

FRANCE.

By Dr. RENÉ SEMELAIGNE.

DURING the last year, scientific activity seemed to be suspended by the war; the societies devoted to the study of mental diseases could not meet for want of members, and the publication of specialist journals was temporarily postponed. It is not yet the proper time for examining the psychiatric consequences of the present events, and such a study will be more pertinently carried on subsequently to the conclusion of hostilities. So an epitome of French psychiatry only covers a period of seven months, from the beginning of January to the end of July.

A new Lunacy Act, voted in 1907 by the Chamber of Deputies, was considered at great length by a Committee of the Senate, and reported by M. Strauss; the debate opened at the end of 1913. According to it the reception of any alleged insane person in a public or private establishment is only provisional, and has to be submitted within six months to the judicial authority. A discussion arose about the use of the words "mental alienation" and "mental affection." In reality the Bill was entitled as concerning *aliénés*, while Part I provided that help and proper care should obligatorily be given to any patient suffering an *affection mentale*. So the debate was postponed pending fuller information, and the Government decided to take the opinion of the following societies: *Académie de Médecine*, *Société clinique de Médecine mentale*, *Société de Médecine légale*, *Société Médico-Psychologique*, *Société de Neurologie*, *Société de Psychiatrie*. The answers were approximately the same, *i. e.* that the expression mental affection includes any person suffering from mental disorder; amongst such affections some merely require help and care, but some others necessitate legal intervention, and in their case the term mental alienation is properly applicable. Besides the *Société Médico-Psychologique* conclusively opined that the law of 1838 specifically providing for legal action, and safe-guarding the liberty of the individual, seemed to be quite sufficient; but in order to protect more efficiently the community it might be expedient to add some judicial rules concerning criminal lunatics.

The committee's reporter, anxious to obtain a prompt vote for the lunacy law, had quoted public opinion and the apprehension of arbitrary detentions. Dr. Gilbert Ballet, Professor of Psychiatry in the Faculty of Medicine of Paris, at a meeting of the Academy of Medicine, defied anyone to give a genuine case of such a detention. Subsequently to the meeting, four cases of pretended arbitrary detention were submitted to him. The first case was that of a melancholic patient, who secondarily developed ideas of persecution, with refusal of food and acts of violence, and was placed in a private asylum and artificially fed. A journal had violently protested. In the second case the patient was the subject of intermittent attacks of mania, which during some years had not been very violent, so his wife took patient out in spite of a continuance of the malady; but he became more excited, had megalomaniac ideas, provoked a violent scene on a railway, and was confined in a *maison de santé*. Improved by appropriate treatment, and restored to liberty, he was protesting against his detention. A third person wrote: "Three ruffians

named Garnier (the scoundrel died since that time), Legras, and Magnan are pleased to comply with the wishes of the grossly vicious French police, and facilitate those monstrous acts of cowardice." Another letter began as follows: "I suffered three confinements in a lunatic asylum, because I asserted that I was a Bourbon, son of the Count of Chambord and of the Duchess of Alençon, with evidence in support." The mental disturbance of such people seems to be clearly apparent to anyone possessed of common sense, but in any case of confinement in an asylum the opponents generally consider their own interest in preference to the benefit of the patient, and some journals eagerly accept every scandalous report. Public opinion sometimes is right and sometimes wrong, and in a scientific discussion one has not to consider such a matter. In a meeting of the Academy of Medicine Dr. Gilbert Ballet proclaimed that, even if public opinion was wrongfully becoming excited by a chimerical case, the members of the Society ought not to be troubled by that fact; they had not to look at an electoral district as members of Parliament, but only to give heed to the truth, and the benefit of the patients.

