

Handbook of law and lunacy : or, The medical practitioner's complete guide in all matters relating to lunacy practice / By James T. Sabben... and J.H. Balfour Browne.

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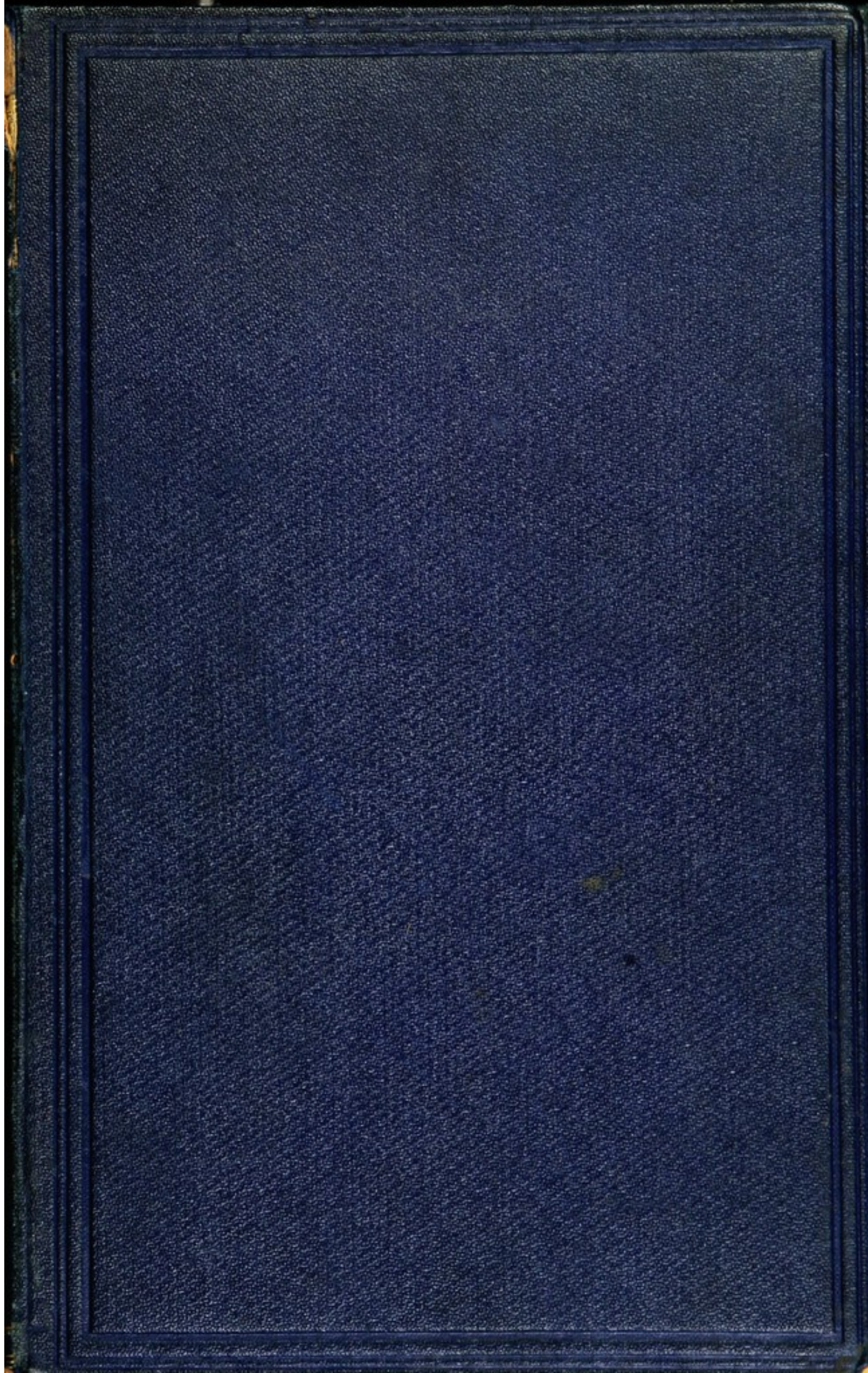
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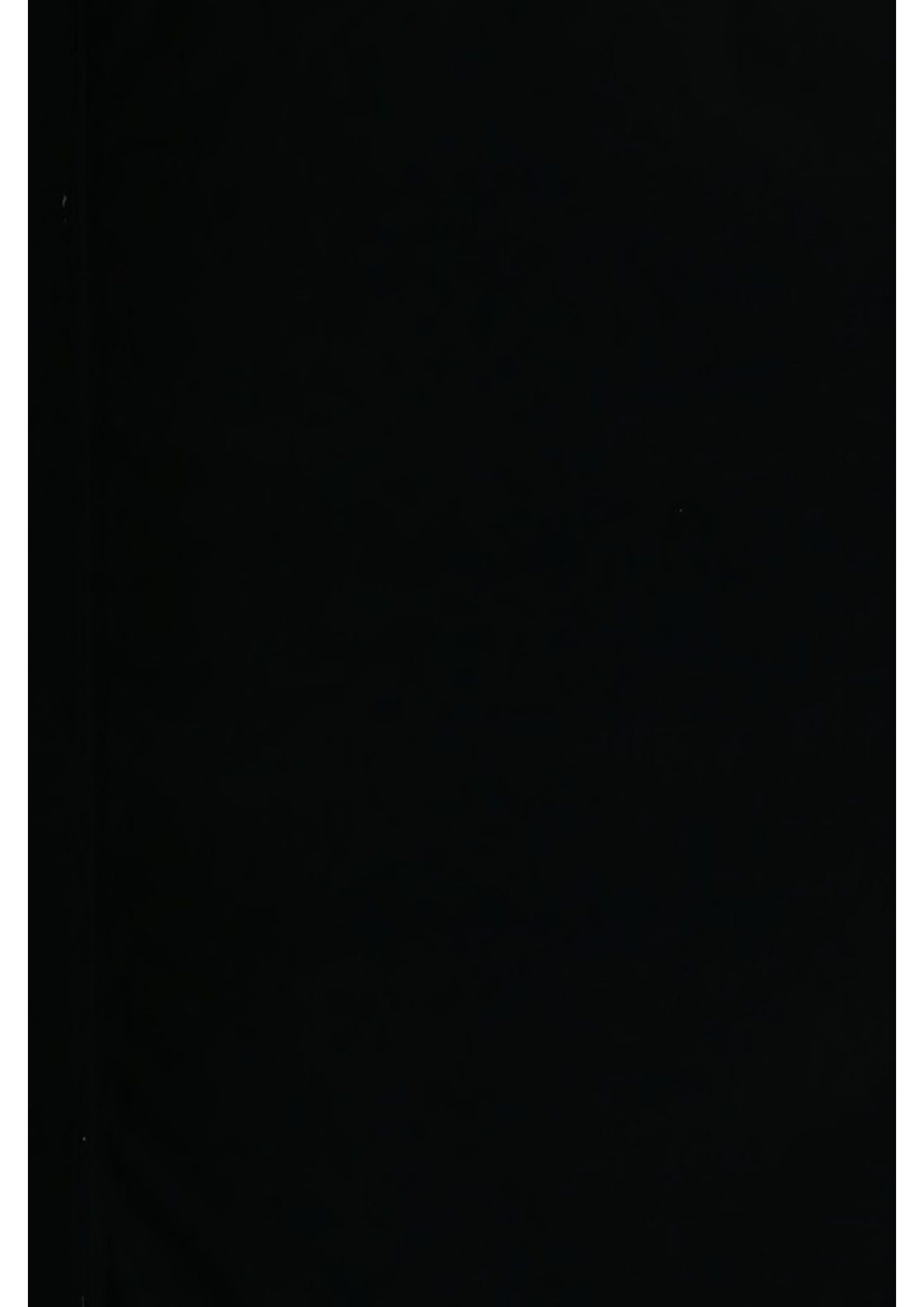
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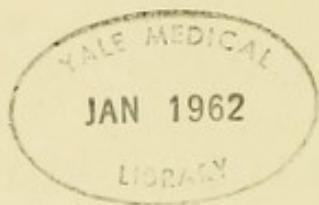
HANDBOOK
OF
LAW AND LUNACY;

OR,
THE MEDICAL PRACTITIONER'S COMPLETE GUIDE
IN ALL MATTERS RELATING TO LUNACY
PRACTICE.

BY
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LONDON:
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HANDBOOK

OF

LAW AND LUNACY.

CHAPTER I.

INTRODUCTION.

IN all cases where advice is given or rules laid down with reference to a class, it is of the utmost importance that the constitution of the class should be thoroughly understood. In this work, which has to do with the duties of medical men in relation to the insane, two classes would seem to require definition. The questions, who are medical men and who are insane? seem preliminary to any inquiry as to their relation to one another. To understand a relation one must understand the things related. Although this is true, it does not seem to us necessary to give any definition of insanity in this place. The difficulty

The necessity of definition.

or impossibility of giving a satisfactory definition is one reason for refraining from attempting it. Many things can be recognised which cannot be satisfactorily defined, and it seems to us that a description of insanity which would enable a medical man in every case to ascertain, or recognise, the presence of mental disease would be out of place in a work of this kind. Our object is not to supplement defective medical education, but to compensate in some degree the want of medico-legal experience. Almost every act which a medical man is asked to perform with reference to an insane patient is of a semi-legal nature, and it is with these that we would deal. Diagnosis, however, is not one of these, and with it we have nothing to do.

The practical recognition of insanity.

Although a definition of insanity would be out of place, rules for the practical recognition of insanity will be of importance, and when we are in a position to consider the filling up of certificates for the incarceration of lunatics in asylums, an opportunity will occur for the statement of some of these.

“Physician,”
“Surgeon,”
and “Apothecary” defined.

In answer to the question, who are medical men in the legal sense? it may be said that there are several definitions. The terms “physician,” “surgeon,” and “apothecary,” are frequently used in the Lunacy Acts, and may be understood to mean respectively any physician, surgeon, or apothecary

duly authorised or licensed to practice as such by or as a member of some college, university, company, or institution legally constituted and qualified to grant such authority or licence in some part of the United Kingdom, or having been in practice as an apothecary in England or Wales on or before the 1st of August, 1815, and being in actual practice as such physician, surgeon, or apothecary;* but by a more recent statute it was enacted that the term physician, surgeon, or apothecary, whenever used in the Lunacy Acts, shall mean a person registered under the Medical Act (21 & 22, Vict. c. 90).†

Now, a medical man may be called upon to deal with the insane in a variety of ways. He may be appointed by the Commissioners in Lunacy, or by the justices for the county or borough assembled in general or quarter sessions, to visit houses licensed for the reception of lunatics by the Commissioners in Lunacy or the county or borough justices respectively.‡ He may be called upon to sign a certificate for the admission of a private patient into an asylum,§ or for the like incarceration of a pauper.|| He

The medico-legal duties of medical men.

* 16 & 17 Vict., c. 96, sec. 36; 16 & 17 Vict., c. 97, sec. 132; 17 & 18 Vict., c. 114, sec. 2; 21 & 22 Vict., c. 90, sec. 36.

† 25 & 26 Vict., c. 111, sec. 47.

‡ 8 & 9 Vict., c. 100, sec. 17.

§ 16 & 17 Vict., c. 6, sec. 4.

|| 16 & 17 Vict., c. 96, sec. 7.

may be called upon to make an affidavit with regard to a lunatic in causes or matters depending in the High Court of Chancery.* He may be called upon by the friends of a lunatic to pay a visit to the insane person while boarded in some licensed house or private residence, and report as to the expediency of continuing the existing arrangement; and he may also be called upon to give evidence in a court of law as to the capacity of an individual to exercise civil rights, or the responsibility of an individual for criminal acts. In all these cases the medical man is required to bring to the work he has to perform some technical legal knowledge, some information concerning hygienic arrangements, some tact in examination, or some skill in undergoing an examination which it is not the duty of an ordinary curriculum, even when it includes a course of instruction in medical physiology, to impart or instil. This work may do something to supply such deficiencies. The subjects which are to be discussed may be taken most conveniently in the above order.

* 16 & 17 Vict., c. 70, sec. 57, which extends the provisions of 15 & 16 Vict., c. 86, ss. 22, 23, and 24, to affidavits in matters of lunacy.

CHAPTER II.

THE EXAMINATION OF AN ALLEGED LUNATIC.

IN examining an alleged lunatic, or a person in whom mental disease is suspected, in connection with any medico-legal inquiry, three objects must be borne in mind. It is requisite—

Objects of examination.

1st. To determine whether or not mental unsoundness really exists.

2nd. To predict, as far as practicable, what will be the duration and termination of mental unsoundness, if present.

3rd. To determine as nearly as possible the time at which the mental unsoundness originated.

These are the chief practical aims which are either expressed or implied in every medico-legal investigation respecting mental diseases. Besides these, however, there are certain subsidiary or secondary objects which are invariably kept in view where mental unsoundness is investigated in its scientific or medical aspects, and which occasionally assume importance in medico-legal inquiries. These are—

1st. To ascertain the morbid conditions upon which the mental unsoundness depends.

Other objects.

2nd. To trace out the pre-existent conditions which have predisposed to it or directly induced it.

3rd. To decide what remedial measures will most certainly and speedily secure its diminution or removal.

How attained.

These several objects are to be attained—

1st. By conversation with his relatives, friends, acquaintances, or attendants of the alleged lunatic, so as to arrive at a knowledge of his or her previous history, the mode of origin of the supposed mental disorder, and its symptoms previous to the date of the examination. 2nd. By an inspection of the alleged lunatic, so as to observe and interpret any outward manifestations of mental unsoundness in physical degeneration, muscular action, deportment or dress. 3rd. By conversation with the alleged lunatic, so as to elicit the state of his or her intellect, emotion, desires, and will. 4th. By physical exploration of the organs and viscera of the alleged lunatic, so as to obtain information as to his or her general health, and the state of the nervous system. Other methods of inquiry in cases of mental unsoundness as by experiments and observations with scientific instruments, such as thermometers, sphygmographs, ophthalmoscopes, compasses, or galvanic batteries, or by chemical or microscopical examination of the secretions, blood, &c., fall ex-

clusively within the province of those medical men who are engaged specially in lunatic asylum practice. The valuable light which they throw upon cases of mental unsoundness bears more directly on their scientific than their legal aspects. Time and opportunity do not permit of such elaborate investigations in general practice.

When bodily ailments have to be investigated it is often desirable to institute a minute examination of the patient before any information is sought as to the source, access, or progress of the disease, so that the actual symptoms may be accurately appreciated before any bias is derived from the preconceptions of the patient or those around him. When mental maladies, however, have to be explored, another method of inquiry is advisable, as under such circumstances hours of fruitless labour might sometimes be consumed in a search after the occult phenomena which constitute the disease unless some guidance had been obtained beforehand. A clue to the mental disorder, and a key to its recesses is in a large majority of instances to be derived from a description of the antecedents of the person who suffered from it, of the mode of its incursion, and of the outward signs which it has presented to the observations of even unskilled persons who have had opportunities of marking its early progress. Such a description is, of course, only to be ob-

The method
of investiga-
tion.

tained from conversation with the relatives, friends, acquaintances, or attendants of the alleged lunatic, and hence the priority given to this source of information.

BY CONVERSATION WITH RELATIVES, &c., OF THE
PATIENT.

In inquiring into the previous history of any case of mental disease, it will be convenient to seek for information under the three heads which have been indicated, viz., I, causes; II, mode of incursion; III, early symptoms.

As to the
causes.

I. With reference to cause: having ascertained the name, sex, social condition, and occupation of the patient, it will be important to inquire—

1. As to the precise stage of his or her development, as special proclivities towards mental disease are connected with (*a*) pubescent, (*b*) adolescent, (*c*) climacteric, and (*d*) senile epochs.

2. As to hereditary predisposition (*a*) to insanity through certain channels, to certain forms, and with a certain intensity; (*b*) to paralysis, apoplexy, epilepsy, hysteria, chorea, neuralgia, &c.; (*c*) to drunkenness and immorality; (*d*) to phthisis and tubercular diseases.

3. As to previous injuries (*a*) to the head; (*b*) to the spinal cord; (*c*) to the peripheral extensions of nerves.

4. As to previous diseases—(a) fevers with delirium; (b) delirium tremens; (c) syphilis.

5. As to previous conditions—(a) utero gestation; (b) parturition; (c) lactation; (d) starvation.

6. As to previous habits—(a) intemperance; (b) dissipation; (c) sexual excesses; (d) onanism; (e) use of narcotics (opium, chloral, &c.); (f) sedentary life and want of exercise.

7. As to the previous mental and emotional experiences—(a) excessive intellectual strain; (b) great agitation and anxiety; (c) grief and disappointment; (d) wounded pride; (e) inordinate ambition; (f) fear and apprehension; (g) unrequited affection; (h) religious doubts.

II. With reference to the mode of incursion of the mental disease, it will, in all cases, be important to inquire whether it was (1) sudden and unexpected, or (2) slow and with markedly well-defined symptoms, or (3) slow and insidious, so as long to evade detection.

III. With reference to the early symptoms of mental disease, it will be in all cases important to inquire whether these consisted in, 1, an entire change and revolution in character and alteration in the natural affections, 2, depression of spirits, 3, excitement, restlessness, or agitation, 4, depression of spirits and excitement alternating with each other, 5, extravagant notions as to wealth, power, and position, 6, suspicion as to the motives and

conduct of others, 7, singular religious beliefs, 8, violence, dishonesty, and immoral conduct, 9, indecision and loss of energy, 10, failure of memory and the power of apprehension. It will also be important to inquire what bodily symptoms accompanied the earliest morbid mental phenomena? whether there was, 1, headache, and if so, in what region, 2, sleeplessness, 3, muscular tremor, 4, loss or impairment of speech, 5, enfeeblement or heightening of sensibility, 6, emaciation or grossness, 7, good or bad appetite, 8, regularity or irregularity of the menstrual functions.

BY INSPECTION OF THE PATIENT.

