

~~for the insane~~ over the large establishments at Hanwell and Colney Hatch, it follows, necessarily, that such an hospital as that here advised is of the first importance, if we would make the most of the resources of the art and science of medicine, and thereby diminish the present rapidly increasing army of insane among our poorer brethren living in this metropolitan county.

It remains for me to impress on the minds of those who hear me that among the "advantages" just alluded to is *one* of a very especial character and of large significance, viz. the higher per-centage of recoveries which obtain at such small hospitals for the insane, to say nothing of the lower average of deaths. This first must be held to be conclusive; it furnishes the climax to the argument above set forth.

One word more; let me entreat you to give to this short paper your patient attention; permit me to solicit your calm yet earnest consideration of the several points herein touched on, bearing well in mind, not only the general importance of the subject, but its especial application to the present very pressing question, viz. What remains to be done for the due care and accommodation of the present very great and rapidly increasing numbers of lunatic poor in Middlesex?

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*A Comparative Examination of the Laws of Lunacy in Europe.*

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MR. PRESIDENT AND GENTLEMEN—Allow me before I go into my subject to thank you for the kindness you have displayed to me in electing me a honorary member of your Association, and much more so as it is perhaps to-day for the last time that I shall have the honour to address you before my retirement from this branch of science.

In regard to the subject which I lay before you to-day certainly the time will not suffice to explain you so large and important a question, and even if our meeting extended over two or three days,

it would certainly not be enough for the complete discussion of a subject of this extent.

In regard to the laws of lunacy in Europe I begin first of all with your own land, England; and it is quite unnecessary for me to say that I do not intend to criticise the law in England, as you know it much better than I do. Whatever may be its defects, and it has some defects, the English law is the best law of lunacy which exists in Europe. The reasons for which I call it the best law are, because it is the law which gives the best control of all other laws in other countries in Europe; and because it is the only code of laws which has advanced in accordance with the progress of science. The greater part of the law of lunacy in Europe has existed from 1801. Certainly I must ask you if science and if the principles of science on which every law must be based have not advanced since the year 1801, a period of sixty-seven years; and if you go in your own subject, if you go only into work which was done after this time in England, the answer for me would be quite useless. Certainly science has advanced, and by advancing science the laws and the principle of laws must be changed.

I will here make one or two criticisms upon the English law. First, with regard to certificates, with regard to administration, subjects which have been referred to to-day by our President and by Mr. Blake. And then I may mention the very defective part of your law whereby the magistrates interfere with the medical certificates in the cases of lunatics who are called before them from work-houses to be sent to asylums, matters referred to a few days ago in your medical and other papers. And finally, there is the subject so often mentioned by Dr. Tuke, the criminal part of your law, the distinction which is still now a rule and which certainly cannot be a good, healthy, or sound one.

These are a few criticisms, and certainly in going into the subject I could say something more on it, but, as I have so much good to say of your law in comparison with the other laws of Europe, I will proceed to discuss the laws of other countries in Europe.

Only six countries in Europe have really what you call a lunacy act, or a law in lunacy. These countries are France, Switzerland—some cantons of it,—Norway, Sweden, Belgium, and Holland. The remainder of Europe possesses no lunacy law, but only some dispersed rules or ordinances, which began in 1801, going on till now, contradicting themselves, repeating themselves, and not making any real progress. Even Prussia, which has made so much advance in many things, scientific and others, has made very little change in the ordinances with regard to lunacy during the last twenty-five years. So with Austria, Italy, and Spain, all countries having no lunacy law at all.

Going back to those countries which possess lunacy laws, I will first glance at the French law. I would first remark that it is inferior to your law in those points in which your laws are superior to many others. First of all, the control exercised is very weak. It will be sufficient to recall to your memory that the certificate of one medical man is quite enough to shut up any man throughout France without any control. Fifteen days after he is shut up an inquiry goes on, and the certificate is signed by the same medical man who signed the first certificate. There are no Parliamentary reports on the question, and all the reports made by the commissioner are secret and never published. Then there is a rule in the law of 1838, which constitutes the French law, which says that for reasons which they do not call political reasons, but which they call disciplinary reasons, for a certain time the chief of the department, as they call it, can even shut up a man without any certificate as a lunatic. There is quite an absence of what you call *de lunatico inquirendo*. In France the law says clearly that if a man is not capable of taking care of himself and of his affairs he is interdicted; and interdiction is effected without the certificate of a medical man, being done at the will of the magistrate. And as the magistrates have no high standing in psychology you may imagine that such interdictions are sometimes very unjust, and bring ruin, not only on the individual, but also on the family. On the other hand, if the magistrate refuses to interdict where an interdiction ought to be granted, equally serious consequences arise.

