

*Medical Reticence.\** By CHARLES MERCIER, M.B. London.

It is more than half a year since I gave notice that I should draw the attention of this Association to the question of Medical Secrecy, and invite the Association to give an expression of opinion upon it. On the first occasion the subject was postponed at the request of the President, and on the second, at the Annual Meeting, I was unfortunately prevented by urgent business from being present.

This delay in bringing the subject forward is not altogether to be regretted. It will be remembered that early in the year the question of the sacredness of the secrets revealed to medical men formed the basis of a celebrated trial, and that this question aroused so great an interest that not for very many years has any matter connected with our profession so deeply stirred the hearts of men. The country, from one end to the other, rang with reports and comments on the trial; the correspondence in the *Times* relating to it extended over weeks; and it is therefore not wholly disadvantageous that we now approach the subject when angry feeling and impatience have subsided, and a calmer and more judicial consideration can be given to the matter.

It is a very noteworthy fact that at the time when public attention was given so largely to this subject; a time when men's thoughts ran so strongly upon it, that not only the professional, but the lay Press was full of it; when it displaced the weather as the introductory topic of conversation at social meetings; when the amount of the damages, said to have been the largest ever given in a case of libel, was a nine days' wonder; when the interest in the subject was so strong and so universal the natural reserve of Englishmen was broken down, and strangers in trains and omnibuses opened their hearts to one another on the matter—it is a noteworthy fact, and a fact whose significance I will not attempt to explain, that at such a time of universal and enthralling concern the medical profession itself was absolutely silent. For weeks the eyes not only of the medical profession itself, but of the whole of the educated English world, were directed to Pall Mall, in anxious expectation of a decisive deliverance by that ancient, dignified, and noble corporation which has for many generations upheld the

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standard of purity and uprightness in medical life. But the College of Physicians made no sign. From the College of Surgeons no one expects a pronouncement on a matter of ethics, and therefore at the silence of the College of Surgeons no one was disappointed. But there is another body, a great and popular body, wanting, indeed, the dignity of these ancient corporations, but representing far more fully the opinions and aspirations of the medical profession at large, from which an opinion might have been confidently expected. But neither the British Medical Association itself, nor any of its numerous branches, have referred to the matter in any way, as far as I have been able to discover; and even the Ethical Section contrived, with what difficulty I know not, to pass it by.

Seeing that the subject has been treated by the medical profession with what appears to be a conspiracy of silence, it argues some temerity for a private member to bring the matter forward in a comparatively small Association like our own; but there are reasons which make this subject more important to our branch of the profession than to any other, and which render more desirable to us than to any of our professional brethren some clear principle of guidance with regard to it.

There are reasons why the subject of Medical Secrecy is more important to us, as alienists, than to any of our professional brethren. In the first place, to none of our professional brethren are secrets so important habitually confided. They have to deal with questions of life and death only. We have to deal with questions of sanity and insanity; and who will say that these are not more important? In the second place, the revelation to a third person of information gained by examination of a patient is a matter which seldom comes up for the consideration of the general practitioner, the physician, or the surgeon; but to us, dealing as we do with insane patients, it is a matter of daily and hourly necessity. They rarely have to consider it, and when they do, they have special circumstances to guide them, and, as a rule, ample time in which to form their decision. We have to decide the matter constantly, and upon the spur of the moment. We have often no time for consideration. Under these circumstances, it will, I think, be conceded that, to us, the importance of the subject of medical secrecy is greater than to any other medical practitioners, and that we are in more urgent need of some clear rule of guidance.

I trust that it is no evidence of a vainglorious spirit if I point out that, despised and detested as is our branch of the profession by prejudiced persons; subject, as we are, to the crazy accusations of both present and former patients; butts, as we are, for the litigious propensities of vindictive and imperfectly recovered lunatics,—this particular fault has never been laid to our charge. We have never been accused of unduly or unnecessarily revealing the secrets of our patients.