Without wasting time on the directions as to how to gain access to the patient, as a recent writer on the treatment of insanity has done, we proceed at once to the enumeration of those points which demand attention in the appearance, manner, and bearing of the patient when the medical man who is called upon to examine him is introduced into his or her presence.

Nutrition.

I. The general state of nutrition in relation to age ought to be observed. It is to be noted (*a*) whether the patient is fairly nourished, (*b*) abnormally stout, or (*c*) emaciated and wasted.

Temperament and cachexia.

II. The temperament or cachexia, as indicated by the configuration of the body, complexion, colour of the hair, movements, &c., ought to be

observed. It is to be noted whether the patient is of (*a*) nervous and irritable temperament, (*b*) sanguine and excitable temperament, (*c*) melancholic and despondent temperament, or (*d*) lymphatic and sluggish temperament. It is also to be noted whether the patient presents outward traces of (*a*) strumous cachexia, (*b*) arthritic cachexia, (*c*) rheumatic cachexia, (*d*) cancerous cachexia, (*e*) anæmia, (*f*) chlorosis or other constitutional vice.

III. The general condition as regards develop-^{Develop-}ment ought to be observed. It is to be noted (*a*)^{ment.} whether the head is of large or small size; whether it is symmetrical and well balanced, or presents any peculiarities in shape; (*b*) whether the body is well grown or stunted, or decrepid, or deformed in any part.

IV. The expression of the face ought to be ob-^{Expression.}served. It is to be noted whether it betokens such intelligence and such feelings as might be expected in a person of the rank and in the position of the patient to be examined, or whether it gives evidence of any of the following states of mind: (*a*) innate weakness and imbecility, (*b*) secondary stupidity and fatuity, (*c*) abstraction or self-absorption, (*d*) restlessness and agitation, (*e*) irascibility and fierceness, (*f*) settled grief and suffering, (*g*) urgent alarm and terror, (*h*) horror, (*i*) vague wonder and astonishment, (*j*) hilarity and expansive benevolence, (*k*) ecstatic religious exaltation, (*l*) furtive-

ness and distrust, (*m*) extravagant pride and haughtiness, (*n*) vanity and self-esteem, (*o*) erotic excitement, (*p*) criminal degradation. It is to be noted whether there is any play of feature, or whether one paramount expression retains almost permanent possession of the countenance.

The manner
and bearing.

V. The manner and bearing of the patient ought also to be observed. It is to be noted (*a*) whether it is timid and reserved or bold and defiant, (*b*) whether it is shrinking or aggressive, (*c*) whether it is tranquil or disturbed, (*d*) whether it is dignified or grovelling, (*e*) whether it is bowed down or elated. The manner and bearing, as manifested in movement, ought also to be watched with a view to the discovery of (*a*) muscular tremor, (*b*) spasms, (*c*) twitchings, or (*d*) paralysis, should such exist.

BY CONVERSATION WITH THE PATIENT.

The method
of examina-
tion.

In conversation with an alleged lunatic it is desirable, after an exchange of the ordinary civilities, to refer at once to the state of his or her health, as this is a personal matter in which all are interested, and in which many forms of mental derangement centre. Prolonged discussions upon politics or indifferent topics might be conducted in many cases without the betrayal of that mental disorder which would at once become apparent when the patient's own state and feelings were brought under consideration. At the very outset

of conversation, however, even when it is limited to mere social courtesies, several important observations may be made.

The character and extent of his or her consciousness may be determined, (*a*) whether it is vivid or dull, concentrated or divided, sustained or intermittent. The acuteness or torpidity and swiftness or slowness of perception or apprehension and other mental processes may also be inferred from the time and manner in which the patient replies to the salutation and first simple questions addressed to him or her. After the preliminary courtesies an opportunity must be taken by a few simple interrogations, founded upon the information derived from relatives or friends, or, in the absence of all such information, upon events of public notoriety known to all, to test the power and retentiveness of memory, as to (*a*) recent and (*b*) remote acquisitions. The conservative faculty should be gauged as to its retentiveness of personal circumstances and experiences, occurrences of general importance, and special acquirements and knowledge. Its reproductive energy ought also to be estimated by the determination of the facility with which certain facts are recalled when only indirectly alluded to. To convey emphatically some piece of information, change the subject, and then make inquiries about the piece of information communicated is a ready method of experimenting

How to be effected.

upon memory. These experiments will reveal something of the bent of the mind and the laws of association under which it is operating. The spontaneous suggestions and reminiscences which arise when memory is set in motion, are very instructive, as to the tone and tendencies of the mind, as are also the representations or images into which these spontaneous suggestions frequently pass. By instituting comparisons between the reminiscences and phantasies which occur we may ascertain something as to the condition of the elaborative faculty. From a general survey of the memory and intellect it is well, unless these are so extensively impaired or destroyed as to render no further research requisite, to proceed to a systematic examination of the mental state.

Systematic
examination of
the faculties.

Commencing at the lowest point the muscular sense will first engage attention, any modification in it recognised by the patient, such as impairment of the sense of weight, loss of desire for exercise, or excessive fatigue, being remarked.

Organic
feelings.

After that the organic feelings will require consideration. Feelings of preternatural heat or cold, of sinking or exhaustion, of thirst or inanition or fulness of plethora, of suffocation or stoppage of the heart, of pain or titillation, will, when taken in consideration with other symptoms, afford valuable indications, and sometimes guide to actual organic lesions or hypochondriacal delusions. The special

The special
senses.

senses will be next inquired into—1st, as regards their acuteness or impairment, tested by the capability of reading types of different sizes, or of recognising distant objects, of hearing the ticking of a watch held at different distances from the ear, and of distinguishing by the appropriate senses individually used different tastes, odours, textures, &c. 2ndly. As regards any morbid perversions to which they may be subject, (*a*) illusions in which real impressions are distorted, misrepresented, or misinterpreted, as when a cloak hung up is perceived as a horrible spectre, or as when ordinary wholesome bread is felt to taste of arsenic; and (*b*) hallucinations in which perceptions arise without any analogous external impressions, as when angels and demons are seen in total darkness, or as when voices are heard whispering when there is complete silence. Illusions and hallucinations are exceedingly varied in character, and occur in several different forms of insanity. When present they are of course excellent legal proofs of mental unsoundness. Those affecting the sense of hearing are the most common, those of vision next so. In acute mania and melancholia complex hallucinations of all the senses are sometimes present. The refusal of food in the insane is sometimes founded upon illusions, such as that that which is offered is mixed with blood, or poison, or sulphur, or other noxious

Illusions
and hallucina-
tions.

ingredients. The habitual and peculiar movements of the insane are sometimes to be ascribed to hallucinations, as when the head is constantly held to one side in an attitude of attentive listening for imaginary sounds, or as when the fingers are perpetually engaged in picking the skin under the idea that vermin creeping over it is thus removed.

Instincts
and appetites.

Subsequently to the senses the instincts, appetites, and propensities will deserve some examination. Any modification of, 1, the alimentary instinct, such as (*a*) ravenous appetite, (*b*) eating of filth, (*c*) prolonged abstinence from food; of, 2, the appetite for muscular activity, such as (*a*) torpor, (*b*) cataleptic immobility, (*c*) rhythmic movements, (*d*) restlessness, (*e*) gesticulation; of, 3, the appetite for light and heat, such as (*a*) basking in the strongest sunshine, (*b*) seeking to live in darkness, (*c*) denudification, (*d*) impulse to set on fire; of, 4, the sexual appetite, such as (*a*) erotic tendencies, (*b*) indecency, exposure of the person, (*c*) obscene language, (*d*) self-abuse, (*e*) nymphomania or satyriasis, (*f*) unnatural crimes or desires, (*g*) loss of sexual desires, (*h*) impotence; of, 5, the parental instincts, such as (*a*) loss of affection for children, (*b*) morbid dislike of children, (*c*) tendencies to infanticide, (*d*) extravagant love of children, dolls, &c.; of, 6, the acquisitive propensity, such as (*a*) motiveless theft, (*b*) hoard-

ing of particular or useless articles, of, 7, the destructive propensity, such as (*a*) impulse to smash, destroy, or kill, of, 8, the combative propensity, such as (*a*) incontrollable tendency to quarrel and fight without provocation.

The next step will be an inquiry into the state of the emotions, feelings, and sentiments. It will be requisite to determine whether these are generally exalted, buoyant, and excited, or perturbed, anxious, and depressed, whether they are vivacious or apathetic. It will then be desirable to interrogate some of them separately, such as, 1, the sentiment of pride, to ascertain whether delusions of grandeur or rank exist; 2, the sentiment of self-esteem, to ascertain if delusions as to personal qualities exist; 3, the sentiment of cautiousness, to ascertain whether delusions as to conspiracies, persecutions, &c., exist; 4, the sentiment of hope, to ascertain whether (*a*) simple vague causeless despondency, (*b*) despondency with delusions as to bodily health or well-being, (*c*) despondency with delusions as to worldly welfare and pecuniary prospects, (*d*) despondency with delusions as to God, the soul, and eternal punishment. The imaginative faculty ought to be next examined, (*a*) prescient and prophetic dreams, (*b*) æsthetical imaginations, &c. Comparison and judgment should be next tested as to the recognition of agreement or difference. The intuitions, as they are termed,

Emotions,
feelings, and
sentiments.

Volition.

ought subsequently to obtain attention in so far as the appreciation of personal identity, and the presence or absence of double or triple consciousness is concerned, as well as the position of the body in space and time. Last of all the will or volition ought to engage attention, as to (*a*) its strength, (*b*) weakness, or (*c*) convulsive action.

IV. BY PHYSICAL EXPLORATION OF THE ORGANS AND VISCERA OF THE PATIENT.

Physical exploration.

The physical exploration of the organs and viscera must be directed to discover any bodily defects or deformities, (*a*) microcephalus, (*b*) hydrocephalus, (*c*) arching of palate, (*d*) atrophy of muscles or limbs, (*e*) club foot, goître, &c., such as are frequently associated with mental defects, idiotcy, and imbecility, or visceral degenerations, or lesions, (*a*) apoplexy, (*b*) paralysis, (*c*) pulmonary consumption, (*d*) heart disease, (*e*) fatty liver, (*f*) Bright's disease, uterine disorders, &c., such as are frequently associated with mental aberration.

General remarks.

The phases of mental derangement being infinitely varied it has been thought desirable in the above suggestions bearing upon the examination of a presumed lunatic to enumerate a multiplicity of mental processes and conditions in which proofs of insanity may be discovered. In difficult and doubtful cases every point to which we have re-

ferred must be systematically investigated, and under such circumstances the above suggestions will, it is believed, be found very useful in insuring an exhaustive exploration. In a majority of cases, however, a much shorter process will suffice. Some clue having been obtained to a prominent symptom of mental aberration that may be rapidly approached, and from that centre, once attained, inquiries may branch out in such directions as may be deemed most likely to afford collateral and corroborative indications. Those who have had most experience in the management of the insane are opposed to all artifices and subterfuges in obtaining interviews, or in holding intercourse with them, and believe that in almost all cases it is best for the medical man to be introduced to the presumed lunatic in his real character, and to proceed with his examination in a professional manner. Insane persons are almost invariably egotistical, so that after the customary greetings they are readily engaged in conversation respecting their own health, position, prospects, &c. From these they may be conducted to general or local topics, to political or religious questions, a few queries on familiar themes being introduced, the answers to which ought to be known to all persons. Advantage being taken of all peculiarities betrayed in the course of conversation, the mental derangement is as a rule readily exposed.

The use of
artifice.

CHAPTER III.

THE REMOVAL OF INSANE PERSONS TO ASYLUMS.

I. IN THE CASE OF PRIVATE PATIENTS.

The order.

No person (not being a pauper) can be received as a lunatic into any licensed house or hospital without an order, which might be more correctly termed a request, under the hand of some person, which is directed to the proprietor or superintendent of the house or hospital in which the insane person is about to be confined.* Questions may arise as to the expediency of confining certain persons who are admittedly insane in such an asylum; and it was at one time argued that only in cases where lunatics were dangerous to themselves or others should such a course be resorted to.† This doctrine is no longer tenable.‡

But many persons signing such a preliminary order,

* 16 & 17 Vict. c. 96, sec. 4.

† Per the Lord Chief Baron in *Nottidge v. Repley & Nottidge* ('Times,' June 25th, 26th, 27th, 1849).

‡ The Commissioners in Lunacy addressed a letter to the Lord Chancellor on 4th July, 1849, which referred to this matter. It said, "The object of these acts is not, as your lordship is aware, so much to confine lunatics as to restore to a healthy state of

or signing the certificates prescribed by the Acts,* must convince himself of the unsoundness of mind of the person for whose confinement the request is made or certificates are signed. And in case such an order has been made or such certificates have been signed for a person who is not of unsound mind, the person so ordering or signing renders himself liable to an action at law.† In the case where a person has been found a lunatic by in-
Where order dispensed with.

quisition, an order signed by the committee appointed by the Lord Chancellor, and having annexed thereto an office copy of the order, is a

mind such of them as are curable, and to afford comfort and protection to the rest." "Moreover, the difficulty of ascertaining whether one who is insane be dangerous or not is exceedingly great, and in some cases can only be determined after minute observation for a considerable time." "It is of vital importance that no mistake or misconception should exist, and that every medical man who may be applied to for advice on the subject of lunacy, and every relative and friend of any lunatic, as well as every magistrate and parish officer (each of whom may be called upon to act in cases of this sort) should know and be well assured that, according to law, any person of unsound mind, whether he be pronounced dangerous or not, may legally and properly be placed in a county asylum, lunatic hospital, or licensed house, on the authority of the preliminary order and certificates prescribed by the acts." It added:—"It is obvious that the finding of a jury is in no case essential, in order legally to justify the confinement of a person of unsound mind." See Sess. Papers, 620, 1 August, 1849; see also Fourth and Fifth Annual Reports of the Commissioners in Lunacy.

* See post, p. 28.

† Fletcher v. Fletcher, 1 E. & E., 420; 28 L. J., ns., Q. B., 134. The person ordering the confinement of an alleged lunatic in a licensed house is not protected by 8 & 9 Vict. 100, sec. 99.

Evidence of
appointment
of committee.

sufficient authority for the reception of an insane person into any asylum without any other order or any medical certificates.* The reason of this provision is obvious. The office copy of the appointment of the committee is sufficient evidence of the insanity of the individual, and its production by the committee a sufficient evidence of his wish that the person found lunatic should be confined in the asylum, hospital, or licensed house, to the proprietor or superintendent of which the office copy of the appointment has been shown.

When, however, the insane person has been resident with friends, and where no commission of lunacy has been issued, an order for the reception of the lunatic must be produced, before such a person can be legally and properly placed in such an asylum, hospital, or licensed house. It is as follows:—

Form of
order.

ORDER FOR THE RECEPTION OF A PRIVATE PATIENT.

I, the undersigned, hereby request you to receive *William Smith*, whom I last saw at No. 10, *Flint Street, London, W.*, on the *first of January, 1872*,† a lunatic [*or an idiot, or a person*

* 8 & 9 Vict., c. 100, sec. 90; 16 & 17 Vict., c. 96, sec. 4; 25 & 26 Vict., c. 111, sec. 22.

† The person subscribing the order must have seen the patient within one month prior to the date of the order, and the time and place at which the person so subscribing saw the patient must be added to such order, 25 & 26 Vict. c. 111, sec. 23.

of unsound mind] as a patient into your house [or hospital]. Subjoined is a statement respecting the said *William Smith*.

(Signed) Name.—*James Smith*.

Occupation (if any).—*Civil engineer*.

Place of abode.—*16, Cavendish Street, Derby*.

Degree of relationship (if any) or other circumstances of connection with the patient.—*Son*.

Dated this* *fifth* day of *January*, one thousand eight hundred and *seventy-two*.

To *Robert Watkins*, proprietor [or superintendent] of the *Cedars Asylum, Gosling Road, Kensington*.†

Only one word need be said with reference to this order, and that is, with regard to those who are not permitted to sign it. Persons who receive any percentage on, or who are otherwise interested in, the payments to be made by or on account of any patient received into a licensed or other house, are prohibited from signing any certificate or order such as the above. And any medical attendant, *i.e.* any physician, surgeon, and apothecary ^{Who may sign it.}

* See 25 & 26 Vict., c. 111, sec. 23.

† The house or hospital must be described by situation and name, if any.

cary, who shall keep any licensed house, or shall in his medical capacity attend any licensed house, or any asylum, hospital, or other place where any lunatic shall be confined,* is likewise prohibited from signing such a certificate or order.† Nor can the order be signed by any one who is the father, brother, son, partner, or assistant of either of the medical men who sign the certificates, or who has himself signed one of the certificates.‡

The statement which is subjoined to the order is to the following effect.

STATEMENT.

Form of
statement.

[If any particulars of this statement be not known, the fact to be so stated.§]

Name of patient, with Christian name at length.—*William Smith.*

Sex and age.—*Male, seventy.*

Condition of life and previous occupation (if any).—*Civil engineer.*

The religious persuasion, as far as known.—*Church of England.*

* 8 & 9 Vict., c. 100, sec. 114.

† 25 & 26 Vict., c. 111, sec. 24: see *re Shuttleworth* 9, Q. B. 651.

‡ 16 & 17 Vict., c. 96, sec. 12.

§ In *re Shuttleworth* (9 Q. B., 651) it was held that a *boná fide* statement "that the lunatic is constantly watched by an attendant whom she fears" was a good excuse for the omission of many of these particulars.

Previous place of abode.—*Flint Street, London, W.*

Form of
statement.

Whether first attack.—*Yes, first.*

Age (if known) on first attack.—*Seventy.*

When and where previously under care and treatment.—*Never.*

Duration of existing attack.—*Four days.*

Supposed cause.—*Grief for the death of his wife.*

Whether subject to epilepsy.—*No.*

Whether suicidal.—*No.*

Whether dangerous to others.—*Might be.*

Whether found lunatic by Inquisition, and date of commission, or order for inquisition.*—*No.*

Special circumstances (if any) preventing the patient being examined, before admission, separately by two medical practitioners.†—*None.*

(Signed) Name.—*James Smith.*

[Where the person signing the statement is not the person who signs the order, the following particulars concerning the person signing the statement are to be added, viz. :—

Occupation (if any).

