

“Lancet” exert itself to remedy this most crying want in our system of medical education? A vigorous effort to make the study of the deranged mental functions of the brain a reality in our schools would do more for the insane and for asylums than all the leading articles that have ever yet appeared in the “Lancet,” or any other medical paper. But we trust when that effort is made, as made it must be soon, that persons will be selected to do so who have as qualifications for the work, enthusiasm, knowledge, fairness of mind, and a true sympathy for professional brethren, who have to do an extraordinary variety and amount of work, medical, legal, and administrative, and who, we affirm, do it, as a rule, in a most praiseworthy manner.

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*The “Open-door” System.*

The abolition of locks and keys, and the adoption of what is known as the “open-door” system, appears to have gained so much ground in Scotch asylums, that English superintendents may well be excused for asking for further and more exact information with reference to its possibilities for introduction into English asylums. No one will dispute that, however necessary it may be to deprive insane persons of their full liberty of action, in the interest either of their own safety, or of that of society, they have an absolute right to demand that such privation shall be strictly limited by the actual necessities of the case, and that that degree of liberty which they can enjoy without serious risk shall be carefully secured to them.

It appears to me, therefore, that when such a system as that of open doors in asylums has assumed the practical form which the superintendents of some of the Scotch asylums claim for it, it becomes the obvious duty of all asylum superintendents to make careful enquiry into its possibilities of application to their own institutions and patients, with the view of at once seeking to render justice to those who are confined, and merge their own character of gaolers in their true functions as physicians. I venture, therefore, to ask from those who, by practical experience, are qualified to give it, for information upon the following points:—

1.—Has the open-door system been tried in mixed asylums or in asylums exclusively for patients of the private class—and, if so, with what results?

2.—Where it has been tried in any asylum, has it been in operation for sufficiently long periods to test its practicability throughout the whole asylum without limitation of class of case?

3.—Has it involved such an amount of additional expense as would render it practically incapable of general application?

4.—Has it been shown to be essential to its efficient operation that patients should be able and willing to employ themselves during the greater part of each day in physical labour?

5.—During its operation what precautions have been adopted to secure quiet patients from annoyance from those who are noisy; the suicidal and homicidal from opportunities of suicide or homicide; the destructive, dirty, indecent, erotic, and mischievous, from the gratification of their respective propensities; and those who are disposed to escape, from the dangers which might, and probably would, attend their escape?

6.—Is there presumably anything in the Scotch character and education which renders an experiment of this kind practically possible among them, and impossible in another, more excitable, race?

I ask these questions with a sincere desire to try the system, if it can be demonstrated that I may try it with a reasonable probability of safety and success, but I do not wish to do so unless there is such reasonable probability, which, with my present information and experience, I am bound to say, I do not anticipate.

*A priori*, it would seem that the quiet and well-conducted patients would have a somewhat hard time of it; that disorder and confusion would reign where there is now but small difficulty in preserving order and comfort; that risks would be run which no superintendent has a right to court; and broadly, that insanity, as an unfortunate practical fact, must virtually cease to exist before such an Utopia in asylum life and management can be attained, at all events for private patients.

These may be merely the prejudices of education and experience of the wrong kind, and if so, I shall be thankful to be set right, and led into a new course, and so, I believe, will all my brother superintendents.

I make these enquiries and statements with an earnest desire not to depreciate the labours and enterprise of those who have sought to strike out a new course, and appear to have achieved results which are deserving of congratulation and imitation.

I am only anxious to ascertain the truth, that I may, in my own limited sphere of work, either rest satisfied that I am

doing my best on the old lines, or help in the development of a new system which shall transform the whole treatment of insanity, and greatly ameliorate the condition of the insane.

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*Lunacy Legislation.*

Mr. Dillwyn succeeded, on the 25th of May, in obtaining a Second Reading for his Lunacy Law Amendment Bill. By the time this number of the Journal is published, further progress may have been made with the Bill, but it is not very likely that it will pass into an Act this year. Our objections to the Bill, as well as a frank admission of the value of certain clauses, are so fully stated in the Journal for October last, that we need not repeat them here. These objections have not been met by any revision of the Bill.

The Parliamentary Committee of the Association lost no time in considering the provisions of the Bill.

It was the opinion of the committee that the powers proposed to be given to the Visiting Justices of erecting asylums or of purchasing licensed houses, should be vested in the State; that the minimum price fixed for the purchase of licensed houses is manifestly inadequate; that the present mode of admission to asylums and licensed houses should remain in force, except that in every case, within seven clear days, the patient shall be visited and the order countersigned by a public officer appointed for that purpose; that in cases admitted on a certificate of emergency, two further certificates shall be obtained within seven days; that the clause of the Act at present in force with regard to the admission of boarders in Royal Hospitals, should be extended to asylums and licensed houses, and that notice of the death of a boarder should be sent as in the case of certified lunatics; that in Clause 13, providing for the liberation of persons confined in lunatic asylums, in place of "two registered medical *persons*," should be inserted *visitors*; and that the cost of the examination of a patient, as proposed in the Bill, should be borne by the person making the application; that the 15th Clause, giving power to Commissioners to remove patients from private to public asylums, should be omitted.