To show how delicate is our position in comparison with that of others of our profession, let me remind you that while medical men practising in other departments may, indeed, do infinite harm by revealing confidences gained in the consulting-room, none of them can, as we may, attach a stigma to a man, and perhaps bring about his ruin, by revealing the bare fact that he has consulted us at all.

In seeking for a rule as to the circumstances in which medical secrecy is to be observed, we shall have little difficulty as to method. Our method must be first to lay down the law, and then to formulate the exceptions to the law. The first part of the task is easy. The general rule, that professional secrets are sacred and inviolable, is obvious and is imperious. Among medical men it is neither questioned nor doubted. But as there has unhappily been an impression abroad that it is not always looked upon as *primâ facie* the rule of conduct, it may be well to give the reasons, or some of the chief reasons, why it is so regarded.

The duty of the medical practitioner is to treat, with a view of ameliorating the condition of his patient. Treatment cannot be, I will not say successful, for in that it often fails, but it cannot be adapted to the malady unless knowledge is complete. Only when our inquiries are unrestricted and our means of obtaining knowledge unfettered, can we gain such an insight into the nature of a malady as will justify us in determining on its treatment. For this reason we demand from our patients unlimited candour. This principle, we hold, justifies us in disregarding the pride of men and the natural modesty of women. We demand from them answers to our most searching questions on their most private and delicate affairs. We require them to put themselves into unseemly postures, and to submit to humiliating manipulations; and our demands and requirements are unreservedly conceded. But they are conceded, assuredly, upon the implied understanding that so great a concession

carries with it a corresponding obligation ; and that obligation is the obligation of secrecy.

Let us put ourselves into the position of our patient. It is not difficult, for we have most of us filled that complimentary rôle at one time or another of our lives. We go to a doctor and ask his aid. His reply is a demand. He says to us, "Strip! Expose yourself in all the nakedness of your body; exhibit your deformity; lay bare your bruises, your wounds, and your sores, and let me handle them, probe them, cauterise them as I think fit; recount to me your sins, your vices, and your follies; that which you have never confessed to your bosom friend, your priest, or your God, confess now, here, to me. Abase yourself, if need be, to the very dust; for unless you do all this, I cannot and will not attempt to relieve you." When such demands are made upon us, do we not by our very compliance, by our very obedience make this reply? "This, since to get relief I must do it, I will do; but I do it on the understanding that your sacred honour is pledged, that these revelations that I make to you, are made to you alone. They are made that I may have relief from my suffering, and are to be used for no other purpose."

It is unnecessary, I think, to seek for further sanction for the law of secrecy. Did we need it we might find it in the difficulties that we now have in getting full and candid information upon many points, and in the raising of these difficulties to the height of impossibility if the safeguard of secrecy were not considered absolute. Hence upon this rule rests the very foundation of our art, the relief of human suffering.

But though no further sanction is needed for the establishment of the rule, there are considerations which tend to corroborate and extend it, and of these it may be well to remind you. In these latter days medical men have become lay confessors. The consulting-room has taken the position of the confessional, as the place where all hearts are open, and no secrets are hid. To us the business man confides the tale of his insolvency, as yet unknown to the world. To us the girl who ought to be a maid, but is not, confides her shame. To us the wife confides the unfaithfulness of her husband; the husband the intemperance of his wife. We scarcely sufficiently appreciate the intense craving that exists in the human breast, especially the female breast, to confide its sorrows to some sympathetic bosom. It is one