Place of abode.

* 25 & 26 Vict., c. 111, sec. 22.

† 16 & 17 Vict., c. 96, sec. 5.

Degree of relationship (if any), or
Other circumstances of connection with
the patient.]*

General re-
marks.

Although it was necessary to set out the "order" and "statement" with a view to a thorough exposition of the whole law bearing on the subject, it is not so necessary that the rules which must guide those persons who have to fill up the blanks in these statutory forms, should be brought under the notice of medical men, as that duty does not fall upon physicians, surgeons, or apothecaries in their medical capacity. Still there is some importance to be attached to a thorough knowledge of the statutory requisites with regard to every step in this process upon the part of medical practitioners. Owing to the circumstances of their connection with their patient, and with the friends of their patient, they are the most likely persons to be consulted when difficulties arise in the performance of the little technical duties which devolve upon others. To be able to be of use at such a time cannot surely be a matter of indifference to the medical practitioner. In the above the blanks, which exist in the forms given in the schedule to the statute† have been filled in with statements with regard to hypothetical persons, and hypothetical circumstances, in italics. A

* 16 & 17 Vict., c. 96, Schedule A.

† 16 & 17 Vict., c. 96.

modicum of care and intelligence will enable any individual to fill in either of these printed forms in any case in which they may be required to do so. And it is to be remembered that when a printed form is not procurable, the whole of the "order" and of the "statement" may be in writing.*

Order may
be in writing.

We come now to consider the statutory duties of medical men as such, in relation to the admission of private patients into asylums, hospitals, or licensed houses. The Statute not only makes an order and statement of particulars, such as those which have been alluded to, necessary to the reception of a person as a lunatic in a place of confinement; but it also makes medical certificates by two physicians, surgeons, or apothecaries, neither of which shall be in partnership with, or an assistant to, the other, necessary to such incarceration. It further provides that each of the medical men shall, separately from the other, examine † the person to whom the certificate relates, not more than seven clear days previously to his reception in the asylum.‡ As the order may be signed any time within one calendar month before the reception of the lunatic in the asylum, it follows from the

Statutory
duties of medi-
cal men.

Who may
sign certifi-
cates.

* All the Lunacy Forms can be procured at Messrs. Shaw & Sons, Fetter Lane, Fleet Street, London, E.C.

† *R. v. Jones*, 2 B. & Ad, 611. ‡ 16 & 17 Vict., c. 96, sec. 4.

last-mentioned provision of the Statute that it is immaterial whether the order be signed before or after the medical certificates, or either of them.*

The examination which a medical man must make before he signs the certificate has already been alluded to.† The following is the statutory form :—

Form of
medical certi-
ficate.

FORM OF MEDICAL CERTIFICATE.

a. Here set forth the qualification entitling the person certifying to practise as a Physician, Surgeon, or Apothecary, ex.gra., being a Fellow of the Royal College of Physicians in London.

β. Physician, Surgeon, or Apothecary, as the case may be.

γ. Here insert the street and number of § the house (if any) or other like particulars.

δ. Insert residence and profession or occupation, if any.

I, the undersigned, being a *a* Fellow of the Royal College of Surgeons of England, †

and being in actual practice as a *β* Surgeon, hereby certify that I, on the *third* day of *January*, at *γ* No. 10, *Flint Street, London, W.*, in the County of *Middlesex*, separately from any other Medical Practitioner, personally examined *William Smith*, of *δ* No. 10, *Flint Street*, at one time a *Civil Engi-*

* See Sixth Rep. of the Commissioners in Lunacy, p. 15.

† Ante, p. 5, *et seq.*

‡ 25 & 26 Vict., c. 111, sec. 47; see Reg. v. Minster, 14 Q. B., 349.

§ The omission of the name of the street and number of the house will invalidate the certificate. See Reg. v. Pinder, *in re Greenwood*, 24 L. J., N. S., Q. B., 148.

ε. or an Idiot or a person of unsound mind.

η. Here state the facts.

λ. Here state the information, and from whom.

neer, and that the said *William Smith* is a Lunatic ε, and a proper person to be taken charge of and detained under care and treatment, and that I have formed this opinion upon the following grounds:—viz. 1. Facts indicating insanity observed by myself. η *He believes that he has brought ruin on the British nation, that his soul is given over to perdition, and that he caused his wife's death by growing his beard. His power of attention is defective, and his memory impaired, so that he cannot always understand what is said to him or recall recent and impressive events.*

Form of medical certificate.

2. Other facts (if any) indicating insanity communicated to me by others. λ *I am informed by his son, James Smith, that he has persistently refused food, and by his attendant, Robert Scott, that he is sleepless, and has made repeated efforts to get out of bed during the night.*

(Signed) *Theodore Brook,*

Place of abode, 26, *Clement's Terrace, London, S.W.*

Dated this *fourth* day of *January*, One thousand eight hundred and seventy-*two*.

Very few points will require to be noted in connection with the certificate if the medical man will take the trouble to read the marginal notes. One or two may be alluded to.

Licensing
body.

1. It is necessary, not only to state that you are a surgeon or physician, but to state the University or licensing body from which you hold your diploma.

Name of
street and
number of
house.

2. Care is to be taken to give the name of the street and the number of the house at which the patient has been examined, as an omission of these will invalidate the certificate.*

Actual prac-
tice.

3. It is to be remembered that only medical men in actual practice are allowed to sign certificates. The term actual practice will be held to mean the pursuance of the work of the profession in any department or speciality.

Facts indi-
cating in-
sanity.

4. With regard to the facts which indicate insanity, more attention is to be desired upon the part of medical practitioners than they seem willing to bestow. The question as to what facts do indicate insanity is sometimes difficult to answer. Beliefs which in one man would be rational and just, are in another absurd and delusional. The simple statement of these in a certifi-

* *Reg. v Pinder in re Greenwood*, 24 L. J., n. s., Q. B., 148.

cate, without an explanation of the circumstances of the individual, would not convey the impression which it was intended to produce. It is in this part of the certificate that most errors occur, and while many of these blunders arise from the slovenliness of the medical practitioners who fill up the printed form, some are undoubtedly due to the obvious difficulty of expressing in words observations which are in great measure inferences from a number of symptoms, which do not, when taken separately, indicate the presence of mental disease.

Facts indicating insanity.

To facilitate medical men in the performance of this part of their duty, we propose, after considering shortly one or two decisions which have been come to with reference to this matter in Courts of Law, to give specimens of the groups, facts which will probably be observed in connection with the various kinds of idiocy and insanity. While we regard such a course as one calculated to render this work useful to the medical man who is called upon to certify the insanity of an alleged lunatic, we would guard our readers against the erroneous belief that all or any one of these typical groups of facts will be applicable to all or any one case which may be brought under their notice in general practice. The human mind is so infinitely various in its aberrations that the chances are many against

the occurrence of two similar morbid beliefs in two different minds. The circumstances of no two lives are the same, and each man's present is dependent upon his past, whether he be sane or insane. But although this is true, the importance of presenting typical cases is not diminished, and the specimen certificates may prove useful in many cases.

Ruling as to
sufficiency.

First, with regard to the rulings in courts of law. In *re Fell*,* which related to the 8 & 9 Vict., c. 100, ss. 45 and 46, now repealed. Patterson, J., thought that a statement in the medical certificate that the alleged lunatic has "a general suspicion of the motives of every person," or that he "makes ungrounded statements in every conversation," would be insufficient. In the case of *Shuttleworth*,† however, a statement in the certificate that the alleged lunatic "labours under delusions of various kinds, and is dirty and indecent in the extreme," was held to be sufficient.‡

General
directions.

It is in all cases better, however, to say too much than too little, to be specific rather than general, and to err on the side of accuracy rather than on that of vagueness. Keeping these decisions in mind, and with a careful reference to the

* 3 Dowl. & L., 373; 15 L. J., N. S. M. C., 25.

† 9 Q. B., 651.

‡ 3 Dowl & L., 373; 15 L. J., N. S., M. C., 25.

form of the insanity in each case, it may be well to give what we regard as typical statements of the facts which will probably be observed in the forms of mental disease which are ordinarily classed under

1. Idiocy.
2. Imbecility.
3. Moral insanity.
4. Mania.
5. Monomania.
 1. Of suspicion.
 2. Of pride.
6. Impulsive insanity.
7. Melancholia.
 1. Simple.
 2. Hypochondriacal.
8. General paralysis.
9. Dementia.

We have thought it expedient in all these cases, not only to indicate the kind of facts which will be observed by the medical practitioner in his examination of the patient, but also to point out by means of these examples the probable character of the information which he will in each case derive from the relatives and friends of his patient if his questions are skilfully put. We proceed to our examples.

I.—IDIOTCY.

Facts observed in
idiotcy.

Facts indicating insanity observed by myself.

1. He cannot understand what is said to him, but stares vacantly when spoken to.

2. He makes use only of a few words and these he articulates imperfectly.

3. His head is small and deformed and his palate highly arched, while saliva trickles from his mouth.

Other facts (if any) indicating insanity communicated to me by others.

1. His mother, A. B—, informs me that he is subject to epileptic fits and ineducable, that he is dirty and degraded in his habits, and occasionally destroys his clothing.

II. IMBECILITY.

Facts observed in im-
becility.

Facts indicating insanity observed by myself.

1. He rambles in conversation from one subject to another without apparent connection.

2. He calculates with remarkable quickness but is slow in apprehension.

3. He bursts into laughter from time to time without apparent cause.

4. He is exceedingly vain, and his dress is gaudy and extravagant.

5. His manners are childish and his face is subject to occasional choreic twitchings.

Other facts (if any) indicating insanity communicated to me by others.

1. His brother, G. W—, informs me that all efforts to teach him a trade have been unavailing, that he is sometimes indecent in his remarks and deportment in the presence of females.

III. MORAL INSANITY.

Facts indicating insanity observed by myself.

Facts observed in moral insanity.

1. He is untruthful, and lies without apparent object.

2. He is able to repeat some of the common moral laws but seems unable to apply them to the guidance of his own conduct.

3. There is a slight malformation of the skull.

Other facts (if any) indicating insanity communicated to me by others.

1. I am informed by his mother that he steals anything he can lay his hands on, and makes no use of the stolen article when he has got it.

2. He is often indecent in his deportment, and attempted rape upon a child of six years of age.

3. His father died insane.

IV. MANIA.

Facts indicating insanity observed by myself.

Facts observed in mania.

1. She is unable to express herself coherently.

2. Delusive and illusive beliefs are expressed and almost immediately abandoned in favour of others.

3. There is great confusion of ideas, and the ordinary laws of association seem to have little influence upon the mental sequence of her thoughts.

4. She sings, although this is my first visit, talks loud, says she is Queen Victoria, then that she is Joanna Southcote.

5. She broke a window in my presence.

Other facts (if any) communicated by others.

I am informed by A. B—, who waits upon her, that she has destroyed many of her clothes, that she sleeps little, talks incessantly and has been violent.

V. MONOMANIA.

a. Of suspicion.

Facts observed in monomania.

Facts indicating insanity observed by myself.

1. He intimates that the Fenians are conspiring against him and have undermined his house.

2. He believes that poison is being put in his food daily, and that the air he breathes is loaded with mesmerism and electricity.

Other facts (if any) indicating insanity communicated to me by others.

John B—, a police officer, informs me that he has been of intemperate habits for many years;

has had several attacks of delirium tremens, and has of late been constantly making groundless charges against his relatives, friends, and neighbours.

β. Of pride.

Facts indicating insanity observed by myself. Of pride.

1. She says she is the Queen of Sheba and the most beautiful of women, and asserts that she is about to be married to Mr. John Bright.

2. She wears an extraordinary turban and is haughty and reserved in her manner.

Other facts (if any) indicating insanity communicated to me by others.

Her sister, Mary B—, informs me that she has laboured under these delusions for several years.

VI. IMPULSIVE INSANITY.

Facts indicating insanity observed by myself. Facts observed in impulsive insanity.

1. She assures me that she has an uncontrollable desire to cut the throats of her three children, to whom she is fondly attached.

2. She is much agitated when she is shown a knife and screams and turns away from it.

3. She is restless and uneasy in her manner, and her movements are sudden and tremulous.

4. She suffers from poverty of blood, but her face is flushed and her pupils dilated.

Other facts (if any) indicating insanity communicated to me by others.

Her sister, R. W—, informs me that her temper and disposition have been entirely changed since a quarrel with her husband some months ago. That she has twice attempted to murder her eldest child, and that her sleep is broken and disturbed.

VII. MELANCHOLIA.

a. Simple.

Facts observed in melancholia. Simple.

Facts indicating insanity observed by myself.

1. He believes (erroneously) that he is in great poverty.

2. He says that all his children are dead, which is not the fact.

3. He weeps without a cause.

4. He wrings his hands and moans in the presence of strangers.

Other facts (if any) indicating insanity communicated to me by others.

His daughter, J. S—, informs me that he attempted to jump into the river, and has refused food.

β. Hypochondriacal.

Hypochondriacal.

Facts indicating insanity observed by myself.

1. He is under the impression that he is exceedingly ill.

2. He weeps because no one will believe that he is dying, and because no one sympathises with his condition.

3. He says that he has not slept a wink for three months.

4. He complains of pains which are symptomatic of several incompatible diseases.

5. He says he is so weak that he cannot stand, yet, in my presence, he supported the weight of his attendant, a man of thirteen stone.

Other facts (if any) indicating insanity communicated to me by others.

J. B—, his attendant, says :

1. He attempted to poison himself about three weeks ago, and that he is always peevish and tearful.

VIII. GENERAL PARALYSIS.

Facts indicating insanity observed by myself.

1. He says that he is possessed of £100,000 in gold and 50,000 houses in Wigan.

2. He is suffering from several sores, but when asked how he is, he answers "all right."

3. His speech is thick and his motions tremulous.

Other facts (if any) indicating insanity communicated to me by others.

His sister, B. W—, informs me that he asserts, without any foundation, that he has been at the

Facts observed in general paralysis.

gold diggings, and that his articulation has gradually become less distinct.

IX. DEMENTIA.

Facts observed in dementia.

Facts indicating insanity observed by myself.

1. He does not recognise his daughter, who has been constantly with him.

2. He does not know what year this is, or who is upon the throne.

3. He believes he is in Welshpool (where he was born, and which he has not visited for fifty years).

4. He cannot say whether his son is dead or alive.

5. He is incoherent in his ideas and conversation.

Other facts (if any) indicating insanity communicated to me by others.

His daughter, W. A. B—, informs me that his memory becomes rapidly more and more defective; that he is less cleanly in his habits, and that he has daily less command over his thoughts.

Who may not sign certificates.

Having dwelt at considerable length upon the answer to the question as to the kind of facts which should be stated to support a certificate, only one other point demands attention in connection with this part of the subject, and that is an enumeration of those persons who are prohibited from signing the certificates under consideration.

No physician is permitted to sign such certificate, who is either father, brother, son, partner, or assistant, or any one who is wholly or partly the proprietor of, or the regular professional attendant in, the licensed house or hospital into which the lunatic, certified by him, is about to be received.* No medical man, who receives any per centage on, or is otherwise interested in the payments, to be made by, or on account of the patient, is permitted to sign the certificate for his reception into a licensed house or hospital.†

If a medical man be the physician or proprietor of an asylum or licensed house, he is not permitted to sign one of the two certificates which are intended to authorise his reception of a private patient into his asylum.‡ And, finally, the medical men who sign the certificate must not be professionally connected with one another, either as partners or in the relationship of principal and assistant,§ and if either of them have signed the order for the reception of the lunatic into the asylum or licensed house, that circumstance will render this certificate invalid.

We proceed to consider the questions which arise in connection with the removal of persons who are paupers from their own dwellings to the county or borough asylums, but before doing so it

Where one certificate is enough.

* 16 & 17 Vict., c. 96, sec. 12.

† 25 & 26 Vict., c. 111, sec. 24.

‡ 25 & 26 Vict., c. 111, sec. 24.

§ 16 & 17 Vict., c. 96, sec. 4.

Special cir-
cumstances to
be stated.

is necessary to consider a proviso contained in one of the Lunacy Acts*, that in certain cases any person may be received as a lunatic on a certificate signed by one medical practitioner only. Where that is the case, however, special circumstances must excuse the examination which is directed by the fourth section of that Act,† and these circumstances must be set forth in the statement accompanying the order. At the same time it is necessary that two other such certificates, signed by medical men, other than the medical man who signed the single certificate already mentioned, and executed in the way prescribed in the said sections of the Act,‡ shall be signed and that, within three days of the reception of the lunatic into the licensed house or hospital. If any person receives a private patient as a lunatic into a licensed house or hospital without all these requisites having been complied with he will be guilty of a misdemeanor.§

Penalty.

II. IN THE CASE OF PAUPER LUNATICS.

The order.

No pauper can be removed into an asylum without an order under the hands of one justice,

* 16 & 17 Vict., c. 96, sec. 5. Medical officers of unions or parishes are no longer prohibited from signing certificates in the cases of pauper lunatics belonging thereto as they once were.

† 16 & 17 Vict., c. 96.

‡ 16 & 17 Vict., c. 96, ss. 4 and 5.

