complex problem, and until we bring into view its whole pathology, distinguishing the varieties of blood disorder to which the puerperal subject is liable, and the different indications furnished by each, the disease will be regarded empirically, and its treatment will be founded on a narrow incompetent pathology.

The Treatment of Puerperal Insanity will be considered in a subsequent article.

(To be concluded in the next number.)

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*Our Laws and Our Staff.** By Dr. OSCAR WOODS, Medical Superintendent, District Asylum, Killarney.

As the British Medical Association does not often visit Ireland, I think the present not an unsuitable time to lay before this Section a few facts which I think of special bearing on the management of Irish asylums, and largely affecting the interests of their inmates. My object, however, is as much to elicit the opinions of others as to impart information. When the Psychological Association met in Dublin in 1875 an interesting paper was read by Dr. Stewart on the "Obstacles to the Advancement in Ireland of Psychological Medicine," and laid principal stress on the fact that 18 out of 22 Irish asylums had no assistant medical officer. Suffice it now to say that they have since been appointed to five other asylums, but that there are still 13 asylums without a second medical officer.

I now, however, wish to draw your attention to two subjects: 1st. Our Laws; 2nd. Our Staffs.

The Inspectors and several of the Irish superintendents have frequently drawn attention to the admission forms in use, but as their defect is great, we are *bound not to let the subject rest;* when *life is endangered,* surely it is time to press for a remedy. As, probably, many of you have not seen the forms in use, I have one of each here. Form E, as approved by Privy Council, is for general use, but as it causes unnecessary delay, and needless trouble and expense to the friends, it is seldom used. Application has to be made for it at the asylum, and, when filled, again returned before the patient can be transmitted. As a consequence, in 1885, 862 patients were admitted as "ordinary cases," while 1,846 were committed by justices as "criminal lunatics."

* Read at the Psychology Section of the British Medical Association, August, 1887.

The objections to the committal of a patient on the warrant of two magistrates as a *criminal* are manifest and manifold, and have frequently been drawn attention to by the Inspectors in forcible language; they, therefore, need not here be referred to at length. Nervous patients are handed over to the care of the police, and, in many instances, their recovery retarded. The patient is made a criminal through no fault of his own; as the police know nothing of the history of the patient, little information can be gained. The Lunacy Inquiry Commission reported in 1879 that 13 superintendents condemned it and only one approved of it. An onus is thrown on the superintendent as regards the legality of these committals which is scarcely fair, and a superintendent not long since was put to considerable cost in defending himself in an action at law for detaining a patient on a slightly informal warrant, although he took all the required steps to have it corrected. An eminent judge has quite recently stated that there is an important difference between the English and Irish Acts; "that in the former if all the documents were regular, and if there was a reasonable and probable cause for believing the man to be insane, that amounted to a defence to an action for imprisoning him; but that under the Irish Act it would *not* be a good defence, unless it was also proved that the man was actually insane." It will, I presume, scarcely be questioned but that this law should be amended.

With regard to both these forms, there is a general vagueness as to dates, the length of time a committal will hold good for, and Form E does not require the medical man to have seen the patient within any specified time. But, perhaps, the chief defect in the law is, that no one is made responsible for inquiry as to the *state of a supposed lunatic* unless an overt act has been committed, an information sworn, and the police put in charge of the case. As a consequence, I have known patients to be kept at home for many months, an annoyance to their friends, a danger to themselves and all around them, their prospect of recovery interfered with, not unfrequently suicide, and, sometimes, murder committed. Within the last few days a man committed suicide whose friends had endeavoured to get him into an asylum, and who had been for some time insane and under supervision, but the magistrates refused to commit him, as he was charged with no indictable offence. Not long since a murder was committed by a man who was manifestly insane for several days, but neither family, doctor, nor priest took any step, although appealed to, believing he could not be sent to an

asylum until he was charged with some overt act, although he was seen sharpening a knife, as he said, to kill his wife. The offence was soon committed, and he is now deprived of his liberty for life.

But, probably, the last case that occurred is fresh in the minds of all, where a man in the County Down ran wildly through the country and in the course of an hour murdered four people. "Two attempts had been made to commit him as a dangerous lunatic, but no one could be found to swear he was such, and through a legal technicality he was allowed to go loose." On the other hand, it is never difficult to commit as dangerous, feeble old women and harmless idiots from the Workhouses, many of the other inmates being only too ready to swear an information in order to relieve themselves of some slight responsibility.

As proof that this Act was never intended for general use, we have only to read the circulars issued from the Chief Secretary to the magistrates from time to time, and to know that it was drawn up on the lines of the Act of 1837 (1 and 2 Vict., c. 14), which regulates the committal of English criminals. In 1885 there was but one committal in England on this Act, while in Ireland, on the Act drawn on the same lines, 1,846 were committed. A comparison of statistics for the two countries is, therefore, incomprehensible. Now, had the Irish Act of 1867 (30 and 31 Vict., c. 118) been drawn up on the lines of the English Act of 1853 instead of that of 1837, much good might have resulted.

Why, then, you will ask, does not the Legislature pass a short Bill to remedy this state of things? In 1879 the late Lord O'Hagan introduced into the House of Lords a Bill "To extend to Ireland some provisions of English and Scotch law as to the care of Lunatics." This was withdrawn to await the report of the Lunacy Inquiry Commission. Mr. Litton introduced a similar Bill into the House of Commons in 1881, and a third Bill was introduced by the then Lord President in 1883, "To make better provision for the care of the Lunatic Poor in Ireland;" but all these Bills were of too extended and sweeping a nature, admitted of too much debate, and had consequently to be withdrawn. Still, I believe if a strong representation was made by this Association, pointing out the advantages of a change, a short Bill might be passed unopposed.

