AN UNDECIDED COMPENSATION CLAIM ARISING FROM THE SUICIDE OF A VOLUNTARY PATIENT.*

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A. THE FACTS OF THE CASE. BY DR. DRURY.

THE case reported here concerns the suicide of a voluntary patient and a subsequent claim for damages for "negligence, breach of contract and warranty", which, after many delays, was struck out of the Assize List on account of the non-appearance of the plaintiff.

The facts are as follows: On September 3, 1935, a doctor telephoned the Medical Superintendent of the hospital, asking him to take a patient of his, A. V—, who desired to come in as a voluntary case. This was agreed to, and the patient was admitted the same day, having signed a request form incorporating the requirements of sect. 1, sub-sect. 1 and 5 of the Mental Treatment Act. On admission he was found to be depressed and worried, complaining that he was a failure, etc. No definite delusions could be ascertained, and he had good insight. Though there were senile changes present, he was in quite good health and condition for a man aged 66, who had spent a sedentary life as a clerk until his retirement on pension some six years previously. His history showed that he had once been a patient at Park Prewett with a similar mental condition. He had also on many occasions spoken of suicide and had some years before made two or three crude but not serious attempts.

At first he was kept under constant supervision, but as he improved he was given a certain measure of parole—i.e., to go alone to the canteen and walk in the ward garden, and later still to go out on the cricket ground with others not under special supervision. During the time he was in the hospital, September 3 to October 31, he improved, became much less worried, and though he was never a bright or cheery person, he appeared towards the end of October to have practically reached his normal state.

On the morning of October 31 he was in the ward garden, where he had been seen and spoken to at 11.0 o'clock. Fifteen minutes later, when called

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in for a shave, he was found missing. This garden is surrounded by a 6-ft. railing, screened by shrubs and small trees. Apparently he had climbed the railings—no mean feat for a man of his size and age—and walked past the farm to the main road. Here he was run over and killed by a light lorry. The lorry driver was the only witness of the affair, the road being empty of traffic at the time of the occurrence. He stated at the inquest that A. V— was on the opposite side from the hospital gate, and that as he approached, A. V— attempted to run across the road. Personally I am inclined to believe that A. V— became agitated and suddenly tried to get back to the hospital. However, as he was a patient in a mental hospital, the verdict was almost of necessity one of " suicide whilst of unsound mind ".

Mr. Freer, Solicitor and Clerk to the Committee, deals more at length with the legal aspect of such cases. To my mind the salient points are :

1. The Plaintiff would have had to prove negligence on an application to the High Court before he could bring an action at all.

2. He would have had to prove that the present system of graduated parole was wrong, and give a better one.

3. That even from prison, escapes take place.

B. Legal Aspects. By Mr. Freer.

I need not go into the general principles of the law of negligence so far as doctors and other professional men are concerned, for I have no doubt you all know that the basic principle is that a doctor or other professional man is guilty of negligence only if he does not use that degree of skill which is expected of practitioners skilled in medicine, or (e.g.) lawyers trained to the law.

They are not to be presumed negligent because they have not shown extraordinary skill. If, however, they have not displayed that degree of skill which is expected of them they will be guilty of negligence, and damages will follow in the absence of contributory negligence on the part of those treated or advised. Negligence is well described as " the omission to do something which a reasonable man guided by the considerations which ordinarily regulate the conduct of human affairs would do, or doing something which a prudent and reasonable man would not do ".

We are going to deal particularly with the recent case of A. V—, who was accepted into this hospital as a voluntary patient, and who subsequently escaped and was killed by a lorry outside the hospital grounds. The Medical Superintendent and his assistant both agreed that A. V— on admission had volition and knowledge of his surroundings and general knowledge of what he was doing, and he was thereupon accepted as a voluntary patient, and signed an undertaking not to leave the hospital without 72 hours' notice. I may mention here that the Mental Treatment Act, 1930, s. 1 (5), stipulates that a person received as a voluntary patient may leave the hospital, etc., upon

giving 72 hours' notice. Obviously, therefore, if he leaves without this notice the patient is in default, which would be prima facie a defence to an action.

On the other hand, the question might arise as to his ability to keep any undertaking he has given at the moment he leaves the hospital, which might be an unascertainable factor.

Therefore, it seems to me that the authorities, if involved in an action, might not be able to stand on the lack of notice, and this might prove an unreliable defence on which to lean.

