what the medical superintendents make them. I think when they have an excellent medical superintendent at their head, they are (much more attentive) much more kind, courteous, and humane towards the patients than when the medical superintendent is lax and indifferent to his duties.

He did not approve of mixing convalescent with new cases in asylums, this practice being very bad for the former. The Commissioners in Lunacy might well ponder this, and try to get quietude in asylums by some other plan than an absence of classification.

We may say, without fear of any contradiction, that the cases of the "Protestant Alliance" and the "Lunacy Law Amendment" Society broke down completely. No evidence of any value was brought forward, nothing but second-hand or hearsay gossip.

Dr. Blandford's evidence was of a very weighty and well-considered kind, and will, no doubt, have much weight with the Committee, from his position, character, and experience. This is his opinion as to the appointment of independent men as visiting physicians to private asylums, a plan suggested by Dr. Robertson, and also as to the whole question of the existence and use of private asylums :—

7415. Then it has been further suggested that there should be an independent medical man attached to all private asylums who should be paid by the proprietor, but nominated by the Commissioners in Lunacy ?—That would be the creation of a class of deputy-commissioners or something of that sort. I can only say that it would be very difficult to get medical men of that class who knew anything about the subject unless they were very highly paid ; and it would really be merely adding an additional number to the Commissioners in Lunacy. I have not the slightest objection to that being done, if it is thought expedient. I think the Commissioners in Lunacy are a very great safeguard both to the patients and to the proprietors.

7416. Neither of those four plans which have been suggested would in your opinion be beneficial to the patient, having strict regard to this Committee, which is as to the liberty of the subject ?—I have no objection to any number of medical men seeing the patients. I think there would be no objection to a medical man of that description being appointed, if he were a man who knew his business.

7475. Would it not be an additional safeguard if one of the medical men signing the certificate were to be in some way responsible to the public, and recognised by the Commissioners?—I myself think that the safety of the public really is the fact that medical men in general are not all experts in this matter. The general charge made against us lunacy doctors is that we are ready to shut up everybody, and that we think everybody insane. If the people signing certificates were all more or less what are called lunacy doctors, I think the public would imagine they were going to be shut up a great deal more than they are now, when an ordinary medical man signs a certificate, really as one of the public, not as an expert in lunacy.

7510. I need not ask you, as you do not think the system could be improved, whether you think it would also be an improvement that the superintendent of an asylum should not have any pecuniary interest in the detention or otherwise of the patient?—For many years I was in that position; it is only quite lately that I have become in any way or shape a proprietor. I confess that, personally, I very much prefer not being a proprietor; but I think this, that I should keep patients a great deal longer, if I had no pecuniary interest in them, than I do when I have a pecuniary interest, and I think one lets many patients out of a private asylum on account of the pressure put upon us by friends, who would be benefited by being kept longer, and who, in a public asylum, certainly would be kept longer.

7511. No doubt that is the case with a man of right feeling, but I am assuming the case of a person not of high moral feeling?—Another witness, who was before you, said if one were to begin *de novo*, perhaps it would be better to begin in that way. I think many people would have a great objection to send their relatives to anything like a public asylum.

He ridiculed the idea of there being any drugs that can cause insanity. He thought that the law should compel every person who put a patient into an asylum to visit him in person or by deputy every six months, as was the case in a former Act (7441). Believed the Commissioners were quite sufficient to secure the liberty of the subject. He approved of the Scotch plan of a certificate of emergency.

Dr. C. H. Fox's evidence was chiefly taken up with Mrs. Lowe's case. It came out clearly, however, that even in the best private asylums in England "it is in the power of the person who placed the patient in the asylum to prevent any access to him or her without his wish." The witness thought that the power of regulating the visits of outsiders to patients should be left to the discretion of the medical superintendent.

Dr. P. Maury Deas went very fully into the case of Mrs. Petschler, who had been under his care at the Macclesfield

Asylum. His opinion in regard to sending recent cases of insanity to workhouses is as follows:—

7824. You have spoken rather strongly against lunatics being received in workhouses; are you aware that there are 15,000 lunatics in workhouses in England?—Yes.

7825. Are you aware of any single case in which there has been wrongful detention in a workhouse?—I consider it is all wrongful detention.

7826. Are you aware of any single case where a sane person has been detained in a workhouse?—No, I have no knowledge of such a case.

7827. Your objection applies to the whole 15,000?—My objection goes to this: when asylums are provided by the county, and supported by the rates for the proper treatment of insane patients of the poorer class, I object to their being received, without any legal formalities or medical certificates, into buildings where they cannot receive the same treatment, and where they are detained without any responsibility, for a period depending entirely upon the discretion of the medical officer of the workhouse.

He advocated strongly the sending of quiet chronic cases to workhouses.

Mr. Richard Adams spoke of the great success of the Bodmin Asylum, Cornwall, of which he is superintendent, and which carries out the principle for that county of providing for all the insane, private and pauper, in separate houses near each other, under the same management. This is how it works there:—

7993. Is there any jealousy or inharmonious working arising between the private and pauper asylums at Bodmin?—No, none whatever.

7994. There is no hitch in the machinery of management?—Not the slightest.

7995. Is there any jealousy on the part of the pauper patients against those on the other side?—No; on the contrary, it is an advantage, because there are many pauper patients who come down to work in the private asylum who will not work anywhere else. The place is much nicer, and they get little extras for working, and so on, so that in this it is a positive advantage.

He thought that if private asylums were more frequently visited it would satisfy the public.

Mr. Samuel Newington spoke of the case of the Rev. Mr. Thomas.

Mr. J. H. Kimbell, Mr. E. A. Everitt, and Dr. Parsey spoke in regard to the case of a nun named Miss Wardell, sent to the Hatton Asylum from a convent. Dr. Parsey

thought there was nothing in any way unusual about a nun becoming insane in a convent, nor that she would be treated in any way differently there from a private house, medical men being sent for, &c.

Col. Fletcher spoke of the case of Peter Chance.

Dr. Cameron, M.P. for Glasgow, detailed very fully the difficulty he had had in getting a "Fiscal case" out of the Royal Asylum at Glasgow before his complete recovery, but after such improvement in mind that he was quiet and could earn his own living. The necessary fees for getting up a petition to the Sheriff in due form, and to pay two independent doctors to examine him and report, were not easily got, and it appears they would have been thrown away if they had been got. Surely Dr. Cameron would not have a man who was actually very dangerous to the lieges go out of an asylum merely because his wife wished to have him. Let him devise a remedy for such cases as he described, he being a legislator.

The Hon. Francis Scott, chairman of the Brookwood Asylum, the only member of a Committee of Visitors of a County Asylum examined by the Committee, gave most important evidence in regard to the way pauper patients are certified and sent to asylums in such great numbers, the state of those who now occupy those institutions, a layman's view of large asylums, their visitation by the Commissioners, the confusion of authorities, and finally the treatment he favours. The following are his views:—

8614. We have had evidence on the contrary that it would be a great advantage if the system of the two certificates, in the case of private asylums, were supplemented, or even exchanged for that of magistrates; that the intervention of a magistrate is a great safeguard?—I cannot pretend to say what it would be instead, or in lieu of the two; but I certainly should seek to have some more efficient medical certificate than is now adhibited. The parish doctor, a young man who has paid something for his practice, and perhaps never read a line, never saw a case, gives his opinion, which is not worth as much as yours, and the man goes to the asylum upon that.

