demands fundamental changes in our attitudes to medical ethics as they apply to the rights and liberties of such people. These ethical questions cannot be resolved by laying down rigid rules. Psychiatrists should take personal responsibility for judgements that may sometimes appear to conflict with traditional ethics. Whenever there is doubt about the patient's frankness or ability to communicate, then surely it is incumbent upon the clinician to seek extra information from family or other informants, even without the patient's permission.

The duty of care towards the carers, discussed by Szmukler & Bloch, cannot be considered as a separate issue. The interests of patient and carer are closely linked. A short domiciliary visit may show a patient who appears to be cared for and living a relatively normal life when, under the surface, things are very different. Only carers who know them well and see them frequently know the full extent of patients' day-to-day inadequacies. The professional visitor may see nothing of the effort being made by the carers who may themselves be highly stressed, either singly or collectively. If one or more of them should crack, disaster may ensue before the professionals have any inkling of what is going on. So it is not only a duty of care towards carers that is involved. To neglect communication with them is to neglect the duty of care towards the patient as well, and should be regarded as serious negligence. The profession should recognise that there should be no rigid requirement to get the patient's consent for such communication. If it does not, there will be more disasters of the kind that are already disturbing public confidence in psychiatry, and many less dramatic disasters in which the lives of patients and carers are undermined unnecessarily.

Szmukler, G. I. & Bloch, S. (1997) Family involvement in the care of people with psychoses. An ethical argument. *British Journal of Psychiatry*, **171**, 401–405.

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One hundred years ago

The certifying of lunatics

DR. LOVELL DRAGE, the Hatfield coroner, recently held an inquest upon the body of a man, aged eighty-one years, which was found in a pond at Leverstock Green. Medical evidence was given by Dr. Hutchinson, of Hemel Hempstead, that there were no marks of violence on the body. The deceased's grand-daughter said that he had been quite childish for the last four years and that last year he had been certified as insane by a medical man, but a magistrate had refused to sign the order for his detention. The jury returned as their verdict: "Deceased walked into the Blackwater Pond, Leverstock Green, and was found drowned on March 9th, 1898, and he was of unsound mind at the time of his death." They added as a rider, "That it is unfortunate that the magistrate did not sign the order for the detention of the deceased in a lunatic asylum at the time of his examination in 1897." We quite agree with the jury. It used to be only too easy to get into an asylum, for during the first forty years of the century a lunacy order was a kind of *lettre de cachet* and the unfortunate victim was hurried off and imprisoned without either explanation or redress. Nowadays, however, it is by no means easy to get a lunacy certificate signed, but we may certainly take it that no medical man will sign a detention order without having very good reasons for so doing. This being so, it is intolerable that a non-professional person should be able to render a diagnosis and directions for treatment of no avail. In the case under consideration the life lost was perhaps one not very valuable to its owner, although such a death is a sad ending to a long life, but in similar cases which have occurred where homicidal tendencies were present many and more valuable lives might well have been sacrificed.

REFERENCE

Lancet, 19 March 1898, 804.

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