The corollary to this appears to me to be that there is no virtue in taking a written undertaking from any voluntary patient, having regard to the fact that one must assume that all of them on entering the hospital are abnormal. On that point I think the authorities might be well advised to consider the following alternatives :

(1) If they wish to adhere to the undertaking which is used at the Narborough Mental Hospital, then I think this ought to be fortified by an indemnity from the man's wife or other close relative, and this having regard to the fact that an action for negligence would survive to the man's next of kin provided damage had been sustained.

In this particular case, if the authorities had been guilty of negligence, damages would flow on account of the fact that the man was in receipt of a pension, and his representative would set up that his expectation of life might have been several years. This claim must be considered always to arise in the case of a man who was or may be a potential bread-winner.

(2) Obtain a definite statutory indemnity in the case of a mishap of this sort, and this case calls special attention to the risks the authorities must run in treating a case of this sort. This would probably be very difficult to obtain on the ground that an absolute indemnity might lead to slackness, and therefore the first alternative is preferable if practicable.

In this connection, we must consider for a moment s. 16 (1), (2), (3) and (4) of the Mental Treatment Act, 1930. That section with its sub-sections is obviously meant and intended to give a sufficient indemnity to hospital authorities. In my opinion it certainly does not do so. What it says in fact is this :

S. 16 states that s. 330 of the Lunacy Act, 1890, and s. 63 of the Mental Deficiency Act, 1913, shall take effect as if the following (viz., s. 16, s.s. (1)) were substituted for s. 330 of the Lunacy Act :

" 16 (1) Where a person has presented a petition, etc. . . . *or has done anything* in pursuance of this Act (i.e., Lunacy Act or Mental Deficiency Act) *or any Act amending this Act* (i.e., the Mental Treatment Act, 1930), he shall not be liable to any civil or criminal proceedings whether on the ground of want of jurisdiction or on any other ground unless he acted in bad faith or without reasonable care."

This means, as I read it, that a person who has done anything under the Mental Treatment Act, 1930, shall not be liable to proceedings unless he acted without reasonable care. If this is so, under s. 16 (2) no proceedings can be brought without the leave of the High Court.

On these two points I have the following remarks to make :

I do not think this forms a perfect indemnity, because grounds of action of the type we are considering must be always found on an allegation that the authorities have not used reasonable care. By s. 16 (2) the opinion of the Court has to be invoked and leave obtained to bring the action.

It would appear therefore that the leave of the Court would be obtained after the Judge had heard the evidence, and he would then declare whether or no there was a case to go to the jury.

I have no doubt that s. 16 (1) clearly applies to the Mental Treatment Act, 1930, and that therefore this action could not have proceeded until the Judge had certified there was a prima facie case of negligence.

Dr. Drury has detailed to you the steps which were taken in order to safeguard this man and to assist his recovery, and I have no doubt at all that the most adequate care was taken by the authorities, and that what has happened, although unfortunate, is impossible to avoid from time to time if the system which is approved by psychiatrists is to be effectively tried out. Dr. Drury will say, in spite of this happening, that the system is sound, and on the whole successful in practice. I am sure you will all agree with him that the system on which the treatment of this man was based is far superior in practice to the alternative of closer confinement and watch. At the same time, I think we must also agree that this system, if it is to be worked at all, must involve in suicidal or homicidal cases risks which are bound to arise, and may at any time involve the authorities in an action of this sort.

Of course I need not say that the authorities have the fullest backing and encouragement of the Board of Control.

On the question generally of the treatment of these patients, I have neither the ability nor the knowledge to dilate upon or criticize the principles employed, but as I understand it the method of treatment is to give increasing liberty to all patients showing improvement, and I understand this treatment has had a large measure of success, inasmuch as it tends to give confidence to patients and therefore helps in the process of cure.

It is a very interesting thing to me to hear what a large proportion of patients are in fact on parole.

I can appreciate that in the case of patients who are not suffering from suicidal or homicidal tendencies, but it is obvious that a greater risk must necessarily be run if the system is applied to patients in whom these tendencies have been present, and that such cases clearly require very great and watchful care and judgment.