8633. They are treated in classes instead of being treated individually?—They are classified; and medical gentlemen will tell you they can treat them up to 1,000, and 1,500, but they used not to say so. Three hundred or four hundred was enough for them to manage in a curative establishment; they cease to be curative; we do not cure; ours are large places of detention. In 1857 the number of lunatics "deemed curable" in the county asylums of England and Wales amounted to 1,890 out of 15,154 patients, or 12·47 cent. (House of

Commons paper, 1858, No. 299). Those "deemed curable" in 1874 and 1875, throughout England and Wales, were  $7\frac{1}{2}$  per cent.; those deemed curable in the county of Surrey were  $4\frac{1}{2}$  per cent. I do not know anything more disheartening than that.

8663. You referred to the fact that you thought the Lunacy Commissioners were not able to visit as much as they ought; would you suggest that their number should be increased?—If it is to continue as it is—two divisions, two departments of State—it is absolutely necessary that either the number should be increased, or that, as the Poor Law Department has done, they should have a great number of inspectors under them. I merely put it in this way: there used to be about 12,000 lunatics and now there are about 65,000.

8664. Was the staff the same then?—Just the same.

8691. One of the points you have touched upon is the confusion of authorities which govern the cases of lunatics. There are six authorities, are there not—the Asylum Visitors, the Court of Quarter Sessions, the Board of Guardians, the Home Office, the Local Government Board, and the Lunacy Commissioners?—Yes; the Home Office I supposed to be over the other two, but I may be in error.

8752. I have seen the practice in England; I have seen it in Scotland, and in Norway, and in France; I have seen it at Gheel and in other places in Belgium; I have seen it in Germany and in Italy. You need not ask me whether I desire to see more or less liberty. I say more liberty and more work.

Dr. Mortimer Granville expressed very sweeping views as to the insufficiency of the present Lunacy Laws.

8819. I think the means taken to ascertain the sanity or insanity of persons before they are placed under treatment in asylums are insufficient both as to the method of taking the opinion and the character of the opinion given.

He thought that means should be taken to identify each patient to the Commissioners at their visits. He thought a cunning lunatic would have a "far greater" chance of liberation than a sane man, that the dietary was below what it should be in nutritive material in the London pauper asylums, and that there should be a register of the medical treatment and the medicines used. This is his idea as to how the patients should be visited:—

8872. You think that the Lunacy Commissioners ought to visit more frequently than they do?—I think the system of visitation is not likely to be more efficient because it is increased, but the mode of conducting the visitation should be altogether altered. The visits should be to individual patients; that is to say, when a case is admitted to an asylum, I think the best plan would be for a patient to be sent, under ordinary circumstances, as to an ordinary hospital,

immediate notice being given to the Commissioners in Lunacy, who would instruct some official on their behalf to visit and certify to them the condition of the patient and the expediency of retaining him; and that the patient so certified should be kept under the observation of an independent official, at any rate during such period as the disease was supposed to be curable.

Here is a most heterodox opinion—what will some of our Scotch friends say to it?—

8882. I think that the employment of farm labour is by no means a suitable one for the great mass of lunatics.

He was wrong in his statement to the Committee about there being more recoveries in private than in public asylums as we have pointed out. He is greatly against large asylums. He advocated individualisation of patients, and the making of their circumstances more in harmony with their state, changing as it changes. He thought private asylums should be done away with, and the doctors who take private patients should be paid by salary. On the whole, he thought well of asylums. There are no abuses in them. He stated that chloral and other narcotic and sedative medicines tend to make the patients “pass pleasantly into dementia.”

Dr. Thorne Thorne and Dr. Lake defended Dr. Winslow energetically about the case of Mr. Morton. Unfortunately neither of them had seen the patient up to the time of his removal.

Mr. Charles Palmer Phillips, Commissioner in Lunacy and formerly Secretary to the Commissioners for seven years, then gave weighty evidence on a great number of questions. He first gave the facts as to the case of a Mr. Long. He thought the Commissioners and the Lord Chancellor's Visitors did not clash at all; he did not say their duties did not overlap. This is his opinion in regard to undue detention in Asylums.

9544. You stated that within your twelve years' experience, you had not known a case where a person being sane, had been improperly confined in an asylum?—I think not; I cannot recollect the case.

9545. What is your experience as to the undue detention of individuals, who, not being sane, have been detained in an asylum longer than was necessary, either with reference to their cure or the safety of the public?—My opinion, for what it is worth, is this, that the tendency is rather to discharge prematurely than to detain unnecessarily. Of course opinions must always differ as to the right moment for discharge.

Mr. J. D. Cleaton, another Commissioner, gave this evidence about Mrs. Petschler:—

9859. I may say I held an enquiry jointly with one of my legal colleagues extending over four days, and we came to the conclusion that she was insane, and properly placed under treatment; that she was kindly treated, and that her detention was not unduly prolonged.

Dr. Arthur Mitchell, one of the Commissioners in Lunacy for Scotland, gave most elaborate evidence as to the working of the Scotch Lunacy Laws. He approved of the uniformity of procedure for the admission of private and pauper cases as being sound in law, and thought the Sheriff's order the right thing. The Sheriff in Scotland is a high and important legal functionary, combining the duties of Stipendiary Magistrate, County Court Judge, and paid Chairman of Quarter Sessions. He admitted that the certificate of emergency is now often used as one of convenience, and did not condemn this. He gave the Commissioners' view of the case of Mr. Wilson at the Dumfries Asylum. He said that 10 or 15 per cent. of all the admissions into Scotch asylums were on certificates of emergency. He did not approve of lunacy experts, but was very strongly in favour of the fuller study of mental diseases on the part of medical men. Here is what he said as to the reasons that influence friends and parish officers in sending patients to asylums:—

9935. During my work as a deputy commissioner, I was led very largely to know the motives which influence people in sending relatives or friends to asylums. I frequently saw patients, during one visit to a county, at home and provided for under private care. A year elapsed, and on going back, I found that those patients had been removed to asylums. The reasons I was interested in knowing. There might be a change in the patient's condition; but that seldom was the reason. It much more frequently happened, the cases being chronic cases, that the removal was due to some change which had occurred in the domestic arrangements, some one's death, or perhaps the loss of money, or perhaps even the acquisition of money. The reasons were extremely various, but they were not generally reasons which related to the patient's own condition or his insanity. They were often, I thought, good and sufficient reasons. I frequently thought that, on the whole, it was an advantage to the patient that he had been removed. At other times, I thought that with a little forbearance, and with a little effort to adapt the new circumstances to the patient's case, the old arrangement might have been left undisturbed.