of the most universal motives that sway human conduct. We are all familiar with the exhortation:—"Give sorrow words, the grief that does not speak whispers the o'er fraught heart, and bids it break," but perhaps we do not always realise the force and universal truth of the statement it contains. "Man," says the apostle, "was not made to live alone," and like most of the aphorisms applied to man, this is especially and pre-eminently true of woman. Woman's mental nature is not rigid enough to stand alone. She must have some one to lean on, and above all, some one to confide in. Whether it is the agony of steadily advancing shame which overwhelms the life of her who is neither maid nor wife; or whether it is the misery produced by a refractory and perhaps intemperate cook; a woman must confide her trouble to some one. Alone she cannot bear it. Doubtless her natural prop, stay, and confidant is her husband; but unfortunately, or fortunately, all women are not the possessors of that convenience; and many of those who are, do not meet from him with that sympathy in their troubles which is a necessity of their natures. A woman can no more help disburdening herself of her troubles, than she can help bringing her child into the world when her time is fulfilled; and hence a confessor of some sort she must have. Especially do the procumbent natures with which we so often have to deal, which can no more stand alone than the bindweed or the creeping jenny, especially do they demand a moral support external to themselves. Some of them find the necessary support in the parson; some invoke the costly aid of the family solicitor; but in the great majority of cases the doctor is the trellis upon which these natures cling; and it is, I maintain, an unjustifiable threat to hold over these poor flexible characters, to tell them, as they have been told, that the doctor may proclaim their secrets to the world if he in his discretion considers it advisable in the interests of his wife and children to do so.

For this is what the evidence amounts to that was given in the case to which I have referred. In that case, the broad rule was laid down in terms as strong as those that I have used. Sir John Williams said, "As a general rule medical men should hold inviolate professional confidence;" and Sir W. Broadbent said, "The rule is a very strong unwritten law that no confidence made to a medical man should be divulged." Having laid down the rule in un-

compromising terms, these two eminent members of our profession then stated the circumstances which in their opinion justified a departure from it, and it is to these circumstances that I wish to direct your attention; it is upon them that I wish to obtain your opinion.

"The exceptions," said Sir John Williams, "are when there are higher claims." "Who is the judge?" interjected Mr. Justice Hawkins, very pertinently. "Such," continued the witness, "as a court of justice. With regard to crime, a medical man is obliged to inform the public prosecutor of any crime which is committed, or is intended to be committed. The higher duty and claim that a man's wife and children have upon him justify him in taking every measure to protect them." "The secret," he said, in answer to a direct question, "is the secret of the patient, not of the doctor, but," he went on to say, "the medical man is and must be the sole judge of the circumstances under which the secret may be published to the world."

Sir William Broadbent's evidence is to the same effect. When asked what exceptions to the rule of secrecy he would recognise, he said, "We are compelled to divulge confidences in a court of law, and sometimes to prevent crimes. There are also certain circumstances where, under a strong sense of duty, it might be necessary to divulge professional secrets." "Do you recognise," counsel asked, "the exceptions made by Sir John Williams in favour of wife and family?" "I think so," the witness answered, "if it is clearly necessary. It is conceivable that it might be necessary to divulge secrets for their protection. It is difficult to formulate an abstract opinion. It should only be made in the last resort. If the object can be accomplished in any way short of divulging a secret, it ought to be done in that way."

Sir William Broadbent is, it appears, more reluctant to admit the exception than is Sir John Williams, and tries as far as possible to minimise it; but he does in fact admit it, and practically admits it as fully as the other witness.

It will be noticed that these two witnesses are in entire agreement as to the exceptions to the rule of secrecy, that are admissible and justifiable. These exceptions as given by them are four in number, and I now propose to examine them seriatim. Other exceptions have been alleged elsewhere, and these I will mention subsequently.