We will assume therefore that in this case the utmost care and judgment

has been used, and that (within the system employed) every reasonable safeguard has been taken to prevent escape and mishap. I have, however, some hesitation in making up my mind whether the authorities might be protected where the treatment has failed and the result is death, and whether conceivably on an application being made for leave to bring an action, the High Court might not say, " In spite of your system and theories, the fact remains that this man escaped, with fatal consequences, and therefore, in our opinion, there is a prima facie case for the hospital to answer ". From that, assuming the action had proceeded and the case had come before a jury, I think it might be very difficult for a body of men without the fullest understanding of the principles and reasons for the increasing liberty given in such cases to see anything beyond the fact that the basic principle employed failed in effect, and in fact failed so far as a layman (apart from an expert) was able to see. They might conceivably go further than this, and make up their minds that there was evidence of negligence and base it on these grounds, viz. :

That the liberty recommended by psychiatrists tends towards the possibility of the grant of premature freedom before the destructive instincts of the patients have been eliminated, and they might conclude that in this case there is ground for deciding that the system (on account of its urgency) has not warranted or produced the care which was needed.

It seems to me that there might be some difficulty in persuading a jury that the system is effective, and once they came to that point of view, they would be bound to apply it (and possibly might have done so in this particular case).

It is on these grounds I have doubts as to the verdict, and this as I have said on account of the incalculable human element of uncertainty and latent unreliability which is bound to be risked if the principles followed are to be successfully applied and acted upon.

There remains another defence which is always open in the case of a claim for negligence and that is the question of " contributory negligence ", but I think that this cannot be pursued having regard to the state of mind the man was in on admission, and is bound to be in at the time he burns his boats and escapes with the consequences in this particular case.

It may be of interest to you to follow for a moment the process of this case so far as it went :

1. The action was launched within the time provided by the Public Authorities Protection Act.

2. The action was proceeding normally, viz., (*a*) statement of claim ; (*b*) defence ; (*c*) directions as to trial, etc.

Meanwhile the patient's widow had gone to America and remained there and thus the action missed two assizes. The widow made no attempt to return to England, and her lawyers had great difficulty in ascertaining her whereabouts from time to time. Finally an application was made on behalf

of my Committee for the action to be struck out on the grounds of want of prosecution, and on the hearing of this application the Registrar ordered that unless the case was proceeded with diligently within 21 days and £25 deposited towards the costs, the matter was to be struck out.

In fact, the action was not proceeded with and the deposit was not paid and therefore the action was automatically struck out.

With regard to the costs, it is a very important thing to avoid such actions, because even if in the result the authorities were successful, they quite possibly would not be able to look to the defendants for payment of their costs.

I venture to hope that my remarks will furnish sufficient grounds for an interesting discussion.

Discussion.

Dr. DRURY: I may mention that I was the only person to whom the deceased expressed any suicidal tendencies at all, and that was during a very long conversation; during that talk he said he was fed up with life. He had carried out two or three perfunctory actions, such as tying a handkerchief round his neck.

The PRESIDENT: Was he a private patient, and is there any difference in the matter of responsibility between a private patient and a patient accepted as a voluntary rate-aided one?

Mr. FREER: That point was raised at one time. I think that at one time the Board of Control said that if they were to give evidence it would be to say that, in their opinion, there was no difference whatever. It is a legal matter, but the Board of Control would take that view.

Dr. R. M. STEWART: I do not know against whom the claim for damages was made; was it the medical superintendent, or the visiting committee? The London County Council make the medical officer shoulder all the responsibility.

The PRESIDENT: And the question in law is as to whether the committee have power to accept responsibility.

Mr. FREER: There is a Section in the Lunacy Act which says any action brought against a visiting committee may stand and run in the name of the clerk. It does not say, of course, that the clerk must pay; the visiting committee must foot the bill. The action was brought against the clerk, but he has an indemnity against the visiting committee; in fact the visiting committee are the responsible persons to defend the action and foot the bill.

The PRESIDENT: If the action was brought against the medical superintendent, have the committee the power or the right to defend it?

Mr. FREER: I would like notice of that question. It was fully discussed in a recent action, which you may remember, against the Hampshire County Council, where the Duke of Wellington was Chairman. The action was brought against the Duke of Wellington and the medical committee, and the Judge struck most of them out, leaving the clerk in at the end. He must be the nominal defendant, and in any case the visiting committee would be responsible, even if an action was brought against the medical superintendent.

The PRESIDENT: As Dr. Stewart just said, the London County Council claimed that they had not the power to defend it, and that the action must be brought against the medical superintendent. In one case, at Hanwell, it was left to the medical superintendent.

Dr. HOPKINS: It was left to Dr. Litteljohn to defend.

The PRESIDENT: And my committee insisted that all the medical officers should be members of one of the Medical Defence organizations.

