

my thought, and whenever I ceased the voices would continue saying something else, or another would take up the discourse and keep me following it with wearisome persistence. How tired it made me and how I longed for sleep! and yet I could not drive them away while consciousness remained.

At this time I was subject to a sort of nervous shock which came at regular intervals like the thud of a sledge-hammer. As I grew convalescent the shocks decreased in frequency and intensity, and as I recovered they came only occasionally, and at length ceased altogether.

It is said to be a physiological fact that every particle of the human body is renewed every seven years, yet it was nearly three times seven years before I could say I was perfectly free of the singing noises in my head and the voices which visited me at intervals.

In summing up the results of my experiences, I can see that many of them were waking dreams, but to me they were at the time terrible realities. The brain was in such an excited state that it knew no difference between reality and what is called hallucination. But the question occurs, Was it all hallucination? May not there be an exalted mental state where an existence is revealed of colour, form, and sound not apparent to the subject when in his normal condition? Why was everything that seemed to occur as real to me as when I was in the normal state? Are hallucinations glimpses of the actuality that lies beyond our normal senses?

Occasional Notes.

A Diploma in Mental Diseases.

The vast increase in the number of insane persons under care in institutions has correspondingly added to the ranks of the medical men engaged in their treatment, and there is every reason to expect that, as the necessity for medical skill in combating these forms of disease is more fully recognised, there will be a still greater addition to this large body,

beyond that which must accrue from the still rapidly rising numbers of the insane. The medical men in the three kingdoms and the colonies who may be classed as alienists already constitute a very considerable fraction of the profession, as important in point of numbers as that engaged in the army, navy, and public health, and therefore as worthy as they of a special training and examination. The popular idea that insanity needs only a mixture of bricks and mortar with kindness (not for its cure, but to prevent its being a nuisance) has probably obscured the recognition of the need of special training for the discharge of the very complex duties of an asylum, and for dealing with the marvellously varied forms of disease which come under the observation of the alienist.

The necessity for special training and instruction was long since recognised by the Medico-Psychological Association, which endeavoured to impress on the various examining bodies the desirability of instituting a special examination for those entering on asylum work. The habitual lethargy of these corporate bodies made this effort fail. The Association itself instituted an examination, and granted a certificate which it was hoped would pave the way for a more important examination at a later date. This certificate has not been successful in attracting candidates, and bids fair to be abolished, so that this examination, which was never regarded as anything but a stepping-stone to a more permanent arrangement, must be regarded as a failure.

The need of a special course of training and examination would appear to be obvious when it is remembered that the insane are as a rule not treated at the hospitals, and that the student's only acquaintance with mental diseases is limited to a short course of lectures and a few visits to asylums—enough to enable him to sign a certificate, but certainly insufficient to qualify him for treating the insane. Practically many men who intend to devote themselves to the treatment of insanity qualify by spending some time in asylums as resident clinical assistants, as workers in the pathological laboratories, etc., and it is to be regretted that they cannot obtain a diploma which should distinguish them from the candidates for junior asylum posts who merely wish to obtain an opportunity for preparing for their final examinations, and others who are simply waiting for professional openings or other reasons quite unconnected

with any special interest in psychiatry. Such men, who have often distinguished themselves in examinations, etc., unconnected with insanity, bar the way to others, less distinguished perhaps, who are intending to follow the treatment of the insane as a career. In this way many valuable workers are lost to the asylum service, and the junior ranks of it are occupied, not by those who are keenly interested in the opportunities offered, but by those who are simply beating time, so far as the serious study of insanity is concerned.

The need extends, however, much beyond the asylums. There is a great and growing need of medical persons, experienced in the treatment of insanity, to take charge of single cases. In the case of really experienced persons, they may, under certain circumstances, take charge of two (single) cases, in addition possibly to uncertifiable borderland cases, and thus find an occupation that enables them to employ their experience to the benefit of the community.

In the consultant branch of psychiatry such a diploma would also have a beneficial influence. It might not overcome the shyness of the public in consulting psychiatric physicians, but some at least would accept it as an evidence of the existence of a definite specialty and the more intelligent would recognise that a knowledge of the diseases and disorders, the physiology and the structure, of the spinal system does not necessarily connote a similar knowledge of the higher and more complex disorders of the brain. Moreover, with such a diploma in existence, an unskilled physician would possibly hesitate to pose as a psychiatric specialist, as he would at present decline to assume the rôle of a diplomat in hygiene.