§ 16 & 17 Vict. c. 96, ss. 4 & 5; 8 & 9 Vict. c. 100, sec. 106.

or under the hands of an officiating clergyman,* and of one of the overseers or the relieving officer of the parish or union from which he or she is sent. To the order a statement of particulars must be attached. And there must be a certificate signed by one medical man to authorise his reception into such an asylum.†

ORDER FOR THE RECEPTION OF A PAUPER PATIENT.‡

I, *W. B.*— [*in the case of a single Justice of the Peace, or in the case of two Justices, or of a Clergyman and Relieving Officer, &c.*, “We, C. D. and E. F.”], the undersigned, having called to my [*or our*] assistance a Physician [*or Surgeon, or Apothecary, as the case may be*], and having personally examined *Frederick Nicks*, a pauper [*omit the words “a pauper” when the lunatic is not a pauper*], and being satisfied that the said *Frederick Nicks* is a lunatic [*or an idiot, or a person of unsound mind*], [*add, where the lunatic is sent as being wandering at large, the words “wandering at large,” and in the case of a lunatic sent by virtue of the authority given to two Justices, add “not under proper care or control,” or “and is cruelly treated (or neglected) by the person*

Form of
order.

* See Reg. v. Hatfield Peverel, 14 Q. B., 298.

† 16 & 17 Vict. c. 97, sec. 73.

‡ 16 & 17 Vict., c. 97, Schedule F, No. 1.

Form of
order.

having the care or charge of him," *as may appear to the Justices to be the case*], and a proper person to be taken charge of and detained under care and treatment, hereby direct you to receive the said *Frederick Nicks* as a patient into your Asylum [*or Hospital, or House*]. Subjoined is a statement respecting the said *Frederick Nicks*.

(Signed) *S. Bowell,*

A Justice* of the Peace for the County
[City, or Borough] of *Devon* [*or an,*
or the, Officiating Clergyman of the
Parish of *Lowstoffe*].

(Signed) *John Ward,*

The Relieving Officer of the Union, *or*
Parish of *Lowstoffe* [*or an Overseer*
of the Parish of *Lowstoffe*].

Dated this *4th* day of *January,*
One thousand eight hundred and
seventy-two.

To *J. W. Cutts, M.D.,* Superin-
tendent of the Asylum for the
County of *Devon, or* the Lunatic
Hospital of *Devon, or* Proprietor
of the Licensed House of (de-
scribing the Asylum, Hospital,
or House).

* Where two justices must sign, see 16 & 17 Vict., c. 97.

Little or nothing need be said in explanation of the above form. It is to be filled up in the way indicated above. Where, however, the order is directed to a superintendent other than the superintendent of the asylum of the borough or county in which the parish or place from which the lunatic is sent is situate, the order should state that the justice (or justices, as the case may be) who makes the order is satisfied that there is no asylum of such borough or county, or that the asylum which exists is full, or state any other circumstances which prevent the individual lunatic being placed in the said borough or county asylum.* The statement, which is subjoined to the above order, is as follows :

Where an insane person is sent to an asylum for another county.

STATEMENT.

Name of patient and Christian name at length.†— <i>Frederick Nicks.</i>	Form of statement.
Sex and age.— <i>Male. Twenty-five years.</i>	
Married, single, or widowed.— <i>Married.</i>	
Condition of life and previous occupation (if any).— <i>Day labourer.</i>	
The religious persuasion, as far as known.— <i>Church of England.</i>	

* 16 & 17 Vict., c. 97, ss. 72 and 78,

† If the facts warrant it, as they often do in the case of wandering lunatics, a lunatic may be described in the order, statement and certificate as of "name unknown."

Form of statement.

Previous place of abode.—*The Cottages, Lowstoffe, Devon.*

Whether first attack.—*No.*

Age (if known) on first attack.—*Fourteen.*

When and where previously under care, and treatment.—*The Devon County Asylum for four months 18—.*

Duration of existing attack.—*Four days.*

Supposed cause.—*Self-abuse.*

Whether subject to epilepsy.—*No.*

Whether suicidal.—*No.*

Whether dangerous to others.—*No.*

Parish or Union to which the lunatic is chargeable (if a pauper or destitute lunatic).
Lowstoffe, Parish.

Name and Christian name and place of abode of the nearest known relative of the patient,* and the degree of relationship (if known).
—*Father, Isaac Nicks, Day labourer, The Cottages, Lowestoffe.*

I certify that, to the best of my knowledge, the above particulars are correctly stated.

(Signed) *George Watts.*

[*In the case of a pauper to be signed by the Relieving Officer or Overseer*].

The certificate.

The single certificate, which is necessary for the incarceration of a pauper lunatic in an asylum,

* See 25 & 26 Vict., cap. 111, sec. 25.

must be signed by one physician and surgeon or apothecary, who shall have personally examined the patient not more than seven days before his reception.* In every particular the certificate which is necessary for the admission of a pauper lunatic into an asylum is the same in form as either of the two certificates which authorise the detention of a private patient as a lunatic in a similar institution.† It is consequently unnecessary to give the form of the certificate in this place or to add anything to the suggestions already given with reference to the manner in which it ought to be filled up.

One matter, however, requires notice. A pauper lunatic may cease to be a pauper lunatic, not only by becoming sane, but by becoming rich. And a private patient might be degraded to the level of a pauper lunatic by becoming poor. The question might arise in such cases whether, under the circumstances, a new order, statement, and certificate was necessary had not the legislature anticipated the difficulty and enacted that “the order and certificate required by law for the detention of a patient as a pauper shall extend to authorise his detention, although it may afterwards appear that he is entitled to be classified as a private patient, and the order and certificates

Where a pauper becomes rich.

25 & 26 Vict.,
c. 3, sec. 26.

* 16 & 17 Vict., c. 97, sec. 73; and see Schedule F, No. 3.

† Ante, p. 28.

required by law for the detention of a patient as a private patient shall authorise his detention, although it may afterwards appear that he ought to be classified as a pauper patient.”* This enactment evidently refers only to those registered hospitals and licensed houses in which pauper patients may be received, and to those exceptional county or borough asylums in which private patients are received as well as paupers. The Act of Parliament also anticipates the possibility of defective medical certificates, and provides that if the defective certificate or defective certificates is or are not duly amended to the satisfaction of the Commissioners within fourteen days after the reception of the superintendent of a direction requiring the amendment of the same from the Commissioners, the Commissioners may, if they see fit, make an order for the patient’s discharge.†

Defective
medical certi-
ficates.

Precautions
before re-
moval.

Certain precautions are to be taken by medical men in charge of private patients, and by poor-law medical officers who have the care of pauper lunatics, before they sanction the removal of a lunatic to a licensed house or asylum. It is invariably his duty not to sanction such removal until he is satisfied that the individual under his care is in a condition to undergo the fatigues of the journey. And in order to arrive at any con-

* 25 & 26 Vict., c. 111, sec. 26.

† 25 & 26 Vict., cap. 111, sec. 27.

clusion with reference to this matter, the whole of the circumstances of the case must be taken into consideration. Again, if the medical man is aware of the existence of any infectious or contagious disease in the house or the immediate neighbourhood in which his patient has been residing, he ought to refuse to sanction any removal to a large hospital for the insane. Incalculable evil may be done by a want of attention to such a matter. It is well, therefore, for a medical man to examine a patient previous to his removal to an asylum if he has the opportunity; and if there is anything remarkable in the lunatic's condition—as, for example, marks of violence upon his person—it would be prudent to take accurate notes.

As a lunatic is removed to an asylum with a view not merely to detention but to cure, and as the history of the case is almost an indispensable requisite to the efficacious administration of remedies, each medical man should, when an insane patient is removed from his supervision to that of the proprietor of a licensed house or the superintendent of an asylum, send a short history of the case along with the papers, to which we have alluded above, which authorise the reception and detention of the lunatic. The importance of this cannot be exaggerated. We have in these days become more thoroughly conscious of the scientific value of a knowledge of causes. We have become

History of
case sent with
order, &c.

intolerant of the fumbling, empirical dealing with effects. And in no department of science is a knowledge of etiology more essential to a favorable issue in individual cases than in that of the treatment of insanity. These facts make the course suggested of the utmost importance.

To the order, statement, and certificate which are issued by some of our hospitals for the insane, a series of questions have been appended with a view of ascertaining something concerning the history of the disease with which the superintendent of the institution into which the patient is admitted has to deal. As a possible guide to those who may be at a loss to know how to proceed in the statement of the case, we have thought it well to insert in this place the form which is in use in one of our large county asylums. Its adoption, or the adoption of some similar form, by other institutions for the insane is, in our opinion, to be desired. The form is as follows :

QUESTIONS TO BE ANSWERED.

*Required by the Visiting Justices of the
Asylum.*

Form in use.

As a correct history of the case of each patient is of importance in directing the early treatment after admission into the Asylum, it is requested

that the relatives and friends of the lunatic, with the medical attendant, will, according to the best of their knowledge, answer the following questions in addition to the preceding :

History.

History.

1. Has he any children ? How many ?
2. Can he read and write ?
3. Have any of his relatives been similarly affected ?
4. If not the first attack, how often, where, and for how long a period, has he been previously affected, and what was then the character of the complaint ?
5. Were there before this attack any such symptoms as the following observed :—Unusual depression or elevation of spirits ; remarkable alteration in the temper, disposition, feelings, opinion, conduct, sleep, appetite, state of bowels, or health of the lunatic, and how long before the attack ?
6. What have been the chief symptoms of the malady ? Is the lunatic violent, or depressed, or idiotic ? Have any lucid intervals or other obvious changes in the disease occurred ?
7. Does he rave indifferently on various subjects, or chiefly on one, and what is that subject ?

History. Mention particularly any permanent or remarkable illusions ?

8. Is he prone to tear clothes, break windows or furniture, or has he any other mischievous propensity ?

9. What have been his habits since the attack ? State particularly whether the patient is attentive to the calls of nature.

Cause.

Cause. 10. Before the commencement of the malady, was the patient remarkable for any degree of oddity, eccentricity, or mental infirmity ? Mention particular passions or prejudices, religious impressions, and any habitual vice or intemperate habits ?

11. Is the patient subject to periodical attacks of any other disease ; to any unusual discharge ; to suppression or obstruction of any customary discharge ; to sores, eruptions, epilepsy, or palsy ? Specify any bodily infirmity or disease of the patient ?

12. Did the present or any former attack occur during pregnancy or in childbed ?

13. Was the head of the patient ever seriously injured ?

Treatment.

Treatment. 14. What medical or other remedies have been

used for the recovery of the patient, and with what effect ?

15. Has the patient ever been treated for insanity in any public or private asylum ; if so, how often, and for how long on each occasion ; when, in what state, and for what reason was he discharged ?

..... Medical Attendant.

Even if accurate answers are given to these questions, there is still much more knowledge to be desired as to the history of the case, in order that a satisfactory treatment may be scientifically founded on its past course. Many other questions, which would be calculated to elicit important information, might be suggested as additions to those given above. But such additions might make the form too long, and the task imposed upon the medical attendant too arduous. As it is, the information derived from truthful answers to these questions will do much to facilitate the conduct of the case. Where no such method as that indicated above is adopted, the medical superintendent of the institution or licensed house into which the patient is to be admitted has to ascertain from the friends who accompany the patient as much as he can concerning the cause and course of the disease. Such a method has, however, many obvious disadvantages, and

General re-
marks.

it is much to be desired that all medical practitioners would have recourse to some such way as that above alluded to, of enabling their fellow-practitioner to commence his conduct of the case with the accumulated knowledge of its history, which it is in his power to communicate.

CHAPTER IV.

COMMISSION OF LUNACY.

“THE Lord Chancellor, to whom,” says Blackstone, “by special authority from the king, the custody of idiots and lunatics is entrusted, upon petition or information grants a commission in the nature of the writ *de idiota inquirendo** to inquire into the party’s state of mind, and if he be found *non compos* he usually commits the care of his person, with a suitable allowance for his maintenance, to some friend, who is thus called his committee. However, to prevent sinister practices, the next heir is seldom permitted to be this committee of the person, because it is his interest that the party should die. But it hath been said there lies not the same objection against his next of kin, provided he be not his heir; for it is his interest to preserve the lunatic’s life in order to increase the personal estate by savings, which he or his family may hereafter be entitled to enjoy. The heir is generally made the

The writ
de idiota in-
quirendo.

Who may be
committee of
person.

Of estate.

* The writ *De lunatico inquirendo* is of the same nature as that of *De idiota inquirendo*.

manager or committee of the estate, it being clearly his interest by good management to keep it in condition, accountable, however, to the Court of Chancery and to the *non compos* himself if he recovers, or otherwise to his administrators.”*

Who has the care of lunatics.

Two recent Statutes have, however, considerably modified the law upon this subject.† At the present time the care and commitment of the person and estates of lunatics, idiots, and persons of unsound mind is entrusted to the lords justices, concurrently with the Lord Chancellor. The system by which this important trust—for in the theory of the law, the Queen, or her chancellor and lords justices on her behalf, are trustees for the lunatic—consists of two masters in lunacy, one registrar in lunacy, and three visitors of lunatics, together with such officers, clerks, and messengers as may be sanctioned by the lord chancellor and the lords of the treasury.‡ In the execution of the duties of their office, the masters are to have all the powers, duties, and authorities which, at the time of the passing of the Act 5 & 6 Vict., c. 84, belonged to commissioners named in commissions, in the nature of writs of *de lunatico inquirendo*.§ Their duties are

Powers.

* Blac. Com., bk. i. ch. 8; see 16 and 17 Vict., c. 70.

† 16 & 17 Vict., c. 70, and 25 & 26 Vict., c. 86.

‡ 16 & 17 Vict., c. 70, ss. 6, 10, 15.

§ 16 & 17 Vict., c. 70, sec. 7; see also ss. 8, 9, 11.

to be regulated by the lord chancellor. As in Procedure. former times, the procedure of an inquisition commences with a petition for inquiry, and if the lunatic is within the jurisdiction,* notice of the presentation of the petition must be given to him.† The inquiry may either be held before a jury, or it may not. This depends upon various circumstances—the choice of the alleged lunatic, and whether he is within the jurisdiction or not, the expediency, and the like. This inquiry origi- Issue to com-
mon law
court. nally took place before a master, but by a more recent Statute,‡ it is enacted that the lord chancellor may direct the issue as to the alleged insanity to be tried in one of the superior courts of common law at Westminster. When an issue Effect of
verdict. has been thus tried in a common law court, the verdict has the same effect as an inquisition under a commission of lunacy. The same act makes Examination
of lunatic. the examination of the alleged lunatic (if within the jurisdiction), both before the evidence is commenced, and at the close of the proceedings, before the jury consult as to their verdict, necessary. The presiding judge may dispense with such an examination; and, if it does take place, it may be in open court or in private, as the judge may direct.§ Where no jury has been demanded,

* 16 & 17 Vict., c. 70, s. 4.

† 16 & 17 Vict., c. 70, ss. 40 and 45.

‡ 25 & 26 Vict., c. 86, sec. 4.

§ 25 & 26 Vict., c. 86, sec. 6.

Evidence of
medical men.

Scope of in-
quiry.

Inquisition
traversed.

or where the demand has not been complied with by the lord chancellor, the master must, at the inquiry, personally examine the alleged lunatic, and investigate the facts in order to ascertain whether or not he is of unsound mind. At this point of the procedure, as also previous to the presentation of the petition, it is evident that in very many cases the evidence of medical men will be had recourse to ; and we shall have an opportunity of saying something with regard to the requisites of such evidence shortly. When such evidence has been produced as satisfies the master, and he has himself examined the alleged lunatic, he proceeds to certify his finding, and such certificate is deemed to be an inquisition, and is dealt with, and has the same effect, as an inquisition taken upon the oath of a jury.* The inquiry, in whatever way it is made, is confined to the question of the lunacy of the individual at the time of the inquiry ; and no evidence as to what he said or did, as to his demeanour or state of mind at any time more than two years before the time of the inquiry is to be given, unless the judge or master otherwise direct.† An inquisition may be traversed‡ upon petition, and even when a traverse is inadmissible, as it is in the case of an inquisition

* 16 & 17 Vict., c. 70, ss. 42, 44.

† 25 & 26 Vict., c. 86, sec. 3.

‡ See 2 & 3 Edw. VI., c. 8, sec. 6.

made upon the trial of an issue in a common law court, the lord chancellor may, upon petition, order a new trial, or a new inquiry, and where the lord chancellor is convinced of the expediency, he may, with the consent of the lunatic and other persons concerned, order the inquisition to be superseded.

Now, in all these proceedings, of which it is important that every medical man should know something, there is frequent occasion for the evidence of the members of the medical profession who have had opportunities of coming to a conclusion with regard to the mental condition of an alleged lunatic. But even before any one of the steps above indicated have been taken, a medical man may frequently be asked to advise upon a case, and to say whether from his experience he is of opinion that the supposed insane individual is in such a state as to render an inquisition expedient. These facts make a knowledge of some of the forms of procedure a matter of some importance to the medical practitioner.

During the inquiry the master may direct the evidence in the matter of a lunatic to be taken orally, or partly orally and partly by affidavit.* The master has a power to summons witnesses and to administer an oath when the evidence is by affidavit; it is important to remember that

Medical evidence when necessary.

Evidence.
How taken.

* 16 & 17 Vict., c. 70, sec. 55; see 25 & 26 Vict., c. 86, sec. 18.

Affidavits. every affidavit to be used in a matter of lunacy shall be taken and expressed in the first person of the deponent, and shall be divided into paragraphs numbered consecutively, and respectively confined as nearly as may be to distinct portions of the subject-matter*.

Affidavits are often required for the verification of all or some of the statements contained in a petition, and in many cases these must be made upon the evidence of the circumstances given by medical men. Such an affidavit may be annexed or underwritten to the petition, and may be in form.

Form of affidavit.

SHORT FORM OF AFFIDAVIT IN THE MATTER OF *William Smith*, A PERSON OF UNSOUND MIND.

I, *James O'Donnel*, the petitioner named in the above-written [*or annexed as the case may be*] petition [*or the person bringing in the above-written (or annexed) state of facts, &c.*], make oath and say that so much of the above-written petition, &c. [*as before*] as relates to my own acts and deeds is true, and so much thereof as relates to the acts and deeds of any and every other person I believe to be true.

Sworn, &c.

* 16 & 17 Vict., c. 70, sec. 58.