The first exception is as to giving evidence in a court of



justice. Both the witnesses stated categorically that in their opinion medical men were bound to reveal professional secrets if called upon in a court of justice to do so. Neither of them appeared to have any doubt upon the matter. They spoke of it as if it were self-evidently a matter of course and of necessity. But is it a matter of course? We are all familiar with the extremely wide license that is allowed to counsel in cross-examination, and we are familiar with the fact that in doing what they conceive to be their duty to their clients, some counsel have little scruple as to the means they employ to discredit a witness. Is a medical man bound, merely because the question is put to him by a violent and unscrupulous partisan in a court of justice, to reveal some discreditable fact that he has learnt from a patient in the secrecy of the medical confessional? It does not seem to me self-evident that he ought to answer such a question. It appears at least arguable. I should have thought that if a witness under such circumstances desired to retain his self-respect and uphold the honour of his profession, he might very well refuse to answer, and prepare himself to take the consequences. Doubtless martyrdom is an unprofitable occupation. It is worse; it is unfashionable. But it seems to me that even in this age of crapulence and money-grubbing there still are circumstances in which a man is bound to act according to his conscience, even if in doing so he incurs the terrors of the law. But there is this encouragement for those who desire to take the bold course, but shrink from its consequences, that there is no certitude that the law would resent their action. The medical witnesses whom I have quoted appear to be more impressed with the majesty of the law than even those who have to administer it. Mr. Justice Hawkins, in summing up in this very case, said that, as to giving evidence in a court of law, "he did not altogether agree with what the medical witnesses said as to that. It all depended on the judge. The judge might refuse to commit a medical man for contempt in refusing to reveal confidences. Each case would be governed by the particular circumstances, and the ruling of the judge would be the test." After this dictum the assumption that medical men are of necessity bound to answer any questions that may be put to them in a court of justice falls to the ground, and the first exception to the rule of secrecy is wiped out.

The second exception claimed was that of revealing the

fact of a crime having been committed. Both of the witnesses appeared to think that on such a fact coming to his knowledge a medical man was bound to break the rule of secrecy. But here again they took a more stringent view of their obligation to the law than the representative of the law himself. "Suppose," said Mr. Justice Hawkins, "a medical man were called to attend a woman, and in the course of his professional attendance he discovers that she has attempted to procure an abortion. That being a crime under the law, would it be his duty to go and tell the Public Prosecutor?" "The last legal opinion upon that question obtained by the College of Physicians," said Sir John Williams, "was yes." "Then all I can say," said the judge, "is that it will make me very chary in the selection of my medical man." His want of sympathy with this strict view of the duty of a medical man was more plainly stated in his summing up. "If," he said, "the doctor were called in merely to attend a woman needing physical aid, his lordship doubted very much whether he would be justified in going to the police and saying 'I have been attending a poor woman who has been trying to procure an abortion.' That would be a monstrous cruelty. Therefore, to say there was a general rule was going too far. There were no doubt cases in which it was obvious that a doctor should inform." It would have been interesting if the learned judge had instanced such a case. For my part I do not conceive that it is any part of the duty of the medical profession to transform itself into an auxiliary detective force; and although cases may and do, not rarely, occur in which medical men have to communicate to the police their suspicions that crime has been committed, yet that they should use against a patient for this purpose information gained under the seal of the medical confessional is, I will venture to say, neither usual nor desirable. I cannot admit, and I ask this Association to refuse to admit, that in this case either we are called upon to make an exception to the general rule of medical reticence.

The third exception that was claimed by the two witnesses to whose evidence we are indebted for the semi-official view of the subject, was the one upon which the result of the trial depended. Said Sir J. Williams: "The higher duty and claim that a man's wife and children have upon him justify him in taking every measure" (*i.e.*, in revealing professional secrets) "in order to protect them. He is not bound to consult his patient first, though the secret is the



patient's secret, not his own. He (the doctor) is and must be the sole judge of the circumstances under which the secret may be published to the world." With this doctrine Sir W. Broadbent generally agreed, though he appeared to agree reluctantly, and sought to narrow the effect of his admission. The admission is at first sight a startling one, and several questions immediately arise upon it. The first and most obvious question is, "Does the other party to the contract know of this clause? We have seen, and it will not, I think, be gainsaid, that medical secrets are imparted by the patient on the implied understanding that they are to be utilised for his benefit only. Does he understand, when fulfilling his part of the contract, and laying bare his very soul to his doctor, that the latter pledges his faith to secrecy with a mental reservation?—with the reservation that if it is to the interest of his own wife and children—that is to say to his own interest, he may reveal the secret? Of what value is a pledge given with such a reservation? Mr. Justice Hawkins viewed this doctrine with a leniency which I am unable to understand. He said that it required a great deal of limitation, but did not deny that, within limits, the exception was valid. He did not instance a case in which the exception would be valid, and I have tried, and tried in vain, to imagine one in which the course suggested would be justifiable. To me it appears that the admission of this exception would be so one-sided as to vitiate the contract altogether. It would be a palpable and manifest breach of trust. What would the learned judge say to a trustee who undertook to refrain from committing a breach of trust so long as the higher duty and claim that his wife and children had upon him did not interfere with his duty to the *cestui qui* trust? What would he say of a trustee who maintained that he himself was, and must be, the sole judge of the circumstances under which he would be justified in committing the breach?