Mr. FREER: I do not think that has ever been decided, and therefore in cases against mental hospitals it is the practice, in the legal profession, to put up as many people as possible, and see what happens.

A MEMBER: Must application be made to the Judge in Chambers before a case comes forward?

Mr. FREER: I think that is what would happen. In this case the action was never set down; but an application would be made to the Judge in Chambers.

A MEMBER: I ask for further consideration of the wording of the title of the communication, "Suicide of a voluntary patient". Would not the relatives have to prove that it was suicide before they could bring an action? It seems likely that it was a case of accidental death, and if it were so, how would that affect the position of the defendants in a possible action?

The PRESIDENT: Ought the patient to be in a position where he could meet with an accidental death of that sort?

Mr. FREER: The coroner returned a verdict of suicide.

A MEMBER: Surely that means nothing?

Mr. FREER: We were faced with a stiff case when it was said to be suicide, and the only witness who was present said the patient ran in front of the lorry.

Dr. PETRIE: When a jury has whitewashed the patient it did not invalidate subsequent findings. Would you advise that you can bring back a voluntary patient who has escaped? Possibly you could if you had reason to think he was about to commit an offence against the law. This man was at large; would you have recommended that the officers should re-take this patient, apart from whether they thought he was about to commit an offence against the law? Was not the contract broken off because he escaped from the institution?

Mr. FREER: A coroner's jury does not bind the High Court, and the case would eventually have been tried.

Dr. MASEFIELD: Would it have made any difference if 24 hours before he escaped he had signed a form of notice of his intention to leave the hospital? Would that have made any difference to the proceedings afterwards, within 72 hours?

Mr. FREER: I do not think it would have made any difference if he had not allowed the 72 hours' notice to expire. In answer to Dr. Petrie, he had not given the 72 hours' notice, and therefore he was under contract to stay in the hospital. But there is the point I raised in my paper as to whether the notice is any good at all.

Dr. PETRIE: As he had left the hospital he had broken the contract and was at liberty to do as he chose?

Mr. FREER: I do not think we could take that line, because he escaped when he should not have done so.

Dr. PETRIE: Some of us have been advised that if we re-take a non-suicidal voluntary patient we shall be imperilling the means which can be taken by the Medical Defence Union.

Mr. FREER: I should like to see the arguments on that, because if he goes without giving notice he breaks the contract and he is liable to be re-taken.

Dr. PETRIE: You advise sending an escort and bringing the patient back by force even if he has said, "I do not want to enter the hospital"?

Mr. FREER: I should see what state of mind he was in. If he was normal one would have the right to go against him or his representatives for breach of contract.

The PRESIDENT: Is not arrest a breach of contract?

Mr. FREER: It depends on his state of mind.

Dr. FITZGERALD: On a question of law of contract you cannot detain persons under such conditions; you are open to an action for damages if you restrain a patient; you can only pursue by civil process. How can you arrest or detain a voluntary patient who wishes to leave? In law you are committing an assault if you do.

A MEMBER: It has happened to me, and it was said we must not send for the patient. We concluded we had no right to bring him back.

Mr. FREER: I am talking now without the book, and I am very interested in what you say, and if counsel advises you otherwise I shall not say he is wrong. It is an interesting point.

A MEMBER: We might safeguard ourselves by getting the relatives to grant us an indemnity against such a happening. If so, what form should it take?

Mr. FREER: A form of indemnity is an easy thing do draw up; it would be a statement that the patient is in the hospital for treatment, and if an unfortunate accident should happen to him, the representatives will not bring an action for damages.

The PRESIDENT: That would delay and interfere with having voluntary patients.

Dr. DRURY: One's contract is with the voluntary patient; I have nothing to do with the relatives; my contract is with the patient who asks me to take him in for treatment.

Mr. FREER: That is so, but still, after a patient is dead you must deal with his relatives.

A MEMBER: We are told by the Board of Control that the Act does not say the patient cannot leave without notice; therefore he has a right to leave, and if he does leave, what right have you to bring him back?

Dr. MASEFIELD: You believe him to be a person of volition, and that he wishes to leave, but he has not fulfilled the requirement of 72 hours' notice. But if he has given notice of his intention and shows his desire to leave, Dr. Drury would be a bold man—even without any accident—if he sent to have him taken back.

A MEMBER: A voluntary patient says, "I am leaving the ward", and attacks the nurse and takes the keys; has the nurse the right to hold him down and take the keys away from him? The patient says, "I am entitled to take the keys to let myself out".