For the convenience of those who may have to swear affidavits, we subjoin two affidavits which are hypothetically sworn by medical men. The one refers to a well-marked case of chronic mania, and the other to a case of hypochondriacal melancholia.

1. In the matter of *William Smith*, an alleged Affidavit. lunatic.

I, *William Ward*, of *Lowstoffe*, in the Parish of *Woodsley*, in the County of *York*, Doctor of Medicine, make oath and say as follows :

1. I am now, and for five years last past have been, the resident medical officer of the Lunatic Asylum for the South Riding of the County of *York*, situate at *Lowstoffe*, in the said County.

2. The above-named *William Smith* was sent to the above-named Lunatic Asylum on the 28th day of October last by the authority of the guardians of the poor for the township of —, and has ever since been under my care as such medical officer as aforesaid.

3. When the said *William Smith* first became an inmate of the above-mentioned asylum, he was in an excited state, violent in his manner, wandering and incoherent in his conversation, and loud in his menaces against those who had, as he alleged, illegally taken him into custody. After he had been under my care for a short

Affidavit.

time a change took place in his manner, and he became cordial and jocular, but he refused to communicate anything regarding his own case, and treated it as a mystery. At that time I founded my belief in his insanity on the grounds of his eccentric, abrupt, and preoccupied manner; his inability for consecutive or sustained thought or conversation, his irritability of temper (taking offence at trifles, and displaying disproportionate ill-humour), and his determined reticence and reserve as to his antecedent history, friends and relations; his conduct, habit of talking and muttering to himself night and day, and sometimes appearing to be holding animated conversations with imaginary beings. My belief in his insanity is still founded on the same grounds, and since forming my first opinion of his case, I have ascertained that among other delusions he is under the impression that he has been married in heaven to a young lady whom he believes to be irrevocably his in the bonds of what he calls "real marriage," but which, he says, does not consist in any civil contract or religious ceremony, but is a spiritual arrangement revealed to him by a supernatural voice.

4. I have been constantly in attendance upon the said William Smith since the date of his admission to the said asylum down to the present time, and I am decidedly of opinion that he is of

unsound mind, and wholly incapable of the management of himself or his affairs or property. And I verily believe that his insanity is of an incurable character.

<i>William Ward.</i>	{	Sworn at <i>Lowstoffe</i> , in the County of <i>York</i> , this <i>12th</i> day of <i>March</i> , in the year 1868, before me,
		<i>Thos. Taylor.</i>
		A Commissioner to administer oaths in Chancery in England.

AFFIDAVIT.

2. In the matter of James Forbes, a supposed Affidavit. lunatic.

I, *James Jenkins*, of 24, *Bedford Street*, in the Town of *Liverpool*, in the County of *Lancaster*, a Fellow of the Royal College of Physicians of London [*or a Graduate in Medicine, of the University of —, &c., or a Member of the Royal College of Surgeons of London, or an apothecary duly authorised to practise by the Apothecaries' Company of London, as the case may be*] make oath and say as follows :

1. I am now and for sixteen years last past have been in practice as a physician at 24,

Affidavit.

Bedford Street, in the Town of Liverpool, in the said County.

2. The above-named James Forbes was first seen by me at my above-mentioned residence on the 1st day of July last, and has ever since that time been under my care as my patient, and has been seen by me at least twice in each week since that first interview, as aforesaid.

3. When the said James Forbes first became my patient he was labouring under melancholia. He was under the impression that his friends and relations were in the habit of putting poison in his food, and asserted that he was afflicted with an incurable disease which caused him to suffer great pain. His manner was indicative of extreme suffering and sorrow. At that time I founded my belief in his insanity on the ground of his unreasonable dejection, his suspicious and restless manner, his unfounded assertions as to his bodily condition and as to the conduct of his friends and relatives. My belief in his insanity is still founded on the same grounds, and since forming my first opinion of his case, I have ascertained that the delusions which I at first observed are still entertained by him, and were the cause of his attempting to commit suicide by drowning himself in the month of December last.

4. I have had ample opportunities of coming to a conclusion concerning the mental condition of

the said James Forbes, and I am decidedly of opinion that he is of unsound mind and wholly incapable of the management of himself or his affairs or property, and I verily believe that his insanity is of an incurable character.

James Jenkins. { Sworn at *Liverpool*, in the
County of *Lancaster*, on this
6th day of *January*, 1872,
before me,
James Wilkins.
A Commissioner to administer
oaths in Chancery in England.

Very few matters require to be remembered in relation to affidavits. One object of the medical man who is called upon to state his opinion upon oath ought to be to make his affidavit as short as the circumstances will allow. At the same time definiteness must not be sacrificed to brevity, and truthful accuracy must be aimed at in every instance with scrupulous fidelity.

With regard to the oral evidence which numbers Oral evidence. of medical men may be called upon to give in proceedings in chancery, it is unnecessary to say anything in this place. A subsequent chapter must be devoted to the practical rules for the oral evidence of medical men given before courts of law. Here, however, we may remark that when an

affidavit has been given the person making it has not denuded himself of the character of a witness. He is liable to be cross-examined on his affidavit before one of the masters, exactly in the same way as if he had given his evidence personally before the court; and subsequent to his cross-examination he may be re-examined by the person filing the affidavit.* Notice and payment or tender of his reasonable expenses must be given and made before the witness is bound to attend before the master for the purposes of such cross-examination and re-examination. But when these requisites have been complied with, he is as much bound to attend as if he had been duly served with a writ of subpoena ad testificandum before an examiner of the High Court of Chancery.

Evidence necessary to support affidavit.

“ One remark may be made upon the distinction which is drawn between the evidence necessary to support an affidavit, and that which is required to be given in a certificate; and that is, that in the former a general declaration with regard to the insanity of the individual supported by facts observed or information obtained at any number of previous interviews or gathered from an intercourse extending over years is all that is necessary, while all the facts that are stated in a certificate must have been observed, and all information

* 16 & 17 Vict., c. 70, sec. 60.

quoted must have been obtained upon the same day upon which the certificate is signed.”

Another subject, although not logically falling under the heading of this chapter, may with some convenience be mentioned in this place. The reason of its treatment in this place is, that the proceedings are taken by the Lord Chancellor in his capacity as the guardian of all lunatics, and that the evidence is of the same nature as that which is offered in the inquiry under a commission of lunacy. Certain cases of persons not found lunatics by inquisition, whose property is not duly protected or applied, may be brought under the notice of the lord chancellor by a report of the Commissioners in Lunacy in lieu of the ordinary petition for inquiry.* In such cases, however, the proceedings after the presentation of the report are the same as those under a commission of lunacy or order for inquiry. But besides the class of cases just alluded to, there is another in which the interference of the lord chancellor is desirable as regards the estate, though it may not be required as regards the custody of the person, and in which, nevertheless, the estate is too small to render a commission of lunacy expedient. If in any case of this kind it is established by means of the report of one of the masters in lunacy, by

Cases reported
by Commis-
sioners in
Lunacy.

In cases where
the property is
small.

* 8 & 9 Vict., c. 100, ss. 94—98; 16 & 17 Vict., c. 70, sec. 54; 15 & 16 Vict., c. 48; ss. 4—7.

the report of the Commissioners in Lunacy, or by affidavit or otherwise, to the satisfaction of the Lord Chancellor, that the person is of unsound mind and incapable of managing his affairs (his property not exceeding £1000 in value or £50 in yearly income), the lord chancellor will, without directing any inquiry under a commission of lunacy, after giving due notice to the alleged lunatic, make an order for rendering the property or the income available for his maintenance or benefit, or for carrying on his trade or business.* In such cases medical men will frequently be called upon to state their opinion as to the mental condition of the person whose sanity is in question; and when that is done the evidence will most frequently be given in the form of an affidavit as given above. And it will be well for medical men who are called upon to exercise this department of their profession to make themselves cognizant of the various circumstances under which their evidence may be demanded, and the safeguards which have been instituted by the legislature to prevent untruthful or mistaken representations. Half the success in life depends upon a knowledge of minute technicalities.

Medical men
consulted.

In relation to this subject we may remark that the medical man who is in attendance upon a

* 25 & 26 Vict., c. 86, sec. 12.

person supposed to be insane, will often be consulted by the friends and relatives as to the expediency of presenting a petition for an inquiry; and under such circumstances he must be guided by the facts of the individual case. Where the disease is of a temporary nature and rapid recovery is to be looked for, it would be an error to recommend an application to the lord chancellor, which would occasion considerable expense, and might have to be superseded within a very short period, again occasioning a pecuniary loss to the lunatic.

The object of a commission, it must be remembered, The object of a commission. is not to ascertain whether the party is or is not able to manage his own affairs, and is or is not capable of governing himself; but whether, by reason of mental infirmities, amounting to one or another kind or description of insanity, he is thus incapable of managing his affairs or thus incapable of governing himself. And that inquiry is not to be undertaken unless there is a strong probability that the man is permanently incapacitated by mental disease. Mere temporary aberration is not a reason for depriving a man of his rights with reference to the management of his property.* All these questions may come under the consideration of a medical man, and he may also be asked

* A man may be incapable of doing certain things, or of exercising certain civil rights, and yet not be in such a condition as to justify a commission in lunacy.

to advise as to the expediency of having a jury or of allowing the matter to be tried before a master alone. Here also his knowledge of the disease and of the nature of juries must guide him.

CHAPTER V.

VISITATION OF LUNATICS BY MEDICAL MEN.

1. *In Private dwellings and workhouses.*
 - a. *Private patients.*
 - β. *Pauper patients.*
2. *In Asylums.*
 - a. *In licensed houses.*
 - β. *In public asylums.*

1. Every patient who is not a pauper is a private ^{Private patient who is.} patient.* Such a patient may either be resident with friends who derive no benefit therefrom, or he may be boarded by his friends and relatives with a private family in an unlicensed house, or may be placed in an asylum or hospital for the insane. Medical men may be called upon while such a patient is resident in his own house or in the house of some near relation to examine and report as to the expediency of his remaining in the place and with the surroundings that he had at the time of the examination, or the expediency of his being removed from home or from the

* 8 & 9 Vict., c. 100, sec. 114.

A medical
man's duty
with regard to.

society of friends and acquaintances. In such a case, 1, the whole history of the case must be considered; 2, the hygienic position and appliances of the house in which the lunatic is at the time living; 3, the probable manifestations of the disease in relation to the danger which may arise to life or property; 4, the probable curative effect of change of scene, and, 5, the recommendations which it would be prudent to give with reference to the future conduct of the case must be considered, and clearly fall within the obvious duty of a medical practitioner who is consulted. Practical hints are given in other parts of this work which will enable a medical man to come to a satisfactory conclusion with regard to the nature of his recommendations in any such case. While a lunatic continues to reside in his own house or in the house of a near relation, the duty of the State with regard to him is not so obvious as it is in the case where he is boarded in the house of some one who undertakes his care for remuneration. Still, even in such a case, legal rights may be violated and legal penalties incurred. Thus it is a fact that, even in his own house, a man may be without the proper care which ought to compass him, and that in the house of a relative he may be illtreated and neglected. For such cases the law has provided, and in relation to such cases medical men have not unfrequently important duties to

perform. Upon an oath made by a constable, a relieving officer, or overseer, as to his knowledge of the fact that there is a person deemed to be a lunatic who is not under care and proper control, or who is cruelly treated or neglected by any relative or other person having the care of him—which oath must be made within three days from the time he himself became possessed of the knowledge of the fact—made before a justice, within whose jurisdiction the alleged lunatic is resident, the justice to whom the oath is made must either visit and examine such person himself and institute inquiries as to the allegations made, or he may direct some physician, surgeon, or apothecary, to visit, examine, and report upon the case.* Where the justice does appoint a medical man to report upon such a case, the order which directs and authorises the medical man's visit must be under the hand and seal † of the justice, and the medical man's report upon the case must be in writing. If the personal visit of such justice or the report of such medical man convinces the justice that the lunatic is not under proper care and control, or is cruelly treated or neglected, the justice may, by an order similarly executed, ‡ require the production of the lunatic before two justices of the county or borough, and such

Appointment
of medical man
to visit luna-
tic.

Report must
be in writing.

* 16 & 17 Vict., c. 97, sec. 68.

† 18 & 19 Vict., c. 105, sec. 15. ‡ Ibid.

justice and justices are to call to their assistance a medical man and institute inquiries as to the facts alleged. If these inquiries result in the proof of the allegations, and in the proof of the fact that the person who has been so brought before the justices is a proper person to be taken care of, and the medical man sign a certificate of his insanity, the justice or justices may direct that the lunatic be received into an asylum or licensed house. Such order is to be similarly executed to the above-mentioned orders.* But the order when it has been made does not necessarily terminate the medical man's connection with the case. It is in the power of the magistrate to suspend the execution of the order for removal for fourteen days if he thinks fit; and if the medical man who has examined the patient certify in writing that he is not in a fit state to be removed, the removal is to be suspended until the fitness of the patient for removal is certified by the same or some other medical practitioner. But by the act the medical man is required to give the certificate of the fitness of the patient for removal as early as, in his judgment, he thinks it ought to be given.† With a view of facilitating the action of medical men in such cases, we subjoin a report, the form of which might be adopted with advantage in such cases.

Certificate as
to fitness for
removal.

* See form of order, ante p. 22; 16 & 17 Vict., c. 97, sec. 68.

† 16 & 17 Vict., c. 97, sec. 68.

REPORT.

I, the undersigned, have to report that, in Report. accordance with the directions [*or instructions*] under the hand and seal of A— B—, Justice of the Peace for the County of —, I have this day visited and examined J— K—, at No. 25, Blank Street, in the town of —, in the said county. I diligently inquired into the mental condition, the propriety of the care and control, and the treatment to which he has been subjected.

I found—

1. *Mental condition.*—That he was excited and incoherent. That he talked rapidly, and laughed repeatedly without cause. That he was unable to carry on a conversation, that he asserted that he was Mahomet and Julius Cæsar; and that he was violent when relieved from the mechanical restraint to which he was subjected.

2. *Bodily condition.*—The heart's action was rapid and feeble; the pulse was about 120 in the minute; the lungs were healthy; the body emaciated. He had bedsores on the left hip and back; the cord with which he had been bound down had marked the wrists and chest. He was pale and anæmic.

3. The room occupied by the said J— K— was small. The smell which issued from it upon the

Report.

door being opened was offensive. Upon the window-shutters being opened I found J—K— upon the bed. He was covered by a blanket and a sheet, which were filthily dirty. When these coverings were removed, I found that he was tied to the wooden bedstead by means of bands torn from a sheet, which had become twisted, and resembled ropes. The bed, which was of hair, was wet, and the ticking was soiled and covered, like his person, with excrement.

4. I was informed by S— W—, who has had the care of him for the last five years, that he was at one time very destructive and violent, and that it was in consequence of these propensities that he was thus confined and restrained. He has not been supplied with any kind of clothing, except that which was intended for the bed, for the last three years; and the room, according to the evidence of the said S— W—, has been cleaned out about every six weeks. No medical man has been here for more than four years. S— W— also informed me that the darkness of the room was with a view of mitigating the excitement to which the said J— K— is subject. I had an opportunity of inspecting one of the meals which was supplied to the said J— K—, and it was of inferior quality, and limited in quantity.

I am therefore of opinion—

1. That the said J— K— is a lunatic at the

present time, and has been labouring under Report. mental disease for a considerable period.

2. That the bodily symptoms above alluded to are due to a want of sufficient food and stimulants, and to the use of mechanical restraint.

3. That he is not at the present time, and has not been for the last five years, under proper care and control.

4. That he has been cruelly treated and neglected.

5. And I am firmly of opinion that his removal from his present residence and guardianship would result in decided improvement in his condition, and that that removal can safely be effected at the present time.

(Signed) J— S— A—, M.D., &c.

As we had occasion to remark above, the duties Various duties of medical practitioners. of medical men are not so numerous or important in relation to lunatics resident with their friends, who are in such a position as to demand no assistance from the parish, as in relation to lunatics who are either resident with persons who are interested pecuniarily in that residence, or to lunatics who receive relief from the rates, or are in asylums or hospitals for the insane in connection with the parish or union to which they belong. Their importance. The duties of medical men in the first of these cases will be seen to be somewhat import-

ant, when it is remembered that no person who derives profit from the charge of a lunatic,* is allowed to receive a lunatic boarder in his house without a similar order and medical certificates to those which are necessary when a lunatic is about to be placed in a licensed house or asylum.†

The reason of this.

When it is remembered that the individuals who do take single patients, suffering from mental disease, into their houses as boarders, know nothing whatever of the lunacy law, it will be understood that medical men must, in very many cases, be consulted with reference to the proper steps to be taken to relieve the individuals undertaking the charge of the insane from responsibility. Cases of this nature have more than once come under our own notice. The Lunacy Act of

Admission of lunatic into private house.

1845 makes the same order and certificates which are necessary for the admission of a patient into any asylum necessary for the reception of a similar patient into a private house, the proprietors of which are to receive a profit from the board or lodging of the said lunatic.‡

Statutory duties.

But not only have these forms to be gone through, but the person who receives a lunatic to board must within one day send a copy of the order and certificates to the Secretary of the

* A committee appointed by the Lord Chancellor is not within the meaning of the prohibition.

† See ante, p. 22, *et seq.* ‡ 8 & 9 Vict., c. 100, sec. 90.

Commissioners in Lunacy,* together with the date of the reception, and a statement as to the situation of the house, the Christian, surname, and occupation of the occupier.†

A statement made by a medical man as to the condition of the patient must be sent not sooner than two days and not later than seven days after his reception,‡ which is to be in the following form :—§

I have this day seen and examined A— B—, Form of statement by medical man. the patient mentioned in the above [*or already forwarded*], notice and hereby certify that, with respect to mental state, he [*or she*] *is labouring under chronic dementia*, and that with respect to bodily health and condition he [*or she*] *is emaciated, and suffers from bronchitis.*

(Signed) K— W—, M.D.

Dated the day of , One
thousand eight hundred and
seventy-two.

