

*Bureau of Information.*

We would direct attention to the proposal made by Dr. Miller, of the Warwick County Asylum, as set forth in the JOURNAL for July last, at page 625. Dr. Miller brought this question before the Council at the Annual Meeting, when it was resolved to approve of the scheme whereby a Bureau of Information regarding matters of asylum administration would be established. Dr. Miller having been authorised to obtain information, it is to be hoped that he will meet with general support in the Association. Much might thus be done to record what is useful to know in reference to details of management in various parts of the country. A great deal of work has been done in the past in the way of ascertaining the results of practical experience ; but it is lost, as records of cases are lost, in the multitude of other materials. Questions are asked over and over again which might be answered once and for all, new questioners might be referred to old replies. The success of any such plan generally depends upon the unselfish labours of one man. We have such a man in Dr. Miller. It is to be hoped that in their own interests, as well as in the interests of the insane, our members will render to him their willing support, and that we shall in course of time secure a great body of trustworthy information on points at issue.

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*Private Care.*

The *British Medical Journal* of June 29th contains an interesting article on the private care of the unsound in mind. It would seem that Mr. Hempson, solicitor to the Medical Defence Union, has lately contended that from the very words of the Lunacy Act it appeared never to have been the intention of Parliament to extend the term "lunatic" to all persons of unsound mind ; and he further suggested that in order to secure a practical differentiation the definition of the term should be varied by requiring that a patient, to be a "lunatic," must be medically certifiable. This is a proposal which must meet with our most active opposition. So far back as 1855 our predecessors were agreed that such terms as "lunatic" and "lunatic asylum" should be as far as possible disused, and they formulated a rule to that effect which is set forth at

length in the first volume of this JOURNAL. The lawyers, however, proved too strong in their conservative habit, and the opprobrious epithet has been continued legally and officially to the present time. Referring to this point in presenting the report of the Parliamentary Committee at Cork the other day, Dr. Hayes Newington explained that a memorandum had been presented to the Lord Chancellor which contained a suggestion to the effect that the use of the word "lunatic" should be abolished, and that our patients should not be insulted by the use of this offensive term.

As a matter of fact the remedy proposed by Mr. Hempson would not be of the slightest value in practice. One can never tell until a jury has declared their verdict whether a person will be held sane or insane. The same element of doubt would remain if the same case were again presented for the consideration of a second jury. It cannot be exactly determined when a person becomes medically certifiable. That is a matter of opinion, and a medical certificate of insanity is merely the record of that opinion, good until it is proved erroneous. By what semblance of right does Mr. Hempson seek to affix to patients in asylums the stigma of the term he so properly objects to as regards those persons of unsound mind in private care? Success in his contention would degrade our hospitals for the insane most unjustifiably. It is a mere accident of wealth whether the person of unsound mind is placed in a county asylum, or whether an asylum is constituted for himself alone. The medical profession can admit no such arbitrary and artificial distinction as that for which Mr. Hempson pleads. As soon as a person of unsound mind is in such a state as to require care and treatment, it is imperative that he should be protected by the State. If he is received into any house or establishment for gain the precautions must be adequate. We urge that those insane persons scattered throughout the country in private care are just as much in need of official inspection as those in establishments. The laxity with which private care is regarded is astonishing. Impetuous individuals of every sort and condition are the self-constituted guardians of insane persons, and consequently from time to time scandalous results reach the public ear. We would desire to see some standard of suitability and efficiency set up, some official record of these guardians kept. We would desire

to minimise the evils of private care by bringing both caretakers and insane under the official cognizance of the Commissioners. Not that we admire or plead for the indiscriminate use of red tape, either in private houses or in institutions, which latter are already hampered in usefulness by legal strangulation; but we have no hesitation in urging that there can only be two classes of persons of unsound mind from this point of view—voluntary boarders, and patients deprived of liberty of action on the ground of insanity. There will always be a difficulty in drawing a hard-and-fast line between these classes; but it is evident that if a person is constrained to act as his guardian directs, if he has not full liberty of action, he is in a position requiring official inspection and official control. He is a person of unsound mind, a fit and proper person to be detained under care and treatment—a “lunatic,” if the public are so minded as to use that term,—but his lunacy is determined by the fact of his mental incapacity, by conduct in some way detrimental to himself or others, and is not by any means dependent upon the accident of his position in a private house as opposed to a larger establishment. See where this line of argument leads! A man might be regarded as no lunatic if he were consigned to private care apart from every other insane person, but he would probably at once become a lunatic if another similarly incapacitated were under the same roof, certainly a lunatic if two or three were added; for then, in the words of the *British Medical Journal*, he would be in “the natural home for lunatics, which is a lunatic asylum.” In the Manchester Royal Asylum, and other similar institutions, there are separate houses, some of which contain a single certified patient—perhaps a slight case of mental derangement. Why should such a patient, who may prefer that arrangement to private care, accept the title which Mr. Hempson would thrust upon him? The fact is Mr. Hempson is an amateur in pleading this case. We have already shown the more excellent way, in urging that reasonable facilities might be granted for the treatment of incipient insanity in England. Scotland has long enjoyed the advantage of so dealing with that class of patients, and, moreover, has long boarded-out chronic insane persons with guardians of approved character, under medical supervision and under official inspection. It has not been proved necessary to propose any hair-splitting definitions, or to dis-

criminate in law between the classes it is now sought to differentiate. If changes are imminent in England, we would rather see a policy instituted which would result in the removal of the restrictions on the establishment of private asylums, so that they might develop as the hospitals for the insane have developed, without let or hindrance except as may be ruled by the survival of the fittest under the intimate supervision of the Commissioners in Lunacy. We hope to see the private care of the insane restricted to competent persons equally under official control. The results of recent legislation have not been happy. Those in charge of private asylums have been the objects of ill-considered and unjust restrictions, those in charge of separate patients have been given a free hand—a physician charged with the care of several patients is the object of suspicion and detraction, any illiterate caretaker will pass muster if he quietly confines his business to a single patient. Now it is proposed to smooth the way for the caretaker by speaking comfortably of his ward, and to still further prejudice his neighbour by affixing to asylum gates, *For Lunatics only*. That is what we know as Compromise in England. Can we endorse it?

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*Instruction in Mental Disease to the Medical Student and Practitioner.*

The need of instruction in mental diseases by the incipient general practitioner was dwelt on in an occasional note in our last issue. A paper on this subject in the *British Medical Journal*, by Dr. Robert Jones, raises the question of the methods and extent of instruction that is necessary and possible.

The mental disease curriculum which Dr. Jones advocates is perhaps rightly described by one of his critics as a counsel of perfection. The time limit alone is a complete bar to the student's obtaining a mastery of the histological technique necessary for any really useful investigation of brain disease; neither is it possible that he could acquire such a knowledge of the treatment of insanity as would qualify him for the post of superintendent of an asylum; and the question, indeed, is not in regard to the most desirable, but to the most practicable course of instruction.