*Good Effects of Visits to Patients in Asylums.*

10062. What are the provisions made for securing access to patients in asylums?—The clergyman of any parish in which an asylum is situated, or the clergyman of any church to which a patient belongs, or any relation of a patient, or when the patient is a pauper,

any member of the parochial Board liable for his maintenance has liberty to visit any such patient in an asylum, subject to such general conditions and regulations as the superintendent and medical officer of the asylum may think it proper to impose. Such conditions and regulations must have the sanction of the Board. If permission to visit a patient is refused and complained of, the superintendent must intimate the refusal and the grounds of it to the Board, whose decision in the matter shall be final. Under a special instruction from the Board they must make this intimation, whether the refusal is complained of or not. In addition to this, the Board can at any time give an order for the admission to visit a patient of any relation or friend of any medical or other person whom any relation or friend may desire to be admitted. This may be either an order for a single admission, or for admission for a limited number of times, or for admission generally at all reasonable times. If a patient wishes to see any relation or friend, the Board can give an order for the admission of that friend, but they cannot, of course, compel the friend to go.

. . . . It is the policy of the Scotch Board to give free access to patients; but it is a policy which they seldom require to exercise or urge, because I believe it also to be the policy of the superintendents of Scotch asylums. It is scarcely possible, in my opinion, to carry such a policy too far. The freer the access to patients the better. The errors from an over-freedom cannot, in my opinion, be either numerous or of a serious nature. The evils from an opposite course can scarcely fail to be numerous and grave.

10068. As a general rule, in Scotland, everybody can have access to every lunatic, provided there is no medical objection on the part of the superintendent?—Yes, we have done our best to make it known that we think a great guarantee against improper detention is afforded by freedom of access to patients.

There is no restriction as to letters at all in Scotland, except that the superintendents have to send, unopened, those addressed to the Commissioners in Lunacy, but they can do what they like with the rest. As a matter of fact, those are sent that ought to be sent. The Commissioners sanction the discharge on probation of patients; 1,805 have been thus discharged, 1,508 of whom were able to stay out of asylums. The Commissioners do not wish to have the English power to order discharge on their own examination, but approve of the present procedure of two medical men seeing the patients, and reporting to them.

10109. In England it is about one Commissioner to 10,000, and in Scotland about one to 4,400; do you think if your lunatics were trebled you could get through the work?—I do not think it would be possible.



The witness explained that in Scotland the Commissioners did the work of the Chancery Visitors, that they visited the poorhouses twice a year, and have much office work. He explained that the duties of the Deputy Commissioners are to inspect and supervise the single patients, pauper and private, a duty not done in England at all.

*Boarding-out System in Scotland.*

10162. Those of them who are paupers are visited by the parochial medical officer at least once a quarter, by the inspector of poor at least twice a year, and by one of the Deputy Commissioners in Lunacy, as nearly as can be, once a year. In addition to this they are at large, and are constantly seen by their neighbours. This last is a very important kind of inspection. All the visits of which I have spoken are recorded. Certain patients are visited more frequently than once a year by the Deputy Commissioners, some of them many times; others again are visited less frequently. Some might be quite safely left for years without being visited, their guardians being known to be trustworthy, and the arrangements for their comfort to be satisfactory. My opinion is that there are patients who are happier in private dwellings than they would be in asylums. That is so clearly my opinion, that it does not seem possible to me that any one can entertain a doubt regarding the matter. There are not only many lunatics who derive no benefit from being in asylums, and who do not need asylum appliances for their proper care and comfort, but there are also many lunatics of whom it is true that they are happier and saner out of asylums than they would be in them. It is not a kind thing to send such people to asylums; and it would not be a necessary or desirable thing, if comfortable homes and guardians could be found for them; but this is not always and everywhere easily done, and the difficulties are becoming greater than they were. The providing for patients in private dwellings is a scheme which, to a large extent, is settled by considerations of money and trouble.

As to the system of mixed asylums with two departments, one for the private and the other for the pauper class, he fully confirmed Mr. Adams' Cornwall experience that it is a great success in Scotland. Such asylums, he says, are "self-supporting, and the extension of the buildings has been mainly out of the profits." We think it is possible that the existence of these asylums in Scotland, which are popular, and with different rates of board suitable to all classes, accounts for the extraordinary fact that, in a poor country like that, there should be far more private patients in proportion to the population, and in proportion to the number of pauper patients as will be brought on in our Review of the Blue Book for 1876. That in England there should be only 12 per cent. of

private to pauper patients, while in Scotland there is 22 per cent. is a fact well worthy of attention by such a Committee as this. Whatever is its cause, the fact itself speaks volumes for the self-respect and feelings of independence of the Scottish people.

10166. How does that answer in Scotland?—We have very few private asylums in Scotland. We have only six; and those which receive patients in affluent circumstances have an excellent character. Many of their inmates come from England and Ireland. We possess in Scotland a considerable number of high-class asylums with Royal charters, which furnish excellent accommodations to private patients; of all the private patients in Scotland, on the 1st of January this year, 85 per cent. were in public asylums, and 15 per cent. in private asylums.

*A "Public Asylum" does Not Make Public the Names of its Patients.*

10180. One objection that has been taken to public asylums is, that people do not like their names to be known, and they think there would be more chance of their names becoming public in a public asylum than if they went to a private asylum?—There is nothing more public about a public asylum than there is about a private asylum, the one is called a public asylum, the other a private asylum, but there is practically no greater publicity about the one than about the other.

10181. Then you think if you turn the superintendent into a paid Government officer, there would be no greater chance of publicity in that sense than if he kept a private house?—None whatever, and the confidence that exists in public asylums in Scotland is shown by the figures that I have given you; 85 per cent. of all our private patients are in public asylums.

He expressed the opinion that there should be no legislation to suppress private asylums. He explains (10222) that in Scotland the number of single patients continues to decrease year by year, just because the Deputy Commissioners try to confine the system to suitable cases, and have the unsuitable sent to asylums.

10255. You have no serious alteration in the Scotch law to suggest?—No.

Mr. Palmer Phillips was recalled, and added greatly to his first evidence. The following is evidently the deliberate opinion of the Lunacy Commissioners as to the order of admission of private patients, and therefore deserves being put on record. It will be observed that he takes no account of the general principle of giving one private person power to

deprive another person of his liberty. The English practice is proved to work well on the whole, but when one thinks of it as existing in the freest state in Europe, one asks, Does such a practice exist elsewhere in Christendom? And has its existence here anything to do with the chronic suspicion of asylums in the public mind, and the periodic outbursts of ignorant prejudice against them?

10373. You do not think it would be a good plan to try to assimilate the English system to the Scotch system, that the relation, or whoever the party was who wanted the patient shut up, should petition some public authority for the order?—My own idea is, that if you substitute any magistrate or official person as the party to sign the order, it will be most mischievous to the liberty of the subject, and very prejudicial to the alleged lunatic, for this reason—there is, I think, no greater safeguard for the due performance of a duty than individual personal responsibility. Such responsibility, if it is not duly exercised, a jury will visit with damages, and in cases of false imprisonment juries give very heavy damages. At the present time the responsibility is such that very many decline to take it upon themselves for the benefit of the lunatic, even when his benefit loudly demands it. I think that this safeguard is very well supplemented by certificates and reports, and by visits by the Commissioners and others. If you allow a magistrate either to sign the order or to countersign the order, you will at once destroy all the responsibility of the relative or other person. If a person is falsely imprisoned under a magistrate's order, there can be no remedy. If the magistrate has acted *bonâ fide* he will be relieved from all responsibility; he cannot be visited with a verdict for damages, and there will be no remedy for the lunatic. Besides, the magistrate will become simply a ministerial officer in the matter, and will be guided, if not absolutely, to a very great extent, by the certificate, so that really it will come to this, that the only safeguard will be the certificates. The great safeguard now is the responsibility of the individual who signs the order.