When the insane person is resident in the licensed house, he or she must be visited at least Statutory visit by medical man. once in every two weeks.|| It is in the power of

* 25 & 26 Vict., c. 111, sec. 28.

† See 16 & 17 Vict., c. 96, sec. 8.

‡ 25 & 26 Vict., c. 111, sec. 41.

§ 8 & 9 Vict., c. 100, Schedule F, superseded by 16 & 17 Vict., c. 96, Schedule C.

|| This visit is not necessary in the case of a person found lunatic by inquisition; 25 & 26 Vict., c. 11, sec. 22.

the Commissioners in Lunacy to dispense with this frequency if they see fit, and to permit the visitation of these single patients less frequently.*

“Medical Visitation Book.”

Where kept.

What to be entered.

But where these visits have not been dispensed with by the Commissioners in Lunacy by an order under their common seal, they must be made and entered, with their date, in a book called the “Medical Visitation Book,” together with a statement of the condition of the patient’s bodily and mental health. This book is to be kept at the house in which the insane patient is resident; and it is intended for a report not only of the condition of the patient, but of the condition of the house in which the patient is boarded. If, therefore, the medical man who is in constant attendance in this capacity under the act, becomes aware of any conditions in the house or its surroundings which are inimical, in his opinion, to the bodily or mental health of the patient, he is bound to report those circumstances in the book, that they may be brought under the notice of the Visiting Commissioner, whose duty it is to inspect the Medical Visitation Book, at his next visit.

In order to secure as far as possible the truthfulness of these entries, it has been enacted that the medical man who is to visit the single patient in conformity with this enactment, must be a person

* 16 & 17 Vict., c. 96, sec. 14.

who does not derive, and whose partner, father, son, or brother, if he has one, or any of these does not derive any profit from the care or charge of such patient, and who did not sign the certificate which authorises his detention.

Besides these duties which devolve upon the individual who has taken the responsibility of the charge of a lunatic for remuneration, other imperative duties devolve upon them. They must send to the Secretary of the Commissioners the same notices and statements of the death, removal, escape, and recapture of lunatics thus boarded, as are required in the case of a private patient in a licensed house* These must be transmitted within the same times† as those which are sent to the Commissioners in Lunacy in the case of the reception of a lunatic into an asylum.

Duties of those
who receive
lunatics to
board.

While we were dealing with the reception of private lunatics into licensed houses or asylums, we found it necessary to give the forms of the order, statements, and certificates which were necessary to authorise such reception, but we did not think it necessary to give the forms of the notices of the death, removal, escape, or discharge of a lunatic, as the transmission of these to the Commissioners in Lunacy devolved upon the superintendent of the asylum, hospital, or licensed house, and formed no part of the duty of an ordinary

* Ante, p. 22, *et seq.*

† Ante, p. 79.

medical practitioner, or of any one who would be likely to apply to him for advice and assistance. Here, however, when we consider the case of a single patient in an unlicensed house, the conditions are changed; and we subjoin some forms, which may not be without their use. The form of the medical visitation book may with some convenience be this.*

Form of medical journal.

FORM OF MEDICAL VISITATION BOOK OR MEDICAL JOURNAL.†

Date.	Mental state and progress.	Bodily health.	Restraint and seclusion since last entry; when, and how long; by what means, and for what reason?	Visits by friends.	State of house, bed and bedding.

Notice of death.

FORM OF NOTICE OF DEATH.

I hereby give you notice that A— B—, a private patient received into this house on the — day of —, 18—, died on the — day of —, 18—; and I further certify that S— S— was present at the death of the said A— B—, and that the apparent cause of death of the said A— B— was ‡

(Signed) P— Q—.
§ _____

* See Appendix to the Sixteenth Report of the Commissioners in Lunacy, 31 March, 1863.

† See 25 & 26 Vict., c. 111, sec. 42.

‡ Ascertained by post-mortem examination, if so.

§ Medical proprietor of — house, or medical attendant.

Dated this day of , One
 thousand eight hundred and
 seventy- .

To the Commissioners in Lunacy.

FORMS OF NOTICE OF DISCHARGE.

Notice of dis-
charge.

I hereby give you notice that C— D—, a
 private patient received in this house on the
 — day of —, 18—, was discharged therefrom
 recovered [*or improved, or not improved, as the
 case may be*] by the authority of ———, on the
 — day of —, 187—.

(Signed) ———.

(Proprietor of — house.)

Dated this day of , One
 thousand eight hundred and
 seventy- .

To the Commissioners in Lunacy.

Besides these a similar notice should, in the
 event of the death of a single patient resident in
 an unlicensed house, be sent to the coroner of the
 district,* and if it is proposed to remove a single
 patient from the care of one person to another,
 care should be taken to procure from the Com-
 missioners in Lunacy consent to an order of
 transfer, and if this be not done a fresh order and
 certificates will be necessary.† And where a

Notice to
coroner.Order of trans-
fer.Change of
residence.

* 25 & 26 Vict., c. 111, sec. 44.

† 16 & 17 Vict., c. 96, sec. 20.

person having a single patient as a boarder proposes to change his or her residence, seven days' notice must be given of the contemplated change to the commissioners, and also to the person who signed the order which authorised the reception of the lunatic.†

Frequent visitation dispensed with. When.

One other subject may require notice in this connection. Persons whose friends are labouring under mental disease may, and often do, very naturally prefer that their relative should be boarded with a medical man rather than in a family the head of which has no knowledge of disease. When that is the case a less frequent visitation of the lunatic by a physician than that which we have seen to be necessary under other circumstances may be allowed by the Commissioners in Lunacy.

Entry in Medical Journal.

But when that is the case the medical man in whose charge the patient is must make an entry at least every two weeks in a book called 'The Medical Journal,' which is to be kept by him for that purpose, and each entry shall consist of a statement of the date and as to the bodily and mental condition and health of the patient. And such book is to be inspected by the visiting commissioner and to be signed by him. A false entry in such a book is to be held a misdemeanour.†

Inspection.

False entry.

Report.

Every medical man who visits a single patient,

* 16 & 17 Vict., c. 96, sec. 22.

† 16 & 17 Vict., c. 96, sec. 14.

or under whose care or charge a single patient ^{Report.} may be, must, on the 10th of January, or within the next seven days, in every year, report in writing to the Commissioners in Lunacy the state of health, bodily and mental, of the patient, and any other circumstances which he may deem necessary to be communicated.*

With regard to general rules as to the conduct ^{General rules.} of those who have to deal with single patients either in a medical capacity or simply in the capacity of a proprietor of a house in which such a patient may be boarded, little need be said. To remind them that penalties are attached to the discovery of failure to comply with the requisites of the acts of Parliament which bear upon their relations to the lunatics and to the Commissioners in Lunacy would scarcely make slovens more careful. To remind them that in honesty they are bound to do the best they can, consistently with their obvious right to a fair profit, to facilitate the recovery and promote the happiness of the patient by such amusements, exercises, society, and treatment as they are capable of, would not make the dishonest man upright. No book, no laws, can change hearts. All that we can attempt in this place is to bring important rules of law and medicine within the easy reach of those who care to be possessed of them, and who care that their con-

† 16 & 17 Vict., c. 96, sec. 16.

duct should be governed by the principles of law, of science, and of morality. We have to consider—

β. Pauper patients in private dwellings and workhouses.

Examination
and inquiry.

16 & 17 Vict.,
c. 97.

Report.

Fee.

There have been various provisions made by legal enactments to secure for pauper lunatics who are not in confinement as many of the rights of a subject as they are capable of enjoying. And with that object a periodical examination of all pauper lunatics who were not in asylums, and an inquiry into the kind of care that was taken of them was made necessary by the Lunatic Asylum's Act, 1853. That act makes it obligatory that each pauper lunatic who is not in an asylum should be personally visited by the medical officer of or for the "parish or union or district of a parish or union in which such lunatic is resident" once in every quarter of a year. These medical visits are to result in a report which is to be in a prescribed form. Where the visit is to a workhouse in which lunatics are confined the medical man's duty is to certify whether in his opinion the workhouse is or is not sufficient accommodation for the lunatics then resident in it, and also to say whether the lunatics detained in it are proper persons to be kept in a workhouse.*

A fee of the sum of two shillings and sixpence

* 16 & 17 Vict., c. 97, s. 66; 25 & 26 Vict., c. 111, sec. 21.

is to be paid to the medical man for each such quarterly visit to any pauper unless that pauper is resident in a workhouse. The report or list Report; copy to be sent; to whom. which the medical man is bound to furnish within seven days after the end of the quarter must be copied, and copies are to be sent by the clerk of the guardians of the parish or union to which the lunatics are chargeable, or by the overseer to the Commissioners in Lunacy and to the visitors of the county or borough asylum. These latter Within what time. duties must be performed within three days after the receipt of the list.* With a view to making this clause of the Lunatic Asylum's Act, 1853, more clear it may be well to append some of the constructions and explanations which have from time to time been issued by the Poor Law Board, which throw some light upon the duties of those persons who are referred to in the act. Thus it is Idiots included in return. of importance to know that idiots, whether they are adults or children, are to be included in the return. That the actual receipt of relief at the date of the visit is not necessary to make that visit proper and legal. Any pauper lunatic who has received either medical or other relief at some time during any quarter of the year is to be visited by the medical officer and included in his "Pauper lunatic," who is. return for that quarter.† When, however, the

* 16 & 17 Vict., c. 97, sec. 66.

† Off. Circ., 1857, No. 55 (N. S.) p. 59; see also O. C., 1859, No. 68 (N. S.) p. 103.

Who are not included.

chargeability has ceased prior to the commencement of the quarter the lunatic will not be a "pauper lunatic" within the meaning of the enactment. And those patients who have been discharged from an asylum as cured are not to be visited or included in the quarterly return unless, they, being still in receipt of relief, there is reason to believe that they are still insane.*

Cases for removal to an asylum.

One other important duty is imposed upon the medical man by the act. The legislature knew that the payment of a fee to a medical man for every visit to a pauper lunatic not in an asylum† might induce some members of the profession to refrain from reporting to the relieving officer or overseer cases which ought to be removed to an hospital. Subsequently this statute reimpresses this obligation upon medical practitioners, and renders a neglect of this obvious duty punishable by a pecuniary penalty.‡

The importance of the proper performance of the duties under consideration will be understood when it is remembered that there are about 6000 idiotic and insane paupers residing with their friends or other persons in England and Wales, and that the conscientious performance of these

* O. C., 1856, No. 52 (N. S.) p. 4. With regard to the payment of fees, see 13th Com. in Lunacy Rep.; Offic. Circ., 1859, No. 57 (N. S.) p. 85; O. C. 1856, No. 52 (N. S.), p. 4.

† This was not so under 8 & 9 Vict., c. 126, sec. 55.

‡ 16 & 17 Vict., c. 97, ss. 67—70.

duties would do much to improve the condition of these insane paupers. If attention were paid to a few obvious rules which we will have occasion to point out this result would necessarily follow. We append the form in which the quarterly list or report of the medical officers must be given.* With regard to the way that the duties must be performed by the medical man before he can efficiently fill up this form we shall have something to say anon.

County of

Quarterly list.

Union [*or* Parish] of

District of

Quarterly list of lunatic paupers within the District of the union of [or the Parish of] in the County or Borough of , not in any asylum, registered hospital, or licensed house.

Name.	Sex.	Age.	Form of mental disease.	Duration of present attack of insanity, and, if idiotic, whether or not from birth.	Resident in work-house.	Non-resident in workhouse, where, and with whom resident.	Date of visit.	In what condition, and if ever restrained, why, and by what means, and how often?

* These forms are to be furnished to the medical officer by the guardians of the parish or union with which he is connected, 16 & 17 Vict., c. 97, sec. 66.

the duties by the medical officer in this particular in any respect efficient it must be possessed of a knowledge of what will constitute a proper care of lunatics, not only with a view to their safe custody and the prevention of injury to the lives and property of others, but with a view to the ultimate cure of the disease, if that be possible. Any medical officer who certifies that a pauper patient not in an asylum is under proper care and may properly remain out of an asylum merely because he or she is harmless, and who does not take into consideration the chances of recovery which such an individual would have in the wards of a lunatic hospital as compared with those which he or she may have out of an asylum, is not doing his duty. The consideration of that question implies a knowledge of the disease under which the patient labours and the therapeutic and moral treatment to which such a disease is amenable. At the present time, where so much is being done in some asylums for the advancement of the science of therapeutics in relation to mental disease, we would feel that we would do a service to all classes of medical men if we could recommend a work upon Insanity and its treatment, to supply that information which the purpose of this work prevents us supplying in this place. But the recent works which have dealt with the treatment of insanity have been so eminently unsatisfactory, have

Real duty of
medical man.

been so markedly characterised by ignorance and feebleness that we refrain from misleading our readers by the mention of works which could do nothing to assist them in any difficulty, and which would inevitably cause difficulty and uncertainty where none existed in fact.

Matters to be considered in this connection.

Not only do the medical man's duties extend to a contemplation of the possible influence of removal to an asylum upon the result of the disease, but he must be familiar with the ordinary conditions of healthy life, in order to be able to say whether the residence of a patient, who is boarded out, is in such a position, of such a character, and possessed of such natural and artificial appliances, as to render his or her continued residence in it safe. And also to be able to form an opinion as to whether the accommodation afforded by the workhouse is or is not sufficient for those lunatic paupers who are kept in it.* To be able to come to either of these conclusions in a satisfactory way, one must be familiar with certain rules as to the amount of room each lunatic ought to have, the character of the building, and the underground hygienic apparatus, which are the necessary conditions of health. It seems to us that these statutes must have meant this full and satisfactory inquiry, and not simply an inquiry as to whether the workhouse could or could not contain the number of lunatics

* 25 & 26 Vict., c. 111, sec. 21.

which were in it. Such an enactment would be a farce. The fuller interpretation given above makes it an enactment of incalculable value, and brings it into conformity with recent scientific belief.

That these duties may be performed efficiently we proceed to give a few practical hints of the questions to be considered in their performances, and of the method by means of which they may be determined.

I.—With regard to the removal of insane persons not in asylums to hospitals for the insane. Practical rules.

1. Consider how long the mental disease has existed. All recent and acute cases should be sent to one asylum. Cases may be looked upon as recent until they have gone on for a year. Persons who ought to be removed to asylums.
Acute cases.

2. All patients who are dirty and degraded in their habits, as such patients will not meet with the necessary care and attention in a small and confined residence, should be removed to an asylum. Dirty patients.

3. All female idiots should be placed in an asylum or hospital, as the care and watching which is necessary to prevent them from falling the victims of the lust of some of the men who are about them, cannot be procured in a private dwelling of the kind that a pauper lunatic is boarded in. Female idiots.

Melancholics. 4. All patients suffering from melancholia ought to be placed in an asylum, as they are all more or less suicidal, and the means of preventing suicide in a private dwelling are almost sure to be defective.

Epileptics. 5. Two classes of patients whose insanity is associated with epilepsy ought to be removed from the care of their friends or private individuals. These are they in whom the epilepsy is associated with some derangement of the menstrual functions, and they in whom the epilepsy is manifested in relation to the brain rather than in relation to the muscles. In the first class cure is to be expected under proper treatment, in the second impulsive insanity is likely to develop itself which may, and probably will, lead to the commission of some crime of violence.

**General paralyt-
ics.** 6. General paralytics should, even in the earlier stage of the disease, be placed in confinement. They are apt to be destructive, to wander away from home, and to become dirty and degraded in their habits.

Maniacs. 7. It is scarcely incumbent upon us to refer to the necessity of removing patients labouring under acute mania to an asylum. The violence, which is a symptom of the disease, will suggest the absolute expediency of this course. And it is to be remembered even where there are appliances to prevent mishap arising from such violence, that it

is, if properly treated, a very curable disease. While these facts are to be borne in mind, and while from them two principles are deducible which must regulate the removal of insane paupers to asylums, viz., 1. When the removal gives the patient a better chance of recovery, and 2. Where the removal is calculated to render more safe the life of the insane person or of those persons who are about him ; it is to be borne in mind that there are many chronic cases in which no such removal is necessary or advisable. In many cases no change could conduce either to the recovery, the happiness, or the harmlessness of the individual, and wherever that is the case no recommendation of removal should be made.

Principles.

When removal not advisable.

It will readily be understood, however, that there are comparatively few lunatics who are suitable either for detention in a private house, not an asylum, or a workhouse. Great caution must be observed in detaining in such residences, even cases which are deemed chronic and harmless, because the experience of asylums constantly shows that altogether unprecedented acts of violence or self-mutilation are not unfrequently committed by such patients. Especial care should be taken with epileptics who are rarely to be depended on and from whom the majority of the troubles and anxieties in connection with workhouses and the insane in private dwellings proceed.

General remarks.

Sufficiency of
workhouse ac-
commodation.

With regard to the sufficiency of the accommodation, concerning which the medical officer has to testify, we may point out that there are generally four classes of insane persons who may safely be accommodated in a workhouse. These are—

1. Idiots and imbeciles who are quiet and harmless.
2. Persons who are in a state of dotage or senile decay.
3. Persons labouring under fatuity or chronic dementia, in whom the insanity has been of more than five years' duration.
4. A few persons who are harmless monomaniacs.

On the other hand we regard, and a medical man would do well to regard, any such workhouse as insufficient accommodation for—

1. All cases of insanity of recent origin in which any benefit may be derived from curative treatment.
2. All melancholics or those who manifest any suicidal tendencies.
3. All violent and dangerous patients.
4. All noisy patients who, though not violent or dangerous, might disturb the other inmates of the workhouse, and thereby incur punishment upon themselves.
5. All destructive patients or those manifesting any disposition to trifle with fire.

