

in the rigid manner which most judges consider themselves bound to adopt, it would have been exceedingly difficult for the jury to have found Duncan irresponsible when he committed the assault. Unquestionably he knew the difference between right and wrong, and knew that murder was a crime punishable by law. From a medical point of view it may well be argued that so far as he felt himself unable any longer to continue the struggle, he could not consider that an act, committed against his will, was wrong in him at that time. But while this position may be taken, it is hardly to be supposed that a judge would so interpret the legal test, or that a jury would easily follow this mode of reasoning.

That justice has been done, no mental expert is likely to call in question. This, however, is not due to the satisfactory state of the law, but in spite of it; it is really due to a judge having the good sense to charge the jury in accordance with mental science; in fact, on lines other than those of law.

We cannot leave our commentary on the trial without expressing satisfaction at the thorough and impartial manner in which Dr. Cox performed his examination of the prisoner. He considered it his duty to obtain information from all sources within his reach, and drew up an exhaustive and conclusive report. Dr. Kempster's evidence, referring as it did to Duncan's mental condition long prior to his attack upon his wife, was of a most valuable character.

Care and Treatment of the Insane.

The following is the Report of a Committee appointed by the Medico-Psychological Association of Great Britain and Ireland at the Annual Meeting in 1890, to formulate propositions as to the Care and Treatment of the Insane. This Report was adopted at the Annual Meeting in 1891.

Members of the Committee.—DR. YELLOWLEES, *President*, and DRS. CLOUSTON, LEY, T. W. McDOWALL, NEEDHAM, HAYES NEWINGTON, ROGERS, SAVAGE, HACK TUKE, URQUHART, WHITCOMBE, ERNEST WHITE.

The fundamental resolution passed on the founding of the MEDICO-PSYCHOLOGICAL ASSOCIATION OF GREAT BRITAIN AND IRELAND in 1841 was "That an Association be formed of the Medical Officers attached to Hospitals for the Insane,

whose object shall be improvement in the management of such Institutions and the treatment of the Insane; and the acquirement of a more extensive and more correct knowledge of Insanity.”

In pursuance of these objects the MEDICO-PSYCHOLOGICAL ASSOCIATION considers it right to formulate and make public its deliberate opinion on the following most important subjects:—

It is of opinion that—

REGARDING INSANITY GENERALLY.

1. Insanity is a symptom of a physical disorder and results from derangement, primary or secondary, of the nerve centres.
2. This disorder may originate in mental or in physical causes, or in both combined, but is most frequently due to inherited instability, undue worry in daily life, hurtful excesses, and disease in the brain or other organs disturbing it.
3. Marriage into a family mentally unstable is a great risk, and the marriage of two persons from such families is much to be deprecated, since it tends to induce insanity in the offspring.
4. Insanity can be lessened by the avoidance of unwise marriages, by careful obedience to physiological laws, by moderation in all things, by judicious training and education, both mental and physical, in youth, by adopting such conditions of life and occupations as counteract morbid tendencies, and by the preservation of a calm and equal mind amid the cares and perplexities of life.
5. When the mental disturbance is such as to render home-treatment inadvisable, but yet not such as to demand certification, every facility should be afforded to the patient for placing himself voluntarily under asylum treatment; and the consent of the proper authorities should be obtained after, and not before, admission.
6. It is proper and necessary from both the scientific and economical points of view that provision for the early treatment as out-patients of persons threatened with insanity, or a recurrence of in-

sanity, should be provided for by all Committees managing County and Borough Asylums; and for this purpose the services of the medical staff of such asylums should be made available to the public, under such regulations as may seem to be most convenient to the circumstances of each asylum. Further, it is very desirable that in all hospitals and infirmaries to which a medical school is attached with a lectureship on mental diseases, the physician or surgeon holding the appointment should also be attached to the medical staff of the hospital.

7. While an asylum exists primarily for the benefit of patients resident therein, it should also subserve the public good; and, therefore, every Asylum Superintendent should be allowed, as a general rule, to meet General Practitioners in consultation in mental cases, and, to prevent any possible abuse, each consultation should be reported to the Committee of Management, if the Committee so desire.
8. Every public asylum should be available for scientific research and clinical teaching of insanity to students of medicine, and to qualified practitioners.
9. There is a most necessitous class of the insane, who are not paupers and whose means cannot procure for them in asylums the comfort and the care to which they were accustomed in health. It is therefore matter for deep regret and public concern that so little of our wealth is given to aid this class; and that the existing institutions, which were mostly founded for such cases, are thus limited in their charitable sphere of action.

REGARDING PATIENTS IN ASYLUMS.

10. Every patient should be medically examined on admission in the most careful and complete manner, and the results, both negative and positive, should be accurately recorded.
11. The rectification of bodily disorders, even of those which may seem trivial, is most important; and much more so when such disorders have relation, as they so often have, to the mental disturbance. All the resources of medical and surgical skill and experience should be devoted to this end; no form of

treatment which affords hope of success should be left untried. When the condition is obscure, or the proper treatment doubtful, the Superintendent should have power to call in consultants.