Again, if this exception be admitted, how far does it extend? To wife and children say the witnesses. Does it then extend to step-children? On the question being put it was admitted that it does not extend to a sister; but may it not include a parent, or a grand-child? Who is to establish the limitation? Is this also to be a matter in which the medical man is, and must be, the sole judge? If it extends to wife and children, or to parents and grand-children, and not to brothers and sisters, on what principle is it so limited? What is the authority? Was such an ex-

ception ever heard of or thought of before this particular case, in which the interests of wife and children happened to be involved, came into court? I ask you, gentlemen, to repudiate this exception, and to say that it has no foundation either in principle or in practice.

The fourth exception that was adduced in court was the prevention of an impending crime. When a medical man becomes aware that a crime is intended, may he break through the rule of secrecy in order to prevent that crime being committed? So stated, it would seem that there could be but one answer to that question. If there are any higher duties and claims to which a medical man owes allegiance, higher, that is, than his duty to his patient, such duties and claims are surely not those of his own wife and family, but those of the community of which he is a part, the claims of justice, of order, and of law. Such a case, a case in which the plain duty to the individual patient is incompatible with the plain duty to those principles of morality upon which all society and all civilisation depend, is indeed a difficult one, and one in which we should have been thankful for a clear principle of guidance, either from our own leaders or from the learned judge, who did indeed touch upon the question. The eminent physicians whose evidence has been so often referred to, assumed that under the circumstances supposed, there was but one course open to the doctor. He must, of course, give his patient away. We have seen so much reason to doubt the soundness of their views in other cases that we must be pardoned for declining to accept them in this without some consideration. We turn then to the opinion of the judge with high anticipation, but here we meet with disappointment. Mr. Justice Hawkins put the case in which it came to a doctor's knowledge that a crime was intended to be committed, and then gave as an illustration a case in which a crime had in fact been committed, and his remarks upon it, which have been already given, applied to the latter case, and not to the former. So that we are completely without judicial guidance in this matter, and must depend upon our own judgment. Fortunately, the case is not really so difficult as it seems. For all practical purposes, the instances in which a medical man obtains from the confidence of his patient the knowledge that a crime is contemplated, are limited to one particular case of crime. They are limited to the case in which he is requested to procure an abortion. And in this case the decision gives us no difficulty, for the

practice is already settled. What medical man in such a case—and such cases are common enough—ever thinks of informing the police? Doubtless there are other circumstances in which a medical man obtains, in his medical capacity, knowledge, or suspicion that a crime is contemplated, or is in course of being committed—cases of poisoning for instance—but in such cases he gains the knowledge from no confidence placed in him by the criminal, and is therefore under no sort of obligation to refrain from exposing him. So that for all practical purposes this case, of the discovery of a contemplated crime, does not affect the rule of medical secrecy at all, and, along with the other alleged exceptions, vanishes when it is seriously investigated.