6. All weak-minded patients with strong sexual propensities.

7. All epileptics in whom occasional attacks of excitement occur, or in whom impulsive tendencies are observable.

8. All patients of dirty habits.

9. All paralysed patients in whom choking or other accidents might occur.

10. All patients who, also, from any cause are from time to time in the habit of refusing food.

However, we must speak more directly of the requisites of a workhouse in order that it may be pronounced sufficient for the reception and detention of insane patients. It being understood that workhouses are not to be made available for cure, those costly arrangements and appliances which are deemed essential in a well-ordered asylum, are not requisite in them. All that is really necessary is a cheerful, well-ventilated, well-warmed, comfortable, and healthy home, such as might be deemed sufficient for persons in the rank of life from which paupers are mostly drawn. Workhouse accommodation may, therefore, be pronounced sufficient for the reception and detention of lunatic inmates where the following conditions are fulfilled:—

1. Where the rooms set apart for the lunatic inmates are well lighted.

2. Where the cubical contents (calculated as Air.

shall be hereafter explained) are sufficient to allow to each inmate 500 cubic feet of space by night, and forty superficial feet of floor space by day.

Ventilation. 3. Where the ventilation of those rooms is so arranged as to permit of rapid exchange of air (which must amount to not less than 3000 cubic feet per hour per head, and per light)* without the creation of draughts.

Temperature. 4. Where arrangements have been made by means of open fire-places or special heating apparatus to maintain a uniform temperature of about 58° Fahrenheit.

Cleanliness. 5. Where ample means of washing, and personal cleanliness, and other conveniences have been provided.

Bedding. 6. Where the bedding is adequate to obtain sufficient warmth or comfort, and is changed with sufficient frequency.

Dietary. 7. Where the dietary provided is adequate to the maintenance of health.

In reference to this subject it should always be borne in mind that no two male lunatics ought to occupy a sleeping-room by themselves, and this is a matter which clearly falls under the consideration of those who have to do with the sufficiency of the accommodation. It ought also to be remembered that it is of great importance that some amount of supervision should be preserved over the insane

* See Parkes' Practical Hygiene, 2nd ed., p. 108.

and weak-minded during the night by a sane person.

One other matter remains to be mentioned, and that is the duty which devolves upon every medical officer of any parish or union who may be made aware of the residence of any lunatic within such parish or union, such lunatic being a proper person* to be in a lunatic asylum, to give notice to the relieving officer within three days,† and if he neglects to do so he is to forfeit a sum not exceeding ten pounds for every such offence.‡

Duties of medical officer of parish to give notice.

II. VISITATION OF THE INSANE IN ASYLUMS.

1. *In private Asylums.*

In this place we have nothing to do with the many important duties which devolve upon those medical men who are at the head of licensed houses and asylums for the insane. A whole book might be devoted to an explanation of these duties, and of the way in which they are to be performed. Here no such task could be performed by us in the narrow space which is at our disposal. But, besides the proprietors and superintendents of asylums, other medical men have not unfrequently to visit asylums in which insane persons are con-

The scope of subject.

* 25 & 26 Vict., c. 111, sec. 20.

† 16 & 17 Vict., c. 79, sec. 67.

‡ Ibid, sec. 70.

Who may be called upon to visit the insane in asylums.

Medical man's duties.

fined. Thus, to begin with the simplest case, if one member of a family is boarded in a licensed house, the others may desire to know whether it is well—from a medical point of view—to continue their relative in the same house, or whether it would be well to remove this relative and place him or her in some other establishment. When a medical man is thus asked to visit a licensed house, the scope of his observations and inquiries will be limited by his instructions. But in many cases the whole question of the expediency is left to him to determine. When that is the case several subjects will arise for his consideration. The site, the salubrity, the amenities of the residence. The character, professional eminence, and social position of the proprietors of the house. The condition of the patient at the time, and the possibility or probability of a cure being effected there or elsewhere. The comfort of the insane person and the like. With regard to most of these matters rules are out of the question. The physician's experience of life and character must enable him to judge of the trustworthiness of the individuals with whom he has to deal. His knowledge of disease in relation to its surroundings must enable him to judge of the expediency of removal with a view to cure. However, one or two hints may be given with regard to the site, the probable salubrity, and one or two other

requisites of a house destined for a residence of insane patients.

1. A chalky, gravelly, or rocky subsoil is desirable as a site for such a residence, as it facilitates drainage. Elevation is desirable for the same reason. Remoteness from manufactories, workshops, mines, and the like, is a matter of importance. It is not desirable that a residence for the insane should be very near a much-frequented public road. The cheerfulness of the view from the windows is not an insignificant circumstance.

2. The ordinary requisites of an asylum which is intended for the accommodation of the insane belonging to a borough or county with regard to proximity to masses of the population ; its facilities for railway communication, and the capacity it affords for the enjoyment of the advantages of a town, in so far as gas, water, amusements, and the like are concerned, are not so important in the case of a residence intended for a small number of insane persons. One question, however, which is common to these two kinds of asylums is that which refers to the supply of good water. A medical man would, under such circumstances, do well to make inquiries as to the nature of the water, and the source from which it is derived, and to consider that in relation to a knowledge which he must necessarily obtain with regard to the drainage. Other questions will suggest them-

Site.

Supply of
water, &c.

Water.

selves to those who will refer to the recommendations given to medical men considering the hygienic arrangements of the workhouses* and asylums.†

Granting
licenses by
justices.

It is known to every one that the licenses, which are granted to certain houses which are regarded as suitable for the reception of lunatics within the jurisdiction‡ of the Commissioners in Lunacy, are outside that jurisdiction granted by the justices for the county or borough in which the house on account of which the application is made is situate.§ These licenses are granted by the justices when they are assembled in general or quarter sessions, and at the general or quarter sessions which are held at Michaelmas in each year|| three or more justices are appointed, together with one or more physician, surgeon, or apothecary to act as visitors of all licensed houses which receive lunatics within the borough or county. In this capacity a medical man may be called upon to act as an inspector of private asylums, and is paid for the duty he performs.¶ Such visitors must take an oath, which is to be administered by a justice at their first meeting, and is to be to the following effect :—

Appointment
of visitors.

Oath of medi-
cal visitor.

“I, *A. B.*, do swear that I will discreetly, im-

* Ante, p. 97, 98.

† Post, p. 110, *et seq.*

‡ 8 & 9 Vict., c. 100, sec. 14.

§ Ibid., sec. 17.

|| 11 Geo. IV, and 1 Wm. IV, c. 70, sec. 35.

¶ 8 & 9 Vict., c. 100, sec. 20.

partially, and faithfully execute all the trusts and powers committed unto me by virtue of an Act of Parliament made in the ninth year of the reign of Her Majesty Queen Victoria, entitled [*here insert the title of the Act*]; and that I will keep secret all such matters as shall come to my knowledge in the execution of my office (except when required to divulge the same by legal authority, or so far as I shall feel myself called upon to do so for the better execution of the duty imposed upon me by the said Act) So help me, God!"*

With regard to the question as to who are eligible for the office, we may answer that no person interested in any licensed house, or who is the medical attendant on any patient contained in the licensed house is qualified to act as visitor under this statute.† The duties they have to perform are by no means inconsiderable. The Act provides that the clerk of the peace, or some other person, is to be appointed clerk to the visitors, and any person making such application to have a house licensed must give fourteen days'‡ notice of his intention to the clerk of the peace, and such notice is to be accompanied by a plan§ of the house, to be drawn upon a scale of not less than one eighth of an inch to a foot, with a de-

Who may be appointed.

Application for license.

Notice.

Plan.

* 8 & 9 Vict., c. 100, sec. 17 and sec. 6.

† 8 & 9 Vict., c. 100, sec. 23; no visitor can sign certificate, sec. 23.

‡ 8 & 9 Vict., c. 100, sec. 24.

§ See 16 & 17 Vict., c. 96, sec. 1; 25 & 26 Vict., c. 111, sec. 14.

Specifications. scription of its situation and other specifications.*

These notices, plans, and statements are laid before the justices, who may, if they think proper, grant such license.

Removal of superintendent.

After the granting of such license, if the proprietor proposed to remove the superintendent named in the notice, he may do so if he gives notice of the name and occupation of the new superintendent to the visitors.†

The duties of visitors.

The importance of these duties, which devolve upon the visitors, will be partially understood when it is known that they in many respects, besides that already mentioned, resemble those of the Commissioners in Lunacy. Thus, where the licensed house is out of the jurisdiction of the Commissioners in Lunacy, notices of the admission,‡ escape,§ death, discharge, or removal,|| are to be sent to the clerk of the visitors as well as to the Commissioners. They must also consent in writing to any alteration or addition which is contemplated in a licensed house before it can be made.¶ Where a house is licensed for fifty patients the Act says that unless

Powers.

* The height, breadth, length, and the number of apartments, the amount of land attached, the number of patients proposed to be received, whether for male or female patients, and the number of each, must be made known.

† The Form of License, see Schedule (A) annexed to 8 & 9 Vict., c. 100.

‡ 8 & 9 Vict., c. 100, sec. 52.

§ Ibid., sec. 53.

|| Ibid., sec. 54.

¶ 8 & 9 Vict., c. 100., sec. 24.

it is kept by or have a resident medical man, it must be visited by a member of the medical profession twice a week; but the visitors have it in their power to direct that such a house be visited once a day.* They have also the power of rendering a less number of visits necessary to a house licensed for less than eleven patients than that mentioned in the Act.†

Their duties are, however, more numerous than might be imagined. They, or two of them, must—

1. Visit every licensed house within the jurisdiction of the justices appointing them at least four times in every year, and also at such other times as the justices by whom the house was licensed may appoint.‡ Number of visits.

2. They must inspect every part of such house, including all outhouses attached to, or detached therefrom, together with all the ground around such house. Inspection of house, &c.

3. They must see every patient confined there- in. Of patients.

4. They must inquire whether any patient is restrained, and as to the reason of such restraint. Restraint.

5. They must inspect the orders and certifi- Inspection of orders, &c.

* Ibid., sec. 57.

† Ibid., sec. 58.

‡ Now, by 25 & 26 Vict., c. 111, sec. 29, each licensed house must be visited twice at least in every year by one or more of the visitors, in addition to the visits alluded to above.

cates, or certificate for the reception of each patient received into the house since their last visit.

Minute.

6. They must enter into the Visitors' Book* a minute of the condition in which they found the house and the patients.

Entry as to restraint.

7. They must make an entry as to the number of patients under restraint, with the reasons assigned for its adoption.

Irregularities in order, &c.

8. They must also include in their report a statement of any irregularity observed in the orders or certificates they examined.

Attention to suggestions.

9. They are also to state whether the suggestions made by the visitors or visiting commissioners have been attended to.

Other observations.

10. And they are finally to make any observation with regard to any of these matters which they may deem necessary.†

Penalties.

Penalties are attached by the act to an obstruction upon the part of the proprietor or superintendent of such house to the performance of these statutory duties; and any such proprietor or superintendent obstructing the performance of these duties, or who does not give full and true answers, to the best of his knowledge, to questions put by the visitors concerning the following

* 8 & 9 Vict., c. 100, sec. 66; see also 14 & 15 Vict., c. 99, sec. 6; see *Hill v. Philp*, 7 Exch., 232.

† 8 & 9 Vict., c. 100, sec. 62.

matters, will be guilty of a misdemeanor.* These inquiries to be made by the visitors are as to—

1. Where Divine service is performed, and to Inquiries. what number of patients attend, and the effect of such services ?

2. What occupations and amusements are provided for the patients, and the results thereof ?

3. Whether any system of non-coercion has been adopted, and, if so, with what result ?

4. What classification of the patients has been made ?

5. What condition the pauper patients were in when received into the asylum ?

6. The dietary of pauper patients (if any) must be inquired into.

7. And as to any other matters that may seem expedient to the visitors.

The visitors are to enter the results of these Entries in inquiries, and the result of their inspection of all visitors' book. lists, books, documents, certificates inspected by them in the visitors' book ; while their observations as to patients are to be entered in the patients' book, and copies of these entries are to be transmitted to the Commissioners in Lunacy and the clerk to the visitors.

Another important matter may be noted in this Mental condi- connection. When any house licensed by justices tion of is visited by the commissioners, special attention patients.

* 8 & 9 Vict., c. 100, ss. 62 & 63.

is to be given to the mental condition of any patient confined in it, with a view to ascertaining whether he is properly detained. If they think the question of his insanity doubtful, and that the propriety of his detention requires further consideration, they are to make a minute in the "patients' book," a copy of which is to be sent within two days to the clerk of the visitors, and the said visitors, or two of them (of whom a medical man shall be one), must immediately visit the patient, and act as they think fit.*

Night visits. They have also the power to visit licensed houses by night,† and their consent is necessary before any patient, certified to be dangerous, can be removed or transferred to any other asylum.‡

Order of discharge. Two such visitors may make special visits to any patient detained in such a house, and, after two distinct visits, may, if they think he is detained without sufficient cause, order the discharge of

Other powers. such patient.§ They have the power of regulating the dietary of pauper patients, the power of giving an order to their clerk to search and make inquiry concerning a person confined in any licensed house within their jurisdiction, the power to give an order to friends to visit patients in such houses, to consent to the temporary removal of a patient for the benefit of his health, and

* 8 & 9 Vict., c. 100, sec. 68.

† Ibid., sec. 71.

‡ 8 & 9 Vict., c. 100, sec. 75.

§ Ibid., ss. 78—81.

summon witnesses, to administer an oath,* to direct payment of witnesses, to order prosecution and payment of costs incurred in such legal proceedings. All these powers are given to visitors by the Statute known as the Lunacy Act, 1845. 8 & 9 Vict.,
c. 100.

Under an order from the Commissioners in Lunacy they may visit single patients in unlicensed houses, although their own powers only extend to houses licensed by the justices; and when they do so, they will be remunerated for their services, and will have to inquire and report.†

One or two other duties of these visitors are devolved by more recent statutes,‡ but sufficient has been said with regard to these statutory duties to enable each medical man who is called upon to exercise them, to know exactly what he has to do, and the necessity of devoting some attention to the way in which he is to perform these, is, perhaps, more urgent than the simple enumeration of them. The non-professional visitors naturally trust much to the special knowledge of the medical man with whom they are associated, and in that they only interpret the meaning of the Statute as they ought to do, as it is evident that

The perform-
ance of these
duties.

* 25 & 26 Vict., c. 111, sec. 46.

† 16 & 17 Vict., c. 96, sec., 15.

‡ 18 & 19 Vict., c. 105, s. 8; 25 & 26 Vict., c. 111, sec. 38; and see 15th Report of Poor Law Board, 1863, p. 22, and appendix No. 5, p. 35.

the legislature intended that the medical man should be a guide to his three or more* colleagues in all those matters which require some special knowledge of the conditions of health and the cure of disease. In most cases, however, these medical visitors are drawn from the ranks of the profession, and have not had the advantage of any special training with regard to the care or treatment of lunatics, and are consequently unable to be of that efficient service to their fellow visitors which might be desired. That each medical man who may be appointed a medical visitor may know what direction his inquiries must take with reference to his various duties, and the nature of the recommendations he should make, we propose to say a few words about some of the most important subjects which may be brought under his consideration.

Site, &c., of
house.

1. With regard to the site of a house proposed to be licensed. Most of the decisions which can be come to with reference to this and other matters must be influenced to a great extent by the number of patients which it is intended the house should contain, their rank, and sex. But there are certain conditions which must be looked for which are independent of these circumstances, and ought to be carefully inquired into in every case. The site of such a house ought to be

* 8 & 9 Vict., c. 100, s. 17.

determined by the facilities it affords: 1, for drainage; 2, for procuring enough of land for the number of patients for which it is to be built, or which it is intended to contain; 3, for the conveniences of town, such as gas and water from the public works, and the supply of stores, together with the amusements and relaxations of the officers and attendants; 4, for the conveyance of patients to it, and the visits of friends to patients within its walls; 5, for the quiet and outdoor exercise of the patients; 6, for an excellent exposure with reference to the sky, winds, and views. All these things must be looked for with reference to the position of a house about to be licensed. As to the construction of such a house, Construction. the rules which apply with reference to a house proposed to contain two or three patients, and those which refer to one in which some hundreds are to reside, must be widely different. In the first case, all that must be looked for is a comfortable home suitable to the rank of life of the patients proposed to be confined in it. In the second, the construction must be 1: of such a nature as to render entire separation of the sexes easy; 2, of such a nature that no part of the building impedes the prospect, sun, and air of any other part; 3, of such a nature as to facilitate access to every part of it; and, therefore, if possible, not more than two stories high; 4, of such a nature

as to facilitate ventilation, and to allow to each patient not less than 500 cubic feet of space by night, and 40 superficial feet of floor space by day, and also to permit of the rapid exchange of air without the creation of a draught;* 5, of such a nature as to facilitate easy and frequent inspection by the officers; 6, of such a nature as to afford the means of a certain amount of classification;† 7, of such a nature as to afford facilities for bathing, with efficient means of heating, with airing courts for exercise, and the like.

We must now consider the duties of a visitor, during a visit, with regard to the patients.

Visitor must examine every patient.

I. He has to see every patient. The points to be attended to in such inspection are—(1) the health of the patient; (2) the cleanliness of his person and clothes; (3) the warmth and sufficiency of his or her clothing; (4) the freedom from restraint and from bruises and marks of violence; (5) and lastly, his or her mental condition is to be taken cognizance of, with a view to ascertaining the propriety of his or her continued confinement.

As to restraint.

In reference to restraint the visitor must make

* The way to ascertain the cubic contents of a room is to multiply the length by the breadth, and the result by the height. Height above twelve feet should not be counted into cubic contents, and no room should be less than twelve feet high. See ante, p. 98.

† See post, 113, 114.

up his mind whether it has been used too frequently, and whether when it was used there was sufficient reason for its adoption. It is to be remembered that restraint and seclusion are sometimes, but only very rarely, necessary. Occasionally much less harm may be done by mechanical restraint well applied than by the physical force of attendants or nurses who may do serious injury, even if they always kept their tempers under provocation, and used the force with the best and most humane intentions. With regard to the examination of the certificates, books, &c., and with regard to the entry to be made either in the Visitors' or Patients' Book, nothing need be said in this place. A careful reference to other parts of this work will enable visitors to understand all their duties as to these.