12. It is essential in every case to secure and maintain the highest possible standard of bodily health both by medical treatment and by healthful conditions of daily life, as regards air, food, baths, clothing, occupation, and recreation.
13. In cases where the nerve-centres are primarily affected, a healthy condition of all the vital processes is of the greatest importance, as tending to lessen functional disturbance and to retard the progress of organic change.
14. The treatment of brain disorder demands caution as well as skill; a mere repression of symptoms does not prove the wisdom of the treatment. It is often better to guide the superfluous energy into harmless or useful channels, than to administer drugs which shall arrest it for a time by merely stupefying the patient.
15. Concurrent moral or non-medicinal treatment of insanity, or to speak more correctly, the treatment of insanity from the mental side, is of paramount importance. It is essential to convey to the patient a sense of kindly sympathy, help, and guidance, with, behind this, a suggestion of order and discipline, the more potent because less prominent and quite impersonal.
16. An essential part of the mental treatment is to distract the mind from insane ideas and to suggest new and healthy thought by means of suitable employment and recreation. Employment should be prescribed and watched by the physician as carefully as any medicine, it should be applied like medicine to the needs of each individual case, and it should be varied according to the condition of the patient and his previous history. Amusement and recreation come next in value, they should be used on the same principles as employment, and they are most useful when the patients take an active part in them, and are not merely spectators. Intellectual recreation in books, magazines, and newspapers is very important to many patients.

Everything which tends to assimilate asylum to ordinary home life, and which can lessen the inevitable differences between them, is of the first importance. The whole surroundings and conditions of life in asylums should be as home-like and as little irksome as possible; and every patient should have the utmost amount of personal liberty consistent with safety and the proper treatment of his disease.

17. The application of these general principles must of course vary according to differences in the patients, the locality, and the individuality of the Superintendent.

REGARDING SPECIAL CLASSES OF PATIENTS.

18. Too strict classification of patients is to be deprecated. It is not desirable that a ward should contain patients of only one type.
19. As a rule *Recent Cases* should, unless obviously incurable, be received in a special ward or block, or building, where the number and experience of the attendants would secure the needful care and the special observation of symptoms, and where the character of the other residents would afford the needful example of order, industry, cheerfulness and obedience. It is essential for proper treatment to acquire as early as possible an exact knowledge of the patient's condition and symptoms, and it is very important that the patient's first impressions of the Asylum should be favourable to his recovery. A Hospital should not be placed in such a position as to deprive patients of outdoor exercise and occupation, which are essential as a means of cure in the case of recent as well as other forms of insanity.
20. It is not desirable to associate too many *Suicidal Cases* with each other during the day, if this can be avoided. The great protection against suicide is the presence of an attendant, but he must rouse, occupy, and interest the patient, not merely watch him. By night such cases should be under the observation of a special attendant.
21. Concerning *Dangerous and Destructive Cases*, abundant exercise or occupation in the open air, an ample staff of attendants, attractive surroundings and the

wise use of baths and of calmative medicines suffice for the care and treatment of many cases of this class without any need for restraint or seclusion. The admission into County and Borough Asylums of prisoners who have become insane, is much deprecated, since their influence is subversive of morality and discipline.

22. In exceptional cases seclusion and restraint are needful and beneficial. They should then be used without hesitation, but only as a means of treatment and by medical order, and their use should be recorded with punctilious care.
23. The recovery of *Convalescent Patients* should be tested by greater freedom and increased privileges, by parole, by removal to branch institutions or other suitable private houses, by temporary leave of absence, or by probationary discharge.
24. Although the whole Asylum is a Hospital, a special *Infirmary ward* or block is essential. It should receive cases of advanced brain disease and recent cases requiring bodily nursing as well as cases of ordinary illness. This ward or block should be fully equipped, like an ordinary infirmary, with every appliance for the mitigation and cure of disease.
25. It is advisable to pass all the attendants through a course of service in this ward or block that they may more fully realize that insanity in all its stages is the manifestation and result of disease.

REGARDING ADMINISTRATION, STAFF, ETC., OF ASYLUMS.

26. The proportion of Medical Officers needful depends largely on the class of patients.
27. In a County Asylum receiving only recent cases there should be an Assistant Medical Officer for about every 60 yearly admissions. In a County Asylum receiving only chronic cases there should be an Assistant Medical Officer for about every 400 in residence. In an asylum receiving both recent and chronic cases one Assistant Medical Officer to every 100 yearly admissions might suffice.
28. No public asylum should be without an Assistant Medical Officer, and the Superintendent and Medical Officers should not be so tied by routine ward-work as to have no time for unexpected visits, for special

attention to new cases, for taking an active interest in the amusements of the patients, and for the cultivation of personal influence and friendliness with all. Resident Clinical Assistants acting under the Medical Officers are a very valuable addition to the medical staff of an asylum, and the appointment of such officers forms an important means of extending the knowledge of insanity in the profession. Pathological work is a most important part of the duty of the medical staff, and, while all should share in such work, one member of the staff in large asylums should be specially devoted to it. The results should be carefully recorded.

29. An asylum and everything about it exist for and concern the welfare of the patients, and should be made subservient to that end. Everything, therefore, should be under the control of the Medical Superintendent. In administrative and non-medical affairs his position should be purely that of a director, with responsible lay officers under him. Such duties may thus be made a relaxation instead of a burden.
30. The selection and training of attendants demand the utmost care, and every asylum should have arrangements for instructing them in their difficult and trying duties as recommended by the Association at the Annual Meeting of 1890. The wisest plan of treatment is in vain unless it can be carried out by a competent nursing staff.
31. The services of attendants should be acknowledged not only by good wages and comfortable quarters, but for the better discharge of duty they should be frequently relieved from its burden.
32. The best size for an asylum depends on the class of patients and on the construction of the asylum buildings. A County Asylum, which receives only recent cases, and passes them on when they become probably incurable should not have more than 200 to 300 patients; an asylum which has both recent and chronic cases should not have more than 600 or 700; while an asylum for chronic cases might easily supply proper care and treatment for 1,000 patients or more.