A diploma in psychiatry would appear, therefore, to have valid reasons in favour of its establishment, and if the Medico-Psychological Association abandons its examination for the Medico-Psychological Certificate it is to be hoped that it will again approach the degree granting corporations, with a view to this object. The power and influence of the Association has greatly grown since the last effort was made, and these examining bodies are in a much less lethargic condition. Such an effort, if very vigorously made, might now have a reasonable prospect of success.

Lunacy Law Amendment.

The recent change of ministry suggests the question of the probability of lunacy legislation during the coming year, though without pretension to prophetic inspiration, it may be assumed that the likelihood of anything of the kind is not great.

Sir John Batty Tuke recently advocated the appointment of a Royal Commission on the Lunacy Laws, but in view of the Bill which the late Lord Chancellor was known to be willing to promote, it then seemed that the small amount of practical reform so near to hand was preferable to a much larger amount of legislation, in the distant future, based on the Report of a Commission.

The event has proved that Sir John was right, and that the Lunacy Law might to-day have had a much better hope of reform than it now has if his suggestion had been adopted.

The new Physician-in-chief of the Hospitals for the Insane throughout England and Wales, more commonly known as the Lord Chancellor, who is thus suddenly burthened with responsibility for the treatment of some six score thousand sick persons, will possibly require a little time to acquire information before dealing with important questions involving such a vast mass of suffering humanity. The time during which he is acquiring this knowledge might be profitably employed in the concurrent inquiries of a Royal Commission.

Medical men to the number of twenty are seeking election to the new Parliament, and if a half of these are returned our profession will be more strongly represented than in any previous Parliament.

This increased strength of medical representation in Parliament should render it comparatively easy for this specialty, by a vigorous exhibition of its influence, to obtain the appointment of such a commission.

✓ The Lunacy Laws, as they now exist, were begotten by panic out of prejudice, and need to be replaced by a saner production. In other words, the present hotch-potch of regulations which treat, or rather maltreat, the sick insane as malefactors need to be replaced by laws which, while protecting sane persons from being treated as insane, shall recognise that the latter are persons suffering from disease, requiring the greatest possible medical care and consideration, and frequently needing the

promptest attention. The sensation novelist has ceased from raging about asylums just now. While this pest of society is busy with anti-vivisection and anti-vaccination the law could quite safely do something for the unfortunate insane.

Part II.—Reviews.

*The Fifty-eighth Report of the English Commissioners in Lunacy,
June, 1905.*

Among the more important topics dealt with in this Report, perhaps none is of more practical interest than the Commissioners' remarks upon the *transference of aged insane paupers from workhouses to asylums*. A perusal of the annual Reports of asylum medical superintendents will show that for several years this question has been regarded as a pressing grievance and as tending to usurp the proper functions of an asylum. The Commissioners have felt it desirable to obtain definite information upon the subject, and procured returns of all persons æt. 70 and upwards who were admitted during the years 1903 and 1904 into the county and borough asylums direct from workhouses. They point out that their inquiry was limited to the pauper insane in workhouses, and did not deal with those removed to asylums direct from their homes, who number approximately twice as many as the former in the age-periods here dealt with. The request for these returns were coupled with an invitation to the superintendents to indicate those who in their opinion could have been suitably cared for in the workhouse. It is stated that definite replies were received from the majority of the superintendents. On reading through some of the replies quoted, a considerable amount of caution is observed to permeate them. The Board fully recognise how troublesome and necessitous many of these senile cases are. But they, nevertheless, as the outcome of their inquiry, are of opinion that in many instances the "transference has not been effected with due discrimination, and has operated prejudicially to the subject of it who has been removed from the environment to which he (or she) has been accustomed." They are further of opinion that "it is incumbent on the Guardians, especially of the more populous Unions, to provide special care and accommodation in their workhouses for inmates whose mental derangement is mainly due to the advance of years, so as to obviate the necessity for sending away from their accustomed abode those amenable to slight control." They add that they urge this mainly in the interests of the patients themselves, but are not unmindful of the fact that if such provision were made it would operate to the advantage of asylums, which yearly show an increasing proportion of aged inmates.

An important pronouncement is made again this year upon the *ratio of increase of insanity* and is referred to in detail below under Statistics.