*Work of an English and Scotch Commissioner—  
Feelings of Former.*

10392. According to the number given, the Scotch Board bears the proportion of one Commissioner to 4,400 patients, and the English, considering that they must visit in twos, would be in the proportion of one to 21,000?—The Scotch Commissioners must have an easy berth; I rather envy them.

The above shows how almost anything can be proved by figures, for as the English Commissioners only visit public Asylums once a year whilst the Scotch visit them twice, this fact at once diminishes by one-half the apparent disparity.

*Feelings of rich English Lunatics.*

10475. You are aware that that jealousy does not exist in Scotland, where, in the chartered lunatic asylums, the two classes are brought together?—I have no knowledge of Scotch lunacy, or Scotch lunacy practice; but I can easily imagine that, in Scotland, which is a less wealthy country than ours, those feelings might not arise which do exist in England. There is a very large wealthy class in this country who would not, I think, go into asylums in any way connected with pauper asylums.

*Transaction of Business by Lunatics.*

10507. To turn to the question of the transaction of business by lunatics, did I understand you to say that the idea of yourself and brother Commissioners is, that no business should be transacted by lunatics in an asylum?—I would almost go that length, I think, for two reasons, the man is under duress, and he may raise that objection when he is relieved from that duress, and say, "I ought never to have been asked, when I was really not my own master, to transact a matter of business. I am very dissatisfied with the result of that business—you were my guardian, and should not have allowed me to transact business when I was not able to form an opinion for myself."

The following state of matters surely calls for instant remedy in regard to lunatics in workhouses:—

10663. With regard to the admission of lunatics into workhouse wards, that, I think, can be done without any certificates whatever?—Yes, that seems to me a very great blot in the present state of things; there is only a statutory authority by implication for taking a man to a workhouse, and yet it is done every day simply upon an order to admit him, and that is twisted into an order to bring him.

10664. In fact, a man is brought into a workhouse as a pauper, and when there, he is treated as a lunatic?—Yes.

The following opinion, which it will be remembered was concurred in by several asylum superintendents, and was reiterated by Lord Shaftesbury, is no doubt the deliberate conviction of the Commissioners. It is a most important landmark in the medical opinion and the lunacy policy of the Kingdom—a new departure, in fact. Ten or even five years ago, the idea of setting up great chronic incurable asylums was denounced by the best men in this department of medicine on the score of humanity and of medical opinion.

10574. Take the case of a county which already possesses one or more general lunatic asylums, and that has insufficient accommodation; would you think it desirable, in such a case as that if it is necessary to build a new asylum, that an arrangement should be made

for classifying the lunatics, so as to have a new asylum built at moderate expense, such as you have spoken of, of £100 a bed, in which all the incurable and chronic cases that are harmless should be placed, leaving the existing institutions for the treatment of the other cases; would such an arrangement recommend itself to you?—Yes.

The following conflict of common sense with official bias and prejudice, in regard to the rendering of mutual assistance by the Commissioners and Lord Chancellor's visitors, is almost ludicrous:—

10692. The effect upon my mind is this: there are two rather overworked departments, one is on the spot, and the other is not, and it is required that the other should make a special visit over the same ground in a special case; I wish to ask you whether, by fresh legislation (if any such is recommended), there might not be additional powers given by which the two officers, if not actually amalgamated, might interchange their official functions to the benefit of both of them?—I have rather misgivings as to whether two separate bodies of officers could work very harmoniously in that way, occasionally doing each other's work.

He makes the suggestion that the Commissioners should be allowed to substitute certain relatives as giving the order, instead of strangers, who may have had to give it on emergency.

Mr. C. N. Wilde, Registrar in Lunacy, then described how the property of a lunatic is cared for under the present law, and his whole evidence is a proof of the cumbersomeness, expense, and uncertainty of the present system of inquisitions, &c.

Mr. Francis Barlow, Master in Lunacy, then gave his evidence on the same subject. It appears that after the enormous trouble and expense of an inquisition to get a man appointed as a "Committee" to manage the poor lunatic's property, there is no provision for making him find security or be responsible for his intrusions!

10994. In fact, you have very little control over the expenditure of the money by the Committee of the person?—No, none whatever. I take it, the Committee of the person is entirely responsible for the money placed in his hands. I always tell him it is a responsible position; he must do what is right, and if he does not, it will get to the Lord Chancellor's ears or our ears, and we shall overhaul him. We do not make him account, but we appoint a new person unless he consents to account.

Master Barlow is clearly a fatalist as to the necessary expenses of proceedings in his Court:—

11010. What I wanted to get at is this: we have heard of cases in which the expense has been very considerable?—The expenses are very considerable of that kind. They are cut down very considerably by the last Act of Parliament, by the facility given to business, but still in many cases they are excessive, but I believe you cannot reduce them.

We recommend any one who wants to see how a thing should not be done, to read from question 11032 to 11050, where a clear and charming notion can be obtained as to how a Chancery lunatic is protected by the combined authority of the Masters, Visitors, Commissioners, Committee of the person and the estate, "Solicitors to the family" (the lunatic can legally have no solicitor of his own), and the Lord Chancellor, each of those persons having by statute a most British independence of all the rest.

Mr. Joseph Elmer, one of the "Report Clerks" to the Masters in Lunacy, amply confirmed Master Barlow's statements as to the expense and complication of the proceedings in their office; but the opinion had evidently dawned on his mind that there were some cases of mental incapacity and disease in which the cumbrous farce which "is called an inquisition" might not be needed; and he went so far as to think that where "£15 or £20" of the patient's own property is needed "to promote the comfort of the lunatic in some way or other," somebody should have the power to order it to be so spent there and then, instead of having to go through the following process—

11155. In the first instance, the parties have to go before the Masters to make that application; the Masters then have to make their report on the subject upon written evidence, and that report requires the confirmation of the Court, which is a very roundabout and expensive process.

To an official steeped in such traditions, the simplicity of the law by which a man suffering from a severe disease urgently needing treatment, is placed under such treatment by two medical certificates, and the order of a relative is so dangerous to the liberty of the subject as to be "open to a considerable amount of observation!"

The Earl of Shaftesbury was the last witness, and we must heartily congratulate his lordship on the way in which the Act of 1845, his own handiwork, has passed through this examination. His lordship spoke with such a thorough mastery of every lunacy question about which he was asked, that his replies are the admiration of all his younger fellow country-

men who are in any way interested in the welfare of the insane. In the following quotation is recorded, perhaps, one of the most beneficial changes to humanity which any man has ever had it in his power to describe as his own work :—

11251. Those are the principal changes made by the Act of 1845 ?— Those are the principal changes made by the Act of 1845.