Fifthly, there is a group of cases which were not referred to by our expert witnesses, but were brought forward subsequently in the Press as crucial instances showing that the rule of medical secrecy must in certain cases be broken. They are cases in which the malady of the patient involves danger to the community. Such is the case of a milkman who suffered from an active stage of syphilis; the milkman who was desquamating after scarlet fever, and still following his trade; a signalman who suffered from heart disease, and was liable at any moment to die suddenly on duty in his solitary box. All these cases, and many others, were related in the papers, the moral drawn from them being that their circumstances rendered a departure from the rule of secrecy justifiable and necessary. The hardest case of all is one which has not, I think, actually occurred, but which might occur—that of a man suffering from syphilis consulting a doctor to whose daughter he is engaged. Now, in not one of these cases, and I have gone carefully through them all, was the revelation of the secret necessary for the prevention of the mischief. In all of them the end could be compassed in other ways, and in those which were related as having actually occurred, the majority had actually been effectually dealt with in ways which did not involve the divulging of the professional secret. These cases are sometimes discussed as if the revelation of the secret to the medical man were itself the origin of the evil, and therefore imposed upon him the duty of preventing it. But it is obvious that this is not the case. The evil exists before the communication is made, and will continue to exist whether the communication is made or no. The revelation to the doctor does not in any degree alter the pendency of the evil.

Then there is a group of cases in which the medical man owes a divided allegiance; cases in which he is employed by one person to attend another, and owes a duty both to his patient and to his employer. Such cases do, no doubt, often present difficulties, but even in them the duty to the patient should surely be the first and paramount consideration.

No doubt in such cases as I have instanced the temptation is great to break the rule in order to arrest an evil that is in progress, or to prevent an evil that we see to be imminent; but it cannot be too often or too strongly insisted that "Hard cases make bad law." That is to say, the relaxation of a general rule to meet the hardship of a particular case, is productive, in the long run, of more evil than it prevents. "Make a hole through a principle to admit a solitary exception, and, on one pretence or another, exceptions will by-and-by be thrust through after it, so as to render the principle utterly good for nothing."

I therefore submit that in all his dealings with sane patients the medical man should be guided by the maxims laid down by the eloquent son of Sirach, with a force and directness which I cannot hope to rival, and which come down to us with the accumulated sanction of five-and-twenty centuries of unquestioned acceptance.

"Rehearse not unto another that which is told unto thee; and thou shalt fare never the worse.

"If thou hast heard a word, let it die with thee; and be steadfast, it will not burst thee.

"Whoso discovereth secrets loseth credit; and shall never find friend to his mind.

"Love thy friend, and be faithful unto him; but if thou bewrayest his secrets, follow no more after him.

"For as a man hath destroyed his enemy, so hast thou lost the love of thy neighbour.

"As one that letteth a bird go out of his hand, so hast thou let thy neighbour go; thou shalt not get him again.

"Follow after him no more, for he is too far off; he is as a roe escaped out of the snare.

"As for a wound, it may be bound up, and after reviling there may be reconciliation; but he that bewrayeth secrets is without hope."

The conclusion to which I come is therefore that a medical man is not under any circumstances justified in revealing the confidence of a sane patient without the

patient's consent, and this conclusion I embody in the following resolution:—

“That, in the opinion of this Association, information afforded by a sane patient, for the better understanding or treatment of his malady, to a medical man, is sacred, and ought not to be revealed without the consent of the patient.”

Three observations fall to be made here:

First; the terms of the resolution include facts ascertained by examination of the patient as well as verbal communications made by him.

Second; the resolution is so worded as to include those confidences only which the patient makes in his capacity of patient. Happily, patients are often personal friends of their doctors, and communications made in their capacity of friends come under other rules and need not be dealt with here.

Third; the obligation of secrecy does not obtain in those cases which arise, for instance, under the Notification of Disease Act, in which the patient is fully aware *beforehand* of the obligation of the medical man to disclose certain information; an obligation to which he, the patient, must be taken to have given his consent by his representatives in Parliament.

It will be noticed that there is introduced into the foregoing resolution a limitation of great importance. It refers to sane patients only. We are still without guidance in a matter which to the members of this Association is vital, viz.: the way in which the confidences of insane patients ought to be dealt with. This is a question which has not been touched upon at all in the extensive correspondence or the numerous leading articles to which the general subject has given rise. It is, however, a matter of great importance, and communications made by the insane cannot, it is clear, be dealt with under the same rule as applies to the confidences of the sane. Suppose, for example, an insane patient were to confide to us the fact that he had secreted in a certain place a weapon for the purpose of killing a certain person; we should certainly violate his confidence so far as to impound the weapon, and warn the intended victim; and it is clear that in this violation of confidence we should be ethically justified. Because, however, we are clearly justified in revealing some of the confidences of our insane patients, it by no means follows that we are justified in revealing all.