There is no control, as I have said, even in regard to that most important point of restraint. As I have often said to you, and will repeat again, in France about 2000 of the insane are constantly in strait-jackets. But although some publications of very high importance speak about all these defects, still the medical men engaged in our line of science contend that the law of 1838 in France is a very good one and wants no change. I do not share in that belief, as I have contrasted your law with the French law; and you may judge from the few words I have said whether that belief is warranted or not. Certainly the liberty in France of speaking and giving opinions about the thing is not such as in England, and the Medico-Psychological Society in France has no right even to discuss the law; even to propose an amendment scientifically is a very dangerous experiment, and if they went into such delicate subjects the existence of the society itself would be rather doubtful.

If we turn to Belgium and other countries we shall see that their laws are really nothing but a transcription of the law of 1838. Those cantons of Switzerland which have a settled code adopt the same law, whilst the other cantons have no lunacy law, but simply ordinances.

Some important amendments, however, have been made in Belgium. Parliamentary reports are prescribed by the commissioners,

which are similar to your reports, although they do not go into detail like yours, and are not published annually, but every second and third year. In Switzerland there are no reports. And in Belgium, instead of Commissioners in Lunacy who are medical men, there is generally what they call the Procureur du Roi, a man who is the chief of the justice department, who inspects the asylums, and to whom every complaint is to be addressed. He is no medical man, of course, and understands very little of lunacy; and so there are frequent collisions between him and the medical man, and many mistakes arise.

Coming to Holland, I must confess that the law in Holland originated from a great man, Schroeder van der Kolk, and a very important part of the law in Holland is that which regards, and justly so, the medical profession. The reports of Holland which Schroeder van der Kolk organised are very good indeed. I may state as an instance that the so-called therapeutic part of the report transcribes even the effect of any medicine given to the patients, the influence of freedom and family life, and the influence of restraint; and everything is so nicely put and prescribed that the reports are really very instructive. It is Schroeder van der Kolk, a great physiologist, to whom belongs also the merit of having abolished entirely by a good public asylum the private asylums in Holland. It is the only country in which no private asylum is in existence.

Norway and Sweden organised their lunacy law, the one in 1838, and the other in 1845. Sweden was some few years the later of the two, taking the law from Norway. It is very curious to see that in the countries where the proportion of the insane is so very high as it is in Sweden and Norway (for these countries have the highest proportion of the insane in Europe), the laws came in the one ten years only after the other. The prescriptions are generally the same as in the French law, with a few alterations of no importance.

That is the historical account of the lunacy laws of Europe, how they came and how they have been instituted.

Coming now to the countries where no law is in existence, I will quote a few instances to show how defective they are in their totality. Take an instance from Austria, where there existed till lately a law whereby the medical superintendent had power and authority to punish the insane; a disciplinary right was given to the superintendent to punish an insane man! Such regulations in existence in our time remind us of the time when at Bedlam the insane could have been seen by paying a penny. But this time has gone, I believe. Another ordinance in the Austrian law authorised the chief of a town, who is the chief of the police, to send anybody to an asylum without any certificate—in my opinion a very dangerous rule, as everybody who was not on good terms with the chief of the police could be sent there, no certificate of a medical man engaged in lunacy being needed.

But the worst part of all these laws, including the countries

which have laws, is that they have no right definition about insanity. The definitions of insanity, so very important in legal cases, are still the same as they were at the time of Esquirol, Conolly, and others. There is no good and clear definition about idiocy, there is no good and clear definition about insanity—definitions which always are wanted in legal and even in civil cases, and which never can be given clearly. But not only are these definitions wanting, but, as science has made in the last twenty years great progress, you must ask yourselves if no new definitions are wanted, if no new characters of disease have come out which may be very important in the administration of the civil law, and much more so in criminal cases. For instance, there is aphasia, never known before, a disease which is now so important in medical legal cases—aphasia, not being able to speak. Constitutional syphilis has quite, I may say, overgrown many diseases which were prevalent before this disease was known as a very important disease of the brain. Then there is Morel, who has distinguished himself so much in new inquiries as to the instinctive diseases, what the French call *manie instinctive*; and as the gentleman may be here present, I may quote himself, we have Dr. Westphal, from Berlin, who has been making such great inquiries about the laws of paralysis, and who has changed entirely the old laws of paralytic diseases by pathological inquiries—by inquiries that can be and have been demonstrated; the effect of which are so important upon insanity that medico-legal cases have quite another face before the judge and jury, if they are explained on the basis of the new science. Even idiocy, cretinism, and so many symptoms of mania once before by routine called simple mania, or making a certain degree of mania, which are not in existence at all, but which are nothing else but variations of a disease which can be to-day a mania and to-morrow a melancholia—these things now want to be taken together, and out of them to be constituted a new law in lunacy, a new law based on the definition of the new diseases.