11252. What do you consider generally the result of those changes (made by the Act of 1845)?—The result of those changes has been most beneficial indeed upon the condition of lunatics in England and Wales. I really should like to have an opportunity of stating a few things to show the beneficial effects of legislation upon this matter, not that we have by any means attained perfection, far from it ; but I think it is very desirable that we should know what has been done by legislation, and the point we have reached, from which we may go a good deal further. Nearly half a century has elapsed since these efforts were first made, and the greater part of the people who lived at that time, and who could say exactly what the state of things was, have passed away. I ventured, when I was examined in 1859, to give as full a statement as I could of the state of things that had come under my own observation. I am happy to say that since 1859, nothing has occurred that would lead me to make such observations, and to say that the state of things required revision and superintendence in the way it did before ; on the contrary, since 1859, we have been in a state of continued progress, and very great improvement. The state of things I may just repeat, because many of the Committee may not have read the evidence at that time, nor have read the evidence before preceding committees. I may merely say that the state of things was such as would pass all belief, and I really believe that there are scarcely any people now alive who have seen it except myself. It is a matter of great thankfulness and very great hope, when I remember what the state of things was 50 years ago, and what it is now. I could hardly believe when I undertook that operation, that I should live to see such an issue. I say this not by any means stating that we have reached perfection ; very far from it, but I only state this for the encouragement of those who wish to proceed in this course of legislation, and to show what may be done by legislation, and that we have a new starting point from which to go forward.

11253. Do you refer specially now to the admission of lunatics into asylums, or their treatment while there ?—To both, the admission of lunatics into asylums was very easy indeed, the mere opinion of medical men was quite enough, there was no inquiry ; the medical man might see the patient, or he might not ; they were admitted ; the supervision was nothing more than a Committee of the College of Physicians, who very seldom visited the houses, perhaps once a year ; but the treatment of every class of them passes all description. Mechanical restraint was not then abolished, everybody resorted to

mechanical restraint as the only way of keeping an asylum in order ; they were neglected in every possible way, physically and morally, and nothing could be more disgraceful and terrible than their position was.

In regard to the improper keeping of patients in asylums, after they are fit to go out, this is his opinion :—

11257. Since 1859, I should very much modify the opinion I then gave. Public opinion has been so very active, so much more attention is paid, visitation is so much improved in a variety of ways, both by the provincial magistrates and by ourselves, that I should say in the licensed houses, and certainly in the county asylums, the tendency was rather to turn patients out too soon.

*How Asylums are filled up.*

11262. The fact is, that when asylums are opened, particularly the large county asylums, there is such a rush of old chronic cases, that the place is entirely filled up ; hundreds and hundreds are hunted up, to the exclusion of the recent cases. The chargeability to the union and the capitation grant of 4s per head have very much assisted that movement, and unless we can distinguish the recent from the chronic cases, we can give no estimate whatever of the increase of insanity, as compared with the population. But we have made a calculation, which may be taken for as much as it is worth, a calculation of the number of admissions to every 10,000 of the population in each year from 1866 to 1875 ; you will find there a gradual increase shown, rising from 4·6 in 1866 to 5·9 in 1875 ; being an increase of one and three-tenths of admissions into hospitals, as compared with every 10,000 in those years. There was also a question, I think I saw in the evidence somewhere, by some gentleman as to what was the amount of insanity in Scotland as compared with England. I have a paper here—to be sure it is drawn up by a Scotchman—it is in favour of Scotland. I think there is a difference of about 3 per cent. in favour of Scotland. The ratio per 10,000, which is taken from the 1st January, 1875, in England and Wales, was 26·64, and in Scotland it was 23.

11263. Was there any reason given ?—No, I do not suppose they can assign it to greater temperance, because, with all their virtues, the Scotch are not famous for that one.

The risks and dangers of insanity are sometimes overlooked now-a-days, but are well brought out by his Lordship here :—

11270. I find that these 1,600 suicides were committed by persons at large, while the number of suicides committed by persons under care and confinement amounted only to 21. But the whole number of suicidal patients under confinement at present in the various asylums is 6,096. That return shows that unless they were under care and treatment, they would in all probability, or the greater pro-



portion of them, have indulged their propensity and would have committed suicide. Also, we must bear in mind that many of these suicidal cases have very strong homicidal tendencies.

11271. On the 20th March, in 1877, there were 240 men and 87 women, in all 327, charged with murder, attempts to murder, and manslaughter. Of those, 145 men are charged with murder, 98 with attempts at murder, 7 with manslaughter; 71 women were charged with murder, 12 with attempts at murder, 4 with manslaughter. Now this is the history of these cases, and very remarkable it is. There are 145 men charged with murder. In 75 cases the insanity was not recognised, before the commission of the crime; in 29 the insanity was recognised, but the persons were reputed harmless; in 33 the insanity was recognised, and the persons probably not regarded as being altogether harmless, but insufficient precautions were taken; in 8, the exact circumstances were not known. Then you come to those who are charged with attempts at murder, maiming, or stabbing; in 42 the disease was not recognised before the commission of the crime; in 29 they were reputed harmless; of 12 insufficient care was taken, and in 15 the exact circumstances were not known. When you come to the women, there are 71 women charged with murder; in 28 the insanity was not recognised before the commission of the crime; in 13 the insanity was recognised, but the persons were reputed harmless; in 23 the insanity was recognised, and the persons probably not regarded as being altogether harmless, but insufficient precautions were taken. Then you come to the stabbing. In 4 the insanity was not recognised; in 6 they were reputed harmless; in 2 sufficient precaution was not taken. Now this is a very important matter, because it shows the very large number of cases in which, through inattention, the insanity is not detected until the overt act has been committed. That is the evil way in which a large proportion of the public judge of sanity or insanity. They will never hold a person to be insane till some overt act has been committed, and that is always invariably the case before juries. Then the overt act having been committed, furnishes a proof that the disorder is very far advanced; almost to be inveterate and consequently incurable. What I state shows the absolute necessity of great precautions; the absolute necessity of paying great attention to the earliest stage of the disorder, and though I could by no means render admission into the asylums more easy than it is, I most undoubtedly would not render it more difficult, because I am certain society is in great danger. We always have felt, as Commissioners, that we have a double duty. We have a duty to the patient, and we have a duty to society.

#### *Order of Admission.*

11340. What is your Lordship's opinion as to the order of admission; do you think there is any change necessary in that?—The order of admission stands on a very singular footing, no doubt, because

any one person may sign the order, with the exception introduced in the 25 and 26 Vict, that no medical man having an interest in a lunatic asylum, and no person receiving a percentage should be allowed to sign the order; otherwise any person whatever has the power to do so. I will tell you how that arose. When we prepared the Bill, which passed as the Act of 1845, we were perfectly aware of the weakness of the provision in respect of the order of admission, but we could not determine to whom to assign the power; we could not impose it on relations or friends, because we found that in so many instances there were poor medical students and poor law students, and a great many other people, who came up from the country and resided in inns or lodging houses, and who were suddenly taken ill, of whom no human being knew anything; and yet an order must be signed, and therefore it was allowed that anybody should sign the order of admission, because otherwise the patient would not have been admitted into any asylum. I have not the least doubt that we intended, as soon as we could, to make some better provision, but strange to say, notwithstanding the law is so wide, and apparently so capable of abuse, I have not heard a single instance of a protest against it, or of any mischief having arisen out of that. Your Right Honourable Chairman, I think, made some remarks about it in the examination of Dr. Tuke, and it is undoubtedly a blot, and ought to be amended, because, although it has not hitherto produced any mischief, it is clearly not on a proper footing. What I should recommend would be this: that you should leave the law as it stands, with a view to meet the emergency of the case, but then give the Commissioners a power to substitute some person for the one who signed the original order. I think my colleague, Mr. Phillips, suggested that it should be confined to those who had the power of discharge in the case of the death of the person who signed the order. I think I should go a little further than that, and leave it to anybody that the family agreed upon, because where a family are not in harmony, many of them would agree upon a third person, and, if they did that, I should give to the Commissioners the power to substitute him.