Suppose, for instance, in the course of our attendance upon an insane unmarried woman, she confesses the fact that before she became insane she had been delivered of a child. We should clearly not be justified in revealing the matter. Again, many of our patients lose all restraint and reticence, and blurt out family secrets of the most delicate and compromising character, smirching the good name of those who are nearest and dearest to them, without any appreciation of the importance of their revelations. Clearly in such cases we are, if possible, more stringently bound to observe secrecy than in the case of the confidence of sane people. It is as clear, therefore, that some rule is required with regard to information obtained from insane patients, as that the ordinary rule is here inapplicable.

It appears at first sight that it would be fair to apply the rule already laid down with regard to sane patients, to the sane utterances of the insane, and to allow the doctor to reveal the insane utterances at his discretion; but the instances already given show that such a rule would work injustice. The babbling of family secrets—of the dishonesty of a brother, or the unchastity of a sister—is clearly an insane utterance; and yet to it the rule of secrecy must be stringently applied.

There is, however, a guide, which appears to be a safe one, and which certainly has a very authoritative sanction. It cannot, I think, be far wrong to apply to the utterances of the lunatic a rule analogous to, and founded upon, that which has been laid down by the Legislature to govern the summary restraint of his person. To reveal a man's confidence is at least as great a trespass against him as to restrain his person; and the two injuries are so nearly alike in their gravity, that those circumstances which are held to justify the one may be held to justify the other; and we may conclude that "information obtained from an insane patient may be revealed when, and only when, it is expedient for the welfare of the patient, or for the public safety."

It is said that Dr. Guillotin was one of the earliest victims to be decapitated by the instrument to which he gave his name, and it is certain that Cardinal Balue was for years incarcerated in the iron cage which he himself built as an instrument of torture; both illustrating the still more ancient saying that he that diggeth a pit shall fall therein, and he that layeth a net shall be taken therein. I little thought when I took part in the construction of these Rules



that I should be the first to suffer under the guillotine of Rule 94. But, victim though I be, I will kiss the rod, and admit that even on this occasion the rule is a salutary and excellent one. It is not to be expected that members who now hear my resolutions for the first time can, upon the spur of the moment, decide whether or not they are the best possible to meet the case. The matters dealt with are complex and difficult, and require consideration; and the purpose of this paper will be well served if it evokes a discussion now; and prepares the minds of members of this Association to arrive at a definite conclusion, and to express that conclusion, as I shall certainly invite them to do, at a future meeting of the Association.

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*Further Points in the Relation of Diabetes, including Glycosuria, to Insanity.\** By C. HUBERT BOND, M.D., B.Sc., Assistant Medical Officer, London County Asylum, Banstead.

My paper to-day—entitled the Relation of Diabetes to Insanity—is practically a continuation of one which I had the privilege of reading before the Annual Meeting of the British Medical Association last year, and which subsequently appeared in the *Journal of Mental Science* last January.

I there recounted observations made upon the urines of 175 consecutive recent cases (males) of insanity, with a view to determining the frequency with which, and the class of case in which, glycosuria is met. A hundred and seventy-five is a comparatively small number on which to base any statistics, and, recognising this, I have, as far as time and opportunity permitted, continued similar observations during the past sixteen months. These have again almost entirely been restricted to the male sex. In my former paper it was stated that the 175 cases examined yielded 12 instances (6·85 per cent.) of either diabetes or glycosuria. To this dozen I added five other non-recent cases, four of whom were females, and whose existence was only accidentally discovered. These—in all—17 cases were then described in detail and certain deductions attempted. Since that time, and up to the 3rd of September of this year, 588 male patients have been admitted to Banstead Asylum. Of these

\* Read at the General Meeting held in London on the 19th November, 1896.