The Lunacy Act, 1838, so violently and unjustly censured by incompetent people, was suggested by Esquirol and Ferrus. Since that time medical science has progressed, and many ideas have had to be modified in order that the law might be improved, but it does not seem necessary to radically reconstitute it merely in order to please some politicians, and without any real benefit to patients. When one talks about arbitrary detentions, he generally means to accuse the private licensed houses where wealthy people are usually boarded. What are the actual legal guarantees in such houses? When a relative wishes a patient to be received, he must present a petition, a medical certificate, and a paper identifying the alleged insane patient. The superintendent has to send, within twenty-four hours of the reception, a certificate to the Prefect of Police in Paris, or to the Prefect of the Department in the other parts of France. He sends also a notice to the *Procureur de la République*. A medical inspector is directed to visit the alleged insane person. A fortnight after the reception the superintendent must send a new certificate. In Paris we receive as visitors: twice a year a medical inspector, every quarter of a year the *Substitut du Procureur de la République*, a magistrate delegated by the President of the Civil Tribunal of the Seine, and the *Juge de Paix*; on the whole, fourteen regular visits a year (I do not include Inspectors of hygiene and buildings). Besides, every time a patient sends to the Prefect of Police, or to the *Procureur de la République*, a petition protesting against his detention, a medical inspector is directed to visit him, and has to present a report of the case. If anyone presents a protest against the confinement of an alleged insane person, an inquiry is ordered. So I am convinced that individual liberty is amply guaranteed.

The provision of the new Bill transferring the powers of detention to judicial authority does not seem to secure an appreciable benefit to the alleged insane person. A judgment against anyone appears as a sentence. Besides, the magistrates, not having expert knowledge, would ground their decision on a medical investigation. Consequently, the new system might not be beneficial to anyone, excepting to the

superintendent of the asylum, who could oppose a judiciary sentence to the claims, and deny any responsibility for the detention of a patient, or at least assume a limited responsibility. But in such questions we must only keep in view the benefit of the patient, and not our own interest.

The expression *aliéné* is not generally taken in a good sense by the public, nor the terms previously used: *fou* and *insensé*. Nevertheless, such expression is most ancient, since it dates from Asclepiades, a good rhetorician turned a celebrated physician, who proclaimed, according to Cælius Aurelianus, that *alienatio est passio in sensibus*. Numerous among the relatives of the insane are those who will not admit that their patient is an *aliéné*, and they look quite satisfied if one answers that it is not the case, and that he is suffering from a psychosis. Such public repulsion with regard to the expression *aliéné* had induced the committee of the Senate to substitute the term, "patient suffering from an *affection mentale*." But one cannot please everybody.

It is said that Asclepiades used to prescribe drinking, and even inebriety, as a general treatment of insanity. Fortunately such a therapeutic measure is no more in vogue. An energetic struggle has been recently initiated against alcoholism, which fills the public asylums, and has proved to be a most powerful cause of mental and physical degeneration. Till now the distillers of alcohol and the tavern-keepers, who have great influence over political elections, had succeeded in opposing reform. So the Government, using the authority conceded by the state of siege, prohibited by a decree the sale of absinthe. But such a decree was good for the time of war only, and a law became necessary. A Bill prohibiting fabrication, sale, and export of absinthe has been voted by the Chamber of Deputies, and favourably considered by a committee of the Senate. Another Bill on the regulating and limitation of taverns is now being debated. Let us hope that, in spite of powerful and selfish opposition, alcoholism will be definitely mastered, and so the holy war will afford a complete deliverance.

Epitome of Current Literature.

I. Pathology of Insanity.

Functions and Structure of the Male Sexual Glands in Mental Diseases
[*Ricerche sulla funzione e sulla struttura delle ghiandole sessuali maschili nelle malattie mentali*]. (*Rivista Sperimentale di Freniatria*.
Jan., 1914.) Todde.

This elaborate article may be adequately presented to English readers if the conclusions arrived at by the author are given:

(1) The volume and weight of the testicles in the various forms of mental disease, compared with those of people who have died from accident or ordinary illness, are very often more or less diminished. Such diminution is constant, and is most marked in congenital mental deficiency.

(2) In the various groups of mental disease, independently of age,