*Soundness of Lunacy Certificates Generally.*

11345. It is very remarkable, taking it altogether, that the certificates have been so sound, considering the great numbers that are given every year. Of course we must admit that they are signed by medical men who have no very extensive knowledge of lunacy, but it is certainly very remarkable that the number of certificates which have passed through our office since 1859, the date of the last Committee, amounts to more than 185,000, and yet of all those certificates I do not think so many as half-a-dozen have been found defective. It sounds very well to say that persons acquainted with lunacy should be the only persons to sign certificates, but the fact is, as matters now stand, that a great amount of scientific knowledge as to lunacy

is not possessed by many people ; there are a certain number who are well informed, but the great mass of the community know very little about it, and with the large numbers of insane, dispersed, as they are, all over the country, you must trust to the medical men of the several districts.

We think his lordship should have stated how many of those 185,000 certificates had to be returned to their writers for amendment by order of the Commissioners, before they conformed to the law. We believe that 10 or 15 per cent. were really defective in this way.

*Education of Medical Men in Lunacy.*

11346. Therefore you would point to a time at which medical men should be sufficiently skilled to enable them at once to send initiatory cases to asylums ?—Yes ; but then you see those men have not yet been trained.

*“Special Doctors.”*

11347. I confess to you that I have a very great fear of a special doctor. I should like to see how the Act of Parliament would define a special doctor, before I can give an opinion. I confess I should be very much alarmed if there were persons who kept themselves exclusively confined to that study, without a constant experience of both, of all the various circumstances that beset lunacy at large and under confinement, moral as well as physical, that attend it ; all the social circumstances, and the ten thousand other circumstances ; how many eccentricities are exhibited by men who are not mad and who never will be mad, and yet under the minute refinements and discriminations of science, would be put down as being in the way to become mad. I confess I should be very much alarmed if special doctors of that kind should be instituted. You cannot have better opinions in the present day than those of such men as Dr. Bucknill, Dr. Maudsley, and Dr. Blandford, but erect them into special doctors, and I should be afraid of them altogether ; they would so completely surrender everything to science that they would almost take leave of common sense. There is no doubt that if you probe every human mind and every human heart, and test them by the severest formulas of science, you will find such moral curiosities, that anybody might very safely affirm, upon scientific grounds, that this or that person has a tendency to go out of his mind ; it amounts almost to a superstition. I remember the case very well of a medical man, a doctor, an excellent man, who thought that I had some influence in obtaining the appointment of medical men to the Commission. I knew him very well. He came to me and told me what he wished. To show his extraordinary knowledge of the subject, he gave me a sheet of paper as big as that, with a list of the forms of insanity ; I counted them up, and they were 40 in number. “My dear sir,” I said, “this will never do ; if you reduce your

principles to practice, you will shut up nine-tenths of the people of England." And so they would. You may depend upon this—if ever you have special doctors, they will shut up people by the score.

*Would Not Abolish Licensed Houses.*

11352. To abolish such a house as Ticehurst, for instance, would be a positive loss to science and humanity.

*But all Asylums Need Looking After.*

11357. I can speak in high terms of many licensed houses and proprietors, but I will also add, that if you relax your vigilance ever so little, whether it be of licensed houses or hospitals, or of county asylums, the whole thing will speedily go back to its former level.

*Argumentum ad judicium.*

11359. I am sure that the success we have had with the county asylums has been entirely because we have done everything by persuasion, by the force of experience and constant observation, and we have never exercised any authority.

11430. I do not think that would in any wise have been altered had there been a central body, unless you had given that central body the absolute power of control, and if you had attempted so much, I am quite sure we should have made no progress at all. We have had great difficulty in bringing the country gentlemen to the point at which they have arrived, but if we attempted to coerce them, I am certain we should have made no progress at all.

*A Suggestion for Increasing Security.*

11360. You think the Visiting Justices are sufficient, and ought to have the control?—I think so, and I think any increased visitation might be done in that way. I would increase the visitation of county asylums by the visitor resident in the neighbourhood, and increase the visitation of the licensed houses in the country by an additional visit of the medical visitor. An additional security might be given by depositing, at end of a month, after the reception of a patient, the certificate; the medical superintendent should send up to the Commissioners the full statement of the condition of the patient, entering into minute details, and to all intents and purposes making it equal to a fresh certificate; were that done, it would be satisfactory to the friends and to the Commissioners, and to the patient himself, and it would be a very great security.

*No More Commissioners Wanted. The Work and Working of the Commission.*

11367. If more visitation is absolutely demanded, I would rather have it under the form of an increased number of Commissioners than any other way, but I confess I do not wish to see any more Commissioners if we can avoid it. One reason is this: in the first place

I think the House of Commons would grumble very much if we asked for so much more. We are now six paid Commissioners, and there is the chairman, who makes seven, and if we have any honorary Commissioners we amount to eight or nine. If we increase them, we should get to eleven; we should then be approximating to a Parliament, and you all know what can be done in Parliament. We should get into debates, and making motions and divisions, and ten thousand things of that sort. The present Commission has grown up in a very remarkable way; it has grown up by small steps, the members being added one by one, and we have fallen into each other's habits. The result is that in nearly fifty years I can only remember one division, so much have we harmonised together. Nevertheless, when the Commission was much larger, before it was reduced in 1845, we sometimes met seventeen and eighteen together, and I have sat in the chair talking and debating and making motions, not in dividing, for we always avoided that, till sometimes six and seven o'clock at night. I have had to sit in the chair listening to all that talk, and I am afraid we should get into much the same sort of thing. We go on harmoniously now, because we perfectly understand each other.

The Scotch superintendents, we believe, will agree with this:—

11373. In Scotland, I believe, the Sheriffs' order terminates in three years?—I think the security that such an arrangement would give would be quite nominal. It would cause a great deal of trouble. I do not see anything to say for it and I see little to say against it. If you have a very respectable man or lady as the person who signs the order, I do not think he or she should be displaced.

*Chronic and Recent Cases to be kept separate in the same Asylum.*

11473. Do I understand you that you would not have them in the same asylum?—I would not mind the separation so that they were within reasonable limits; the one should be within reach of the other, and possibly even under the same roof; but I would have it completely divided, and that the recent part should be totally distinct from the chronic part, so that the medical men should not have their attention diverted from the recent cases to be everlastingly looking after chronic cases. I have no doubt that in that way a very great effect would be produced in the repression of lunacy.

*Intemperance and Insanity.*

11491. I have formed the opinion that intemperance is the cause of full two-thirds of the insanity that prevails, either in the drunkards themselves or in their children.

*Argumentum ad hominem.*

11537. I repeat what I said before, that if it should be my lot, either in my own case, if I were then able to give an opinion, or in

the case of any one of my family, I would rather, by far, go into a licensed house than be put under single care.