But the mode of committal not only injures the patient and exposes the superintendent to unfair risks, but it deals more directly with our Statistical Returns than one might at first

imagine. As no official is made responsible for the absolute correctness of the admission forms, the information given in them is usually most meagre, sometimes altogether left out, and often incorrect; and as friends rarely accompany a patient to an asylum, it is, as a rule, impossible to obtain further history. The causation table, among others, might be of much greater value than it is. In 33 per cent. of the cases the cause is returned as "Unknown," and this percentage would be increased but that two asylums, Carlow and Ennis, have only failed to get information in three cases. I have taken a large number of English Asylum Reports, and I find that in only 14 per cent. of the cases has no cause been assigned; and this would be considerably lower but that Birmingham Asylum returned the cause as "Unknown" in 48 per cent. of admissions. Referring further to this table, I find the different causes are returned in 1886 as follows:—

	Percentages.			
	Moral.	Physical.	Hereditary.	Not known.
English Asylums...	25	75	27	14
Irish Asylums.....	21	41	20	34

If we had a fuller history I am sure the hereditary predisposition would be much higher for Ireland, as consanguineous marriages are more common. Of the patients admitted to the Killarney Asylum in 1886, whose history I was able to obtain, I found in 46 per cent. a hereditary taint.

I hope before long to see a similar set of Statistical Tables adopted by English, Scotch, and Irish Asylums. Although the Medico-Psychological Association Tables have not been adopted in their entirety by the Irish superintendents, much general information regarding staff expenditure, &c., is given by them, which is excluded from many of the English reports. The Consanguinity Table, which is of much interest, is also published only in Irish Reports. Mortality Table No. VIII should, however, in Irish reports, be given more fully, as it is not easy to understand in a condensed form why the mortality, when there is little general paralysis, should range from 3·7 to 16 per cent.

And now with regard to our Staff. This subject, of course, has a direct bearing on the recovery of our patients, and their happiness while in the asylum. 30 and 31 Vic., c. 118, sect. 2, deals with it as follows: "The said Governors shall appoint all servants necessary for such asylum." For my own part I cannot easily imagine anything more detrimental to the

interests of an asylum and the well-being of the patients than this division of responsibility, as, of course, if a superintendent has not a trustworthy and competent staff he cannot well be wholly responsible for the management of his asylum. Kirkbride, on "Hospitals for the Insane," refers to this subject as follows: "The superintendent should especially have that kind of tact and judgment which will enable him to fulfil efficiently one of the most important functions of his office, that of selecting individuals for every department, fully qualified to discharge their appropriate duties, and who will be held by him to a strict accountability in their proper performance." "The power of appointment and discharge should be clearly and unconditionally with the physician in charge. A single interference with his power could hardly fail to lead to acts of insubordination and a disregard of the proper authority, and to prove to a greater or less extent destructive of all good discipline and the thoroughly efficient working of any institution."

I believe in many asylums in England the head-attendant and matron are, in the first instance, asked to select candidates for the approval of the superintendent. Why in Ireland should the superintendent be altogether relieved of the responsibility in this important matter? I believe that some of my colleagues will say it is better not to have the appointments. It is hard to get good and trustworthy men and women, and it is better to leave the onus on the Governors. Possibly for a time we might have difficulties, but I with confidence assert that no asylum can be managed as it should for the best interests of the ratepayers, and for the happiness and recovery of the patients, when the superintendent has not the absolute appointment and control of all the attendants.

In many asylums the superintendent, no doubt, has a voice in the election, but no superintendent will make a selection from a limited number of inferior candidates drawn only from the immediate neighbourhood, and, owing to previous canvassing, possibly not always have his choice approved of. The secret of the good working of an asylum is a happy and contented staff of long service, proud of the institution, and doing their work for duty's sake. To secure this, Privy Council rules must throw the responsibility of selection on the superintendent, and if they think right give a vetoing power to the Board. Who would think it advisable to interfere with a medical man in regard to the drugs he might order? Why then interfere in what is of as much

importance, viz., the moral treatment? It is quite as necessary in the majority of cases as medicine; therefore, unless you have this essential element in the treatment of your patients justice cannot be done them.

I trust the day will soon come when ladies will enter the wards of asylums, male and female, as they now do the hospitals, and assist the medical staff in reasoning with and comforting the melancholy, calming the excited, and training the imbecile. I am certain that when such is the case the percentage of recoveries will be largely increased, and that many patients that now drift into dementia, and are left a burden on the rates for life, will be cured, and possibly not unfrequently, as the breadwinner of a household, save others also from becoming chargeable on the rates. I would wish to see added to the staff of every asylum at least two ladies, to be appointed by the superintendent, and be altogether under his control, whose sole duty would be the moral treatment of the inmates. To look at it in a monetary point, suppose their cost would be £160 a year, might we not look to at least that saving in the rates? I feel strongly that if the nursing staff of our hospitals for the insane were very considerably increased in numbers and in intelligence, we should reap advantages untold in many ways, and not have so often, as at present, to resort to bricks and mortar. How can one nurse for every twelve or fifteen patients be made accountable for their cleanliness, neatness, and order, the care of their clothing, the sanitary condition of the dormitories, closets, &c., and at the same time undertake the proper moral control of her patients? I contend that even with the best will and the desire to perform her duties for conscience' sake, she never has the time and seldom the intelligence. At present our staffs are selected from the same rank in life as our patients. How much more control would they have over them if they were selected from a rank in life better educated, with feelings more refined, hearts more sympathetic? The public would then indeed look on our asylums as hospitals for the cure of disease, and not, as I fear they now too often consider them, houses for the detention of the dangerous.

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