After this diversion, to quote you some instance from another land, I may refer to Prussia, where only twenty years ago there was a provision that a man who committed a murder should not be hanged if it was proved that he committed the murder to be hanged. This law was only abolished twenty years ago. Then with regard to pyromania, a circular was sent out to the judges in Prussia warning them against committing men for trial affected with this disease. This was in vogue for five and twenty years, and then a circular came out warning the judges to take no care about such a disease, which certainly was not in existence, and to commit everybody to prison who feigned pyromania. Time is not sufficient to mention other very striking instances, and I may say that in Italy the law is as bad as in Austria, as bad as in Spain and in Russia, where certainly even the old system of Bedlam is still in use.

I will now make a very few remarks in regard to the laws for the future.

And first I repeat that a new law must be based upon new principles of science, for without that the new law will not be of the slightest use. The want of books is a very important defect, and I am very much pleased that the man who devoted his life to this important branch of study has written a very useful handbook with regard to mental diseases in legal cases—I refer to our honoured friend Dr. Bucknill. I may say that, excepting the little handbook of Dr. Bucknill's, there was not a single book written on this branch of science and jurisprudence. The books in existence mix up all the legal cases and all the medico-legal science; Dr. Bucknill has, however, written a small essay and has promised to give us a more extended work, which we shall be very glad to see. Morel certainly began a similar book, but I am sorry to say that, except the first portion, the book has not appeared, which is to be regretted, as Morel is a very able man. Now, as I said, the new principles of law must be based on the new progress in science; and as there is so much need for books on the subject, I may propose that prizes for such books should be offered by wealthy men or by societies. If your Society was a rich one, certainly you would consent to give £1000, if anybody would write such a handbook embodying the principles of the science, as it stands now in 1867.

Secondly, I touch on a very delicate subject, on which the President has spoken to-day, and it is a course of procedure which in my opinion must be certainly changed—I refer to indiscriminate sequestration. Our President has, in his address, protested against indiscriminate sequestration, but I am sorry to have to say that in Europe, out of a number of 600,000 insane, more than 350,000 are sequestered. I think that shows that there still remains indiscriminate sequestration, not only acknowledged as a necessity, but even sanctioned by the laws of every country in Europe. It is greatly to be desired that the practice of non-restraint should be adopted on the Continent. It is quite a matter of shame to have to confess that 50,000 insane people are shut up in cells, and in very gloomy ones, and put in strait-jackets. I think a sound and energetic protest on your part would do much to remedy this barbarous state of things. If you do not protest against it it will not be altered. The subject of control is a very important one, not only the control of the medical man, but also the control of the patients. I am sorry to have to state that, with the exception of England, the social position of the physician in Europe engaged in lunacy is a very poor one, and needs great improvements.

Finally, I may say, if a new law in lunacy is really proposed for so many countries that do not possess it, it would be necessary to make those new laws uniform. It is a pity that the authority with



regard to lunacy should, in different countries, be placed in so many different hands. In England the Lord Chancellor is the man who has all lunacy matters under his care. In another it is the Minister of the Interior, the Home Office in another. Sometimes the Minister of Commerce is the man who is to take care of the interests of the insane. There a real rational basis is also wanting.

I may be asked, "Who is the man who should propose and execute all these things?" I must reply freely and openly that I believe it is the medical profession themselves who should propose such things. If we are always silent, leaving things to go just as they are, fearing to be censured, we shall never make progress, and the governments will be very satisfied with our labours so far as they are not burdened. But, in my opinion, it is the sacred duty of every member of our profession to do his best to propagate sound and new principles, to urge those who have influence in such matters to make further progress, to make official propositions, and so by-and-by to come to a real and to a good law in lunacy, which, though it is the best in England, is even there defective, whilst in the other countries of Europe it needs a radical reform.

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*How the Extension of the Organism in three Dimensions is realised.*

By the Rev. W. G. DAVIES, B.D., Chaplain to the Asylum, Abergavenny.

*The subjective character of sense-consciousness.*—To the physiologist of the present day it must be clearly manifest that, in respect to what is revealed to us by the senses, we have no immediate knowledge of anything but sensation. Even according to Sir William Hamilton, perception proper takes note of nothing but the sentient organism. "All perception is a *sensitive* cognition; it therefore apprehends the existence of no object out of its organism, or not in immediate correlation to its organism, for thus only can an object exist *now* and *here* to sense."\* An effect is produced upon the peripheral extremity of a nerve of sense; this is conveyed to the appropriate centre, and there calls forth a sensation.

In the first place, then, the only immediate object external to themselves which the intellectual organs can have to stimulate them into action is a sensation, there being no way discoverable in which a perceptive faculty can come, without the intervention of a sensation, face to face with any portion of the organism, much less with any external body. A man's members are existent to him only in so far as he is sentient of them; his only organism is his sentient organism, his

\* 'Hamilton's Reid,' p. 879, par. 13.