*English View of Scotch Sheriffs' Orders.*

11605. The Scotch people and the English people are different in many respects. I have no doubt the Scotch system is admirably adapted to their tastes and feelings, but I am certain it would be most repugnant to our tastes and feelings to have the civil magistrate interposing in these matters. Just consider it in this way. Supposing you called in the intervention of the magistrate, he must act either ministerially or judicially; if he acts ministerially, what earthly use is he? He merely signs his name to the documents, and what will be the result? People would become very much alarmed if it got wind that there was some member of their family about to be placed in a lunatic asylum. It would give no protection whatever, because if the magistrate did it ministerially, in what way could he control the certificate, or the person who gives the order, or the person who receives the patient into the asylum? It is a mere ministerial act, and it affords no assistance or security whatever; but supposing, on the other hand, he acts judicially, and is called to sit in judgment on the certificate, and then he signs his name at the foot of the document, and says it is good and sound, then see what he does. He exonerates the medical man from his great responsibility; he exonerates the man who signs the order; he exonerates the man who admits the patient into the asylum, because he has declared everything to be good and current; however bad it may be, it is endorsed by the judicial man, who has been called in by Act of Parliament to sit in judgment on that certificate. Then you take away from the patient all remedy, all right of prosecution when he obtains his liberty. He could not sue the medical man for damages because he had been inattentive with reference to the certificate which he had given, nor the person who signed the order for wrongful imprisonment. The whole thing was endorsed by the magistrate, and must pass as unquestionable.

11606. What will be the condition of the Commissioners?—They will receive a certificate endorsed by a magistrate; they look at that certificate, and they say this is most imperfect; the facts here are not facts that we can admit. Such a person as this ought to be set at liberty; but it is endorsed by the magistrate. Can we overrule him? If you say that the magistrate is to overrule the Commissioners, what becomes of the Commissioners? If you say that the Commissioners are to overrule the magistrate, what becomes of the magistrate? We might have the worst certificate in the world, and we should not be able to overrule it, because it was endorsed by the magistrate, and the man must be shut up.

11607. I think it would take away nine-tenths of the protection he now has; I cannot conceive anything which to my mind would be

worse. I will do anything that I can in the world to protect the patient ; but I know if I were to assent to do what is proposed, I should assent to that which would be doing him irreparable injury.

There is nothing in the evidence to show that any of those results have followed the Scotch practice, but the Committee ought certainly to get further evidence on this point if they continue their investigations.

*A Misapprehension. Scotch Commissioners never visit !*

11628. Yes, but then, so far as I understand it, the Commissioners in Scotland sit in Edinburgh, and never visit themselves.

11629. Your Lordship is under a misapprehension as to that ; they visit regularly and periodically.

We are sorry to see that his Lordship does not approve of compulsory *post-mortem* examinations, though he sees fully their advantages. It appears that in 1859 he made the suggestion "that all medical men having lunatic asylums should invite young men to come and spend a few months or weeks, and so acquire a general knowledge of lunacy." He was certainly before his time when he made that most important suggestion. Finally, he suggests and recommends a consolidation of the Lunacy Laws.

In spite of the incompletely representative character of the witnesses examined, of the vast number of mere crotchets and prejudices that were aired and put on record, and of the many lunacy questions that were not referred to at all, the record of evidence in regard to Lunacy Law is valuable, and will produce fruits, both in legislation and popular enlightenment.

The following may be regarded as the general result of the evidence, without going into the individual cases.

That if mistakes, which affect the liberty of the subject injuriously, occur in the working of the present Lunacy Laws, they are few and usually soon remedied.

That the present system and forms of admission into asylums in England and Scotland have worked fairly well, but that there is great need for some change in Ireland, whereby the poor who are taken with mental disease shall not be treated as criminals and sent first to gaols and then to asylums by a criminal process.

That the present mode of local inspection of lunatics in the United Kingdom is wonderfully thorough and effectual.

That the Commissioners in Lunacy and Inspectors of asylums in the United Kingdom are most efficient guardians

both of the insane, and of the liberty of the subject, but that in England they are too few in number.

That it is an urgent duty of the State to provide that the future members of the medical profession on whom rests the chief responsibility for the liberty of the subject as regards lunacy, shall be generally better educated in mental disease.

That in England there is great need for a simpler, cheaper, and better process of protecting and managing the property of lunatics.

That the public opinion of the present time, as well as the prevailing ideas of all the authorities who administer the Lunacy Laws, are in the direction of leniency and liberty in the treatment of lunacy, recognising it as a disease towards which the primary duty of the State and individuals is to place each case under proper treatment without delay.

That there is great need of consolidation of the forty Acts of Parliament relating to the insane, of provision for solidarity of action among the various central and local lunacy authorities, and of simplification of the general lunacy policy in the United Kingdom.

That the suspicions and prejudice of the public in regard to asylums, and especially private asylums, are chiefly founded on ignorance, and that means should be taken to give additional confidence in the working of the Lunacy Laws.

The chief points in regard to which a fairly good case was made out that there is room for improvement by legislation are, we think, the following :—

For England :—

- 1.—Consolidation of all the present lunacy statutes.
- 2.—Definition of the relative powers and status of all the authorities, local and general.
- 3.—Provisions for the compulsory adoption of a more uniform lunacy policy throughout the country—a solidarity in the working of the consolidated statutes.
- 4.—Amalgamation of the Commissioners and Lord Chancellor's Visitors, and more liberty for Commissioners to visit singly instead of in pairs. Power to appoint temporary Commissioners.
- 5.—Abolition of inquisitions except in a very few cases; in these a Judge of the High Court to preside. For the ordinary cases two medical certificates to be sufficient proof of the patient's incapacity to manage his own affairs. Those to be sent up to one of the Lords Justices, who would order



them to be served on the patient, and, if not opposed, would appoint a Committee.

6.—Committees of the Estate to be made to give security, yearly accounts, and to be easily removable.

7.—Two medical certificates to be required in all cases, pauper as well as private, before admission to asylum.

8.—No medical man to be allowed to sign a certificate of lunacy, except he enters with the Registrar of the Medical Council a certificate of practical instruction in mental disease, or until he has been three years in practice. (A provision of this kind exists in New York State.)

9.—No stranger in blood to give an order for any patient's admission to an asylum.

10.—To provide for cases where no relatives are near, let the Justices' order, as in pauper cases, be an alternative for all private patients.

11.—The signature and identity of every person who signs an order for a private patient's admission into an asylum to be certified to by a justice, beneficed clergyman, police magistrate, solicitor, or medical man who holds any State appointment, within a fortnight of the patient's admission. (This is a New York provision.)

12.—Medical officers of asylums to make much more full medical reports than at present to the Commissioners, within the first month, and to be obliged to state facts indicating insanity, as in the certificates of admission.

13.—A Medical "Certificate of Emergency," signed on the day of admission, to be sufficient authority for a patient's detention in an asylum for three days.

14.—Any two medical men to be allowed to see and examine any patient in an asylum when requested by the Commissioners, or a Justice of the Peace, or by any relative of the patient, and if they report that he is quite sane, the Commissioners to order his immediate discharge.

15.—The proper form being filled up, should entitle the person in possession of it to take the patient to the asylum and to re-take him, if he escapes, by statute law.