Mr. FREER: If he attacks people in the hospital, it is their duty not to allow him to go out.

A MEMBER: This is an important discussion; can we have a show of hands from the medical superintendents present on the question whether we send for patients who have escaped from the hospital?

Dr. PETRIE: You can notify the police, so that he receives attention at their hands.

A MEMBER: I have sent for the police and got a patient back many times. On one occasion a patient was found drowned in a canal, but he had left the premises.

The PRESIDENT: A voluntary patient may lose volition for a month and still be retained as a voluntary patient, and he may need seclusion; I have secluded several voluntary patients. The medical officer is responsible for preventing a patient from going out.

Dr. MCRAE: There is no object in a man coming to your institution and in agreeing to give three days' notice if you have no power over him during those three days. You can treat a voluntary patient exactly as you treat certified patients—that is, for three days; otherwise the voluntary patient system breaks down. The wife of a patient of mine owned a public-house, and she said to the patient, "You are not going home with me; you sign that paper saying you will enter the hospital." He agreed. That evening he had delirium tremens and was climbing up the wall of the padded room. He was secluded for three weeks. He got better. But before I allowed him to go I had him in the office and said to him "If you are vindictive you may turn round and say I had isolated you and detained you against your will, and I ask you, Will you do anything like that? I locked you in the padded room; did I do right?" He said, "You did right; I will say nothing about it". I may say he was going home to the same wife!

The PRESIDENT: When we gave evidence before the Royal Commission Lord Macmillan doubted whether such a patient could be a voluntary patient. Yet that Commission recommended that voluntary patients should be allowed. They can remain for one month after losing volition. It all points to this—that you must give them any necessary treatment during that time. If those patients are likely to damage themselves you are bound to restrain them. I had one case,

that of a man on a bicycle who ran into a bus and broke some ribs, and the only regret of the relatives was that the accident had not been fatal. You are bound to protect the patient.

A MEMBER: There is a difference between what you will do when a patient is in your institution and what he will do when he escapes.

The PRESIDENT: It depends upon the mental state of the patient, and you are responsible for deciding that.

Dr. PETRIE: When you take a patient back, unless he resigned the form of contract, you treat him, as Dr. McRae said, in the way you think fit.

The PRESIDENT: If a patient is considered to be unfit I would not care to take the responsibility of declining to take him back, and that is the line I intended working upon.

Dr. MCRAE: Could we not take the line which Dr. Saxty Good expressed to me, that nobody knows a patient is suicidal until he has committed the act. It is a fastidious attitude of the law to expect us to know what a person will do; even the law cannot make us know what we do not know.

A MEMBER: I ask whether the request a voluntary patient makes is really a contract. It is a request to be treated and a promise to obey the rules of the hospital while he is undergoing that treatment.

Mr. FREER: There is no statutory form, but it is parallel to the case when you go into a hotel; it is a contract to the effect that when you pay the money you receive certain benefits, and you are entitled to those benefits.

A MEMBER: A patient of mine wanted to sell a number of shares, and said he could make £50 out of the transaction. I disallowed him to do it, but he could have made that sum. Am I liable for his losing the amount? Could he have brought an action against me for it?

Dr. DUNCAN: I had a case which was practically identical with the circumstances of the case we are discussing, two years ago, when a patient at Severalls made an unauthorized departure one morning without giving notice, and, the Medical Superintendent being absent, I told the clerk to the hospital that he had gone and that I considered it was equivalent to his having left without notice, and to strike him off the books, and that was done. The next day the patient was found drowned, and was taken up on the Suffolk side. I was called upon to give evidence as to his mental state, and I did so, saying that he had been a voluntary patient at the hospital, but was no longer my patient, and I presumed it was correct. Therefore, under the circumstances, the hospital was covered against any possible action at law. And I think the same applies here, except that in the present case the patient had not been struck off the books.

A MEMBER: Is not there a case in the High Court in which a decision was given in such circumstances; that it is a criminal act and therefore the relatives cannot benefit by it?

The PRESIDENT: It is a criminal act if the person is not of unsound mind.

Mr. FREER: If he is of unsound mind he is, like a minor, not responsible.

A MEMBER: A section of the Act says a voluntary patient is not responsible for his torts.

The PRESIDENT: A person of unsound mind who is a Member of Parliament can remain a Member of it for six months. After such a Member has been under care six months, the Speaker in the case of the Commons, the Lord Chancellor in the case of the Lords, is notified. I had a member of my own committee who became a patient.