16.—The medical character of asylums for recent cases should be increased by the encouragement of their medical officers to give advice at their institutions, to attend dispensaries where they exist in their neighbourhood, to take consulting practice, and to take in medical students and young doctors as temporary residents.

17.—In all cases of deaths in asylums a *post-mortem* exam-

ination to be compulsory by medical officers, and a full report, signed by two medical men, to be sent to Commissioners.

18.—Visiting physicians to large private asylums to be appointed by Commissioners.

19.—Permissive power should be given to committees of visitors to build for private patients small separate Institutions near the county asylums, under the same management, the rates of board to rise from the county rate for paupers, plus six per cent. interest on moneys expended, upwards.

20.—Probationary “hospitals” for doubtfully insane cases to be established in large cities, instead of the present workhouse probation system. Patients should not stay there longer than a fortnight. Power might be given to general hospitals to treat suitable cases of insanity for three months.

21.—A proper workhouse system for chronic cases should be organised, the Guardians in a county having power to employ one or two of the present half-empty workhouses that are suitable for that purpose.

22.—Provisions for erection of asylums for chronic and quiet cases in the largest counties to be made, the mode of transfer from ordinary asylums to these, and *vice versa*, to be most simple, and to be in the hands of the medical superintendents alone.

23.—Law against recent cases of obvious insanity being sent to workhouses first, to be made more stringent.

24.—Power should be given for several counties to combine and build training schools for idiots and congenital imbeciles.

25.—Commissioners to have power to order the discharge of harmless cases from asylums.

26.—No medical officer of any asylum, private or public, should be compelled to retain any case, not a criminal lunatic, he thinks should be discharged, whether completely recovered or not.

27.—A system of discharge on trial by the sanction of the Commissioners for long periods.

28.—The transaction of business by lunatics should be expressly allowed or disallowed by statute law.

29.—Patients in private houses should be visited more frequently than cases in asylums. Assistant Commissioners might be appointed for that purpose, or local men appointed for certain districts.

30.—Statutory power should be given for large counties to get up training wards for attendants.

31.—The domestic elements of treatment in private asylums should be specially encouraged.

32.—A certificate from a medical man, sent to Commissioners, saying it was desirable for the treatment of any case that it should be in a private house, to be sufficient authority for the case to be so treated for six months, before formal certificates of lunacy are needed at all.

33.—Provision for sending really dangerous homicidal cases from county asylums to Broadmoor, and *vice versa* really harmless cases of ordinary lunacy from Broadmoor to their county asylums. The Irish practice might be adopted.

34.—All medical certificates to be valid in all asylums throughout the United Kingdom.

35.—All relatives should be allowed to visit patients in all asylums, and the person who signed the order should be compelled to do so every six months.

36.—International agreements should be entered into, whereby English Ambassadors should have some charge of English lunatics resident abroad. (The case of *Davis v. Nathan* shows the urgent necessity for this.)

For Ireland the following changes in the law seem called for, but the evidence brought before the Committee was utterly insufficient:—

- 1.—More Inspectors of Lunatics.
- 2.—The abolition of the criminal procedure for sending pauper lunatics to asylums, except in really criminal cases.
- 3.—The medical certificates to be made uniform with the English and Scotch, stating “facts.”
- 4.—Provision for local inspection of private asylums by justices.
- 5.—Abolition of Visiting Physicians for public asylums.
- 6.—“Certificate of emergency” to be introduced.
- 7.—A simple and inexpensive mode of managing all property to be devised.
- 8.—Pensions may be given to officers after 15 years’ service.

For Scotland the following changes seem called for, but the evidence was by no means so full as it might have been as to the state of the Scotch law and practice:—

- 1.—No stranger should be allowed to petition the Sheriff for the admission of a patient without appearing personally before him to state his reasons for so doing.

2.—The signature of the petitioner when not a stranger should be before a witness.

3.—The medical certificates should be made quite uniform with the English certificates by allowing them to be signed within seven days after the patient has been seen.

4.—The petition should be presented to the Sheriff within a fortnight after date.

5.—The certificate of emergency should be signed on the day of the patient's admission to asylum and should not be repeated.

6.—Sheriffs should by statute see that all the formal parts of the certificate are correct and the facts sufficient.

7.—The Sheriff's order, and practice in giving orders, should be subject to review by Court of Session on proper cause being shown.

8.—The Commissioners should have power to discharge patients without medical certificates when they see no proper grounds of detention.

9.—Special provision should be made that, when a copy of the petition and certificates for the appointment of a *curator bonis* is served on a patient, he shall be allowed to communicate with the Judge whose name is on the paper.

10.—Sheriff should have the appointment of a *curator bonis* for all cases whose property does not exceed £1,000, the expense not to exceed £5 or £10.

11.—Proper statutory provision should be made for the discharge of recovered cases and harmless cases from asylums; the inspectors of poor being compelled to send for and remove the paupers, and their relatives the private cases.

12.—Provision for pensions to officers and servants in the district and parochial asylums.

13.—Commissioners should have power to order discharge of all cases from asylums whom they consider harmless and whom they consider would be better out.

14.—The present provision for the re-certification of patients in asylums after three years to be abolished.

15.—The Commissioners should have power to let out all cases from asylums (Fiscal included) certified by two medical men to have recovered, or be harmless and fit for discharge.

16.—The Sheriff should not advertise the names of Fiscal cases.

17.—Permissive power should be given to make the Superintendent of the District Asylum local overseer of lunatics, so that he may know all the cases in the smaller

Counties, and advise the local authorities as to cases suitable for removal to workhouses and to private houses from Asylum, and *vice versâ*.

All the general provisions we have mentioned as required for England to be made applicable to Ireland and Scotland. In the Lunacy Acts of all three countries there are inoperative and unused sections that should be got rid of.

T. S. C.

---

*Apoplexy, Aphasia, and Mental Weakness.* By G. H. SAVAGE, M.D. Lond., Assistant Medical Officer, Bethlem Royal Hospital.

In asylums, we are used to find but small changes in the nervous centres in our dead patients, and these changes are often of so general a character, that no assistance is given towards clearing up the question of localisation of function in brain-centres.

In epileptics and some other chronic cases, the symptoms during life may point to a centre in the brain that will be found diseased after death. That there is a definite separation of centres of functions, most physicians are now prepared to admit, and, theoretically, the existence of such centres is rendered probable by the peculiar narrowness of some of the commoner delusions of the insane. If there be, for instance, a centre for organic visceral sensations, disease of that centre would account for various hypochondriacal cases, such as those who fancy they have "lost their intestines," or that "nothing but a large *cloaca* exists in their abdomen." Again, diseases of this centre might result in delusions such as that the body is "non-existent" or "dead," there being a complete change in the organic sensations, or, what is equivalent, in the centre receiving such impressions in such cases.

The effect on the healthy mind of deprivation of one or more of the senses has been often considered, and the difficulty of building up a sound and powerful mind, when one or more is wanting, is also well known. And, in this relation, Miss Martineau's early struggles against her mental deficiencies are instructive. But there is room for considering the effects on the mind of a lesion not only destroying a centre associated chiefly with expression and communication of ideas (like the "Island of Reil"), but also breaking up