Dr. J. H. MACDONALD: All this has been very interesting, and it has raised one point which has been very prominent in the discussion. I do not know the law in its details as applied to England with regard to the admission of voluntary patients; but in Scotland, where voluntary admissions have been prevalent for many years, in some hospitals there is a tendency to overdo the admission of voluntary patients. There is no doubt in my own mind that many voluntary patients are admitted to mental hospitals who are definitely insane and certifiable: I have taken a hand in that matter myself, and I have admitted persons as voluntary

patients against my sounder judgment. A certain number of voluntary patients are certifiable and, in my reading of the Scottish law, it should not be so. For a person to be rightly regarded as a voluntary patient he should not be in a certifiable condition. This present case which we are discussing raises the same very important matter. We overdo the admission of patients as voluntary ones and so we are stultifying the compiling of statistics, which are valuable, but at the same time are faulty and unreliable; these cases are not included in the statistics of the insane, though they are known to the Board of Control. It is the first instance I have known of a voluntary patient committing suicide, and, to me, it makes the difficulty all the greater, and I shall not, in future, have much to do with the admission of certifiable patients on a voluntary footing. Once a patient—whether voluntary or involuntary—comes to me it is my duty to protect and look after him in every way, to the end of his days if he is a voluntary patient. I am responsible for him in every way.

The PRESIDENT: Because the voluntary system has gone on without actions having been brought it was thought to be good, but people are tending to bring actions in a way they never did before.

Dr. FLEMING: Will Dr. MacDonald tell us what he means by certifiable patients?

Dr. J. H. MACDONALD: If I can certify a patient as being, after examination, of unsound mind there should be no difficulty in saying he is certifiable. When I certify a man to be of unsound mind you can take it that I feel no doubt about it.

Dr. FLEMING: Surely one of the objects of the Act is to admit certifiable patients as voluntary patients in order to avoid certification.

Dr. DRURY: A G.P.I. patient who was in a state of raging mania asked to be voluntarily admitted. He thought it was a hotel. He came and said, "I want to come in here". In five days' time he was in the middle of malaria, in a most violent and desperate state, and he gave his notice while he was like that. I said, "You are not going", and he said, "I am going". I said, "If you persist in giving your notice I shall certify you", and I did so. Afterwards he became much better, and six weeks later he was discharged. I have had two letters from him since, thanking me for what I did.

Dr. G. W. SMITH: I would like to thank Mr. Freer, on behalf of you all, for his brilliant exposition of the law. I ask whether he knows of any cast-iron indemnity against the attacks which we are liable to as members of a profession who have to do precarious things. You, Sir, have said you have dealt with voluntary patients very frankly, and have taken the law into your own hands in regard to them, and therefore I ask whether Mr. Freer knows it is the case that there is no indemnity against prosecutions or actions for damages, and that, in the end, we have to rely on the sagacity and generosity of the Judges, either in quashing cases in Chambers, or seeing that damages are not awarded against us. Does Mr. Freer know of any means by which we can indemnify ourselves against actions for damages?

Mr. FREER: No, I do not. I agree with every word Dr. Smith said. I think that, in the end, you must rely on the ability and consideration of His Majesty's Judges, and possibly on the common sense of a jury, if you have to go before one. But in the case of an indemnity I suggest it would be a help to have one, though it would not be "cast-iron". The construction of the indemnity would be the duty of the Judge, not of the jury. But I could not recommend anything which is cast-iron, any more than you gentlemen can recommend any treatment which is cast-iron.

The PRESIDENT: Do the Committee of this hospital propose to have an indemnity?

Mr. FREER: No. I am not altogether the father of this medico-legal child. I have had very great help in regard to it, and it has only just been produced, and my Committee do not know very much about what is in it at present.

The PRESIDENT: You will delay the admission of voluntary patients if you are going to wait for an indemnity.

Dr. PETRIE: And relatives can interfere with taking patients out. It may be against the interests of the patient if you require an indemnity.

Dr. MCRAE: Does not a difficulty arise in the matter of the framing of the Act, which says they must prove that you did not exercise reasonable care? It is that adjective "reasonable" which is the snag. You are depending on His Majesty's Judges. When this Bill was being discussed in London I was going to make observations to the Committee about faults in the drafting, but a colleague from Scotland said to me, "You sit quiet; you come from Scotland; it has nothing to do with us". The Bill is as far as Parliament would go.

At the conclusion of the discussion a vote of thanks to the readers of the paper was carried by acclamation.

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