One or two hints may be given as to the kind of inquiries to be made by the visitors. Kind of inquiries to be made.

1. They are to ask as to the fact of Divine Service being performed, and its effect. As to the latter, little can in most cases be answered. Divine service.

2. As to the occupation and amusements of the patients. As many ought to be induced to work as possible. The work must be suited to their capacity, and must be light. No exaction of labour under severe penalties should be permitted. All the occupations should be adopted with a view to health rather than lucrativeness. Occupation and amusement.

With regard to amusements we may say that these, like occupations depend, to some extent, upon the rank of the patients; but outdoor amusements are to be recommended. A supply of books and newspapers is of use, and the day-rooms should be decorated with pictures, flowers and birds. The patients may sometimes be allowed to leave the asylum and go with suitable attendance to concerts, or theatres, or lectures.

Classification. 3. Classification. In the first instance the sexes must be separated, and yet arrangements must be made to facilitate a certain amount of social intercourse. The rank of the individuals is one obvious principle of classification, and a feeling of delicacy may be allowed to be another. People who are capable of feeling their position should not be associated with idiots or demented. Besides these principles there are others founded upon the mental condition. 1. Recent and acute cases should be kept together under special inspection, and near to medical assistance. 2. Dangerous patients should not be associated with harmless. 3. Idiots should be kept by themselves. 4. Aged and feeble patients may be associated; and it is well to keep them on the ground floor to avoid the necessity of their going up and down stairs. 5. Suicidal patients should be dissociated from others and kept under careful supervision. The concentration of all noisy and turbulent patients together

in one room or ward is not advisable, as by scattering them somewhat their once objectionable habits may be improved, while they may exert a stimulating influence on depressed or torpid companions.

The condition of pauper patients when received into a licensed house is to be inquired into by the visitor. With a view of making such an inquiry really useful the proprietors and superintendents should be desired to examine each patient at the time of admission, and to make accurate notes of his condition, and of any bruises upon his person.

Condition of patients when received.

The dietary must be inquired into. The rank and position of the individual, and the board paid by his or her friends, must be the basis of any inquiry as to the regimen supplied to a private patient. Whatever these may be, the food should be sufficient in quantity, varied, and neatly and comfortably served. In considering the question of the diet to be supplied to pauper patients, one thing is to be noted, and that is, that the district of the country in which the licensed home is situated, and the habits of the people, must influence any directions as to what should be supplied. In any case, however, there should be a sufficient supply of fresh vegetables and fruit, and in the case of sick persons the diet must be carefully adapted to the condition of the patient.

Dietary.

DIET TABLE.

	DINNER 1 0 P.M.										SUPPER 6 0 P.M.								
	MALES.					FEMALES.					MALES.		FEMALES.						
	Bread.	Butter.	Coffee.	Cocoa.		Bread.	Beer.	Cooked Meat free from Bone.	Cooked Veg-tables.	Meat and Potato Pie.	Irish Stew.	Soup.	Chesse.	Bread.	Butter.	Tea.	Bread.	Butter.	Tea.
Oz.	Pts.	Oz.	Pts.	Oz.	Pts.	Oz.	Pts.	Oz.	Pts.	Oz.	Pts.	Oz.	Pts.	Oz.	Pts.	Oz.	Pts.	Oz.	Pts.
Sunday	8	½	1	...	4	½	6	12	...	...	...	...	...	8	½	1	6	½	1
Monday	8	½	...	1	3	½	...	...	...	...	...	...	...	8	½	1	6	½	1
Tuesday	8	½	1	...	4	½	6	12	...	...	...	...	...	8	½	1	6	½	1
Wednesday	8	½	...	1	4	½	6	12	...	...	...	...	...	8	½	1	6	½	1
Thursday	8	½	1	...	4	½	6	12	...	20	...	...	...	8	½	1	6	½	1
Friday	8	½	...	1	4	½	6	12	...	...	...	...	...	8	½	1	6	½	1
Saturday	8	½	1	...	6½	½	...	...	...	...	1	1	1	8	½	1	6	½	1
WEEKLY TOTAL	56	3½	4	3	29½	3½	24	48	16	20	1	1	1	56	3½	7	42	3½	7

Tea for 100 persons to contain 1 lb. of Tea, 4 lbs. of Sugar, and Two Gallons of Milk.
 Coffee for 100 persons to contain 1½ lbs. of Coffee, ¼ lb. of Chicory, 4 lbs. of Sugar, and Three Gallons of Milk.
 Cocoa for 100 persons to contain 3¼ lbs. of Cocoa, 6½ lbs. of Treacle, and Three Gallons of Milk.
 Meat and Potato Pie to contain, for 100 persons, 28 lbs. of Meat uncooked and with Bone.
 Irish Stew to contain, for 100 persons, 30 lbs. of uncooked Meat, free from Bone, Six Stones of Potatoes, Seasoning, &c.
 Soup for 100 persons to contain Liquor of Meat cooked the previous day, with 14 lbs. of Leg or Shin of Beef, 7 lbs. of Peas, 6 lbs. of Rice, 3 lbs. of Barley, 5 lbs. of Onions, with Bread Crumbs, Salt, Pepper, and Herbs.
EXTRA DIET for Workers—2 oz. of Bread, 1 oz. of Cheese, and Half-pint of Beer for Luncheon.
DIETARY occasionally varied by Fruit and Fish Pies, Bacon and Beans, &c., as circumstances will permit.
EXTRA DIET for Sick and Debilitated—According to Medical Order.

We subjoin a diet table which can be recommended for adoption by those persons who are in charge of large licensed houses containing pauper patients. (See preceding page.)

It does not seem necessary to dwell longer upon this part of our subject.

II. Visitation of lunatics by medical men in public asylums. Visitation of lunatics in public asylums.

Where a borough has not got an asylum of its own it may contract with any committee of visitors of any other existing asylum for the reception of its lunatics.* Where the number of lunatics in a town and chargeable to the borough is small, this is, of course, the most economical course to pursue. This contract is made on behalf of the borough justices by a committee of justices. At a special meeting of the borough justices, held within twenty days after the 20th of December in each year, a committee of justices is to be appointed to visit the borough lunatics in the asylum. At Duties. At least two of these justices must visit the lunatics sent from the borough once in every six months, and their duties on such visit are to see, examine, as far as circumstances will permit every lunatic received into the asylum under the contract and to report the result of this visit, and make any remarks they think fit to a special meeting of the

* 16 & 17 Vict., c. 97, sec. 7.

Medical visi-
tor.

justices. But such justices may, if they see fit, take with them, on the occasion of any such visit a medical man who is to receive a reasonable sum for his services.* The object of this provision is obvious. Borough justices cannot be expected to be familiar with all the details of the care and treatment of lunatics, and the expediency of taking with them a person who may be supposed to know more about the necessary requisites of the custody and care of insane persons cannot be denied.

A medical man who may be called upon to accompany the borough justices when they are making such a visit would do well to add to their general knowledge of their profession a few of the particulars with regard to the construction of asylums, the treatment, amusement, and dietary of lunatics, which are stated in another part of this work.* If a physician did so he would be of real use to the justices, and could not fail, it seems to us, indirectly to render the position of the lunatics more agreeable, and their chances of recovery more numerous.

Appointment
by guardians.

A medical practitioner may be called upon to visit public lunatic asylums under other circumstances than those above referred to. He may be appointed by the guardians of any union, or the

* 16 & 17 Vict., c. 97, sec. 7.

† See ante, p. 99 *et seq.*

overseers of any parish, under a power given them by the Lunatic Asylum Act, 1850,* to visit and examine any and every pauper lunatic chargeable to such union or parish confined in any asylum,† register hospital, or licensed house. Such visit must, however, be made between the hours of eight in the morning and six in the evening, and must not be made if the medical officer of any asylum be of opinion that such a visit would be injurious to any lunatic and gives his reasons why the individual lunatic should not be visited and examined, and delivers this statement signed to the medical man appointed by the guardians, proposing to make the visit objected to.‡

Conditions of visit.

The duties of a medical man visiting pauper lunatics under this statute have been fully elucidated in connection with a dispute which arose between the Guardians of the Sculcoates Union and the Committee of Visitors of the Hull Borough Asylum.

Duties of such visitors.

The Guardians of Sculcoates Union reported to the Home Office that, upon a visit made in accordance with the 65th section of "The Lunatic Asylum Act," 1853, they were not permitted to see the pauper lunatics in their wards or pro-

* 16 & 17 Vict., c. 97, sec. 65.

† See also 25 & 26 Vict., c. 111, sec. 34.

‡ The guardians of a union or the overseers of a parish have similar power of visitation and examination, 16 & 17 Vict., c. 97, sec. 65.

perly to satisfy themselves as to the quality and sufficiency of the clothing and food provided for their use. It appeared that upon the occasion of one visit of the Guardians to the Hull Asylum they were not permitted to inspect the patients in the wards, but were invited to inspect them in a ward into which they were collected, and thus separate from the various paupers belonging to the other parishes.

Questions.

The questions to be answered in this case were two: 1. Was the superintendent of an asylum containing pauper lunatics chargeable to a particular union authorised to prevent the guardians of that union (or a medical man appointed by them) from visiting its lunatics in the apartments and places where they dwell? 2nd. Does the word examine used in the said 65th section refer merely to the persons of the lunatics, or does it refer to his treatment, means of subsistence, and other comforts and requisites, "for which the guardians believe they are expending the public money?"

Answers.

These questions were submitted by the Home Secretary to the Board of Lunacy, and they held in answer to the first, that the plain intent of the Act being to secure access at all reasonable times for the purpose of examination into the sufficiency of the accommodation afforded, the guardians should have been permitted to see the patients in the

apartments and wards which they were in the habit of living in. As to the second, they held that the clause gave no power of examination into food apart from such opportunity as a visit at the dinner hour might afford.* These questions were subsequently referred to the law officers of the crown, and their opinion, which was to the effect that "the guardians are empowered to visit the pauper patients belonging to the union in the apartments and places where they dwell in the asylums, and are entitled to inquire into the treatment, means of subsistence, comforts and requisites of such patients as far as such particulars can be ascertained from the personal visits to and examination of the patients themselves in their wards and apartments," confirmed the opinion of the commissioner.† That being so, and the medical man appointed by the guardians being in precisely the same position as the guardians who appoint them, their duties in reference to the insane in public asylums, can no longer be doubtful. For the technical suggestions which may enable them to perform these duties, we must refer our readers to another part of the work.‡

* 20th Report of Commissioners in Lunacy, p. 15.

† 20th Report, p. 16.

‡ Ante, p. 99 *et seq.*

CHAPTER VI.

MEDICAL MEN IN COURT.

When called
upon.

MEDICAL men have several duties to perform in relation to courts of justice. They may be appointed special commissioners by a court of law or equity, to examine an insane person, and report upon his condition. They may be retained with the view of instructing counsel for the prosecution or the defence in any criminal proceedings, or to do the same thing for the counsel who are acting for the plaintiff or the defendant in a civil action; and they may be summoned as witnesses either to speak to facts which they have observed in connection with a supposed case of insanity; or, after having heard the evidence concerning the alleged insanity of the individual, to give an opinion as to the probable mental condition of the person whose insanity is in question.* One thing medical men would do well to remember in relation to all questions of evidence, and that is, that a communication made to a

Communica-
tions not privi-
leged.

* M'Naghten's Case, 10 Cl. & Fin. 200.

doctor, even in the strictest professional confidence, is not protected from disclosure.*

With regard to the first two of the above-mentioned medical functions in relation to insanity and to courts of justice, we need not, it seems to us, say anything in this place, for as to the first the duty of the commissioner is simply to report to the judge or court which appointed him to examine, and all his duty is comprised in two words, which ought to be associated with every medical report—clearness (intelligibility) and accuracy (truth). As to the position which medical men are called upon to occupy in regard to counsel, scarcely any comment is necessary. The system which allows the instruction of counsel by medical men, and which encourages barristers to “baffle and confuse” medical witnesses, has been severely censured.‡ We, for our part, see little reason to object to a system which enables a counsel to become possessed of the best knowledge of a subject which it is in his power to procure, and which, in relation to questions involving insanity, he would

Their report.

* *Duchess of Kingston's Case*, 20 H. St. Tr. 572, *et seq.*; *R. v Gibbons*, 1 C. & P., 97. Best, *Principles of the Law of Evidence*, 5th ed., p. 724, speaks of this rule as “harsh in itself, and of questionable policy.” It is not so in France; Romier, *Traité des Preuves*, § 179, nor in some of the United States, *Appleton Evid.*, app., 276.

‡ *Taylor's Medical Jurisprudence*, p. liii.

find a difficulty of becoming acquainted with in any other way. It is for the advantage of justice that the very best that is known concerning any subject should be elicited in any case in which a discussion of that subject may be necessary. As to duty of medical men when so retained we need say nothing. Their own ability, and the acumen of the counsel, will enable them to make the best of the circumstances of any case. We would rather, in this place, say something with regard to the evidence which medical men may be called upon to give in relation to any question of insanity, and to the way in which that evidence must be given.

To entitle any one to give evidence as a medical witness, he need not necessarily be engaged in the practice of his profession, it is held enough if he has been educated in his profession.*

Where a medical man is summoned to speak to certain facts in relation to cases of insanity, one or two things ought to be present to his mind besides his oath to speak the truth.

Answers to
questions.

1. He must answer the questions clearly and directly. If he is asked what A. B. said to him, he must not answer "he promised," "he admitted," or "he confessed." The answer should

* See *Tullis v. Kidd*, and *Jones v. Tucker*, cited in *Greenleaf Ev.*, 12th Ed., Vol. i, p. 483.

be in the same form as the question. If the question is "what did A. B. do?" it is not a direct answer to say "he authorised me to do so and so." The answer ought to have reference to some simple act, such as "speaking" or "walking," which would fall directly under the meaning of the question.

2. If the question is of such a nature as to Explanation. elicit only half the truth, the medical man's duty is to answer it just as it has been put, and having done so he may ask the judge's leave to explain in what way his answer, although true, may convey a false impression.

3. He ought never to argue with the counsel. Argument.

4. He ought to give his evidence without any Animus. animus. To feel strongly either on one side or on the other, and to show that feeling in court is a breach of etiquette at the very least; as the expression of your belief in such a way has the effect of appearing to stultify the whole of the proceedings of the court; and if it does not succeed in doing that it will necessarily stultify the witness. There may be a question as to the expediency of a class of medical counsel or advocates—a class of men who would combine in their education some knowledge of medicine as well as of law, but there can be no question as to the impropriety of any witness taking upon himself the functions of an advocate, and he who does so

injures the cause he would advance, and brings discredit upon himself and upon his profession.

Refusal to
answer ques-
tions.

5. If he cannot answer a question let him say so. Thus, counsel will frequently ask medical witnesses "If they can define insanity?" The duty of the witness under such circumstances is to answer "No" to the counsel, and to ask the permission of the judge to explain that he can describe insanity, but that its nature precludes the possibility of a satisfactory definition, although that does not prevent its invariable recognition.

"Examina-
tion," &c.

6. It is well for a medical witness to remember that he has generally to undergo three examinations—1. "Examination in chief;" 2. "Cross-examination;" 3. "Re-examination."* And if he is not asked some question that he thinks should have been put to him in one of these he should refrain from volunteering the evidence, as in the first place he may mistake its value; in the second place, it may not be relevant to the issue or might injure the case; and in the third place, it may be brought out in one of the subsequent examinations, or by some question from the judge. Any evidence which the witness volunteers is generally of little value, and in reference to the explanations to the judge which we have referred to we would remark that they must always be strictly relevant

* See Quintilian Inst. Orat., lib. 5, cap. 7, de testibus.

to the one question asked, and must not in any way refer to other parts of the case, or anticipate questions which may still be put. There is no more dangerous witness than the witness who proves too much,* and medical men would do well when they are led into the use of a simile by such a question as “what was it like?” not to attempt to give too favorable a colour to the single fact with a view to its modification of the complexion of the case. This is a vice many would-be truthful witnesses fall into.

7. Where he is asked for facts—as, for instance, Notes of dates. the facts which he observed during the illness and at the death of a supposed lunatic, or the facts he observed upon the occasions of his visits to a person while in prison, in relation to time, he would do well to provide himself with notes of the dates before he enters the witness-box. He may, if it is necessary, refer to these during his examination with a view to refreshing his memory.† He may not, however, refresh his memory by extracts from a book though made by himself.‡ If a medical man, called to give his opinion as a matter of skill, has made a report of the appearances or state of facts at the time, he will be allowed to read it, if his counsel

* See *Hints to Witnesses in Courts of Justice*, by a Barrister (Baron Field). London, 1815.

† *Kensington v. Inglis*, 8 East, 289.

‡ *Doe v. Perkins*, 3 T. R., 749; *Howard v. Caufield*, 5 Dowl., P. C. 417.

Scotch practice.

desire it as part of his evidence.* The practice in Scotland is as follows:—The scientific witness is always directed to read his report as affording the best evidences of the appearances he was called upon to examine, yet he may be, and generally is, subjected to further examination by the prosecutor, or to a cross-examination on the prisoner's part, and if he is called on to state any facts in the case unconnected with his scientific report, as conversations with the deceased, confessions made to him by the prisoner, or the like, *utitur jure communi*, he stands in the situation of an ordinary witness, and can only refer to the memoranda to refresh his memory.

Bearing of witness.

8. It is certainly unnecessary to say anything with reference to the bearing of a medical witness in the box. Opportunities frequently arise when the laugh, which is always ready in a court of justice, can be turned on the counsel by the ingenuity of a witness; but the scientific witness would do well to avoid taking advantage of such occasions. The tricks of a counsel are unworthy of the character of a scientific witness. He ought to remember that he is there upon a grave matter, and not to joke. It is well always to speak clearly. Some gentlemen who are members of the legal profession make a point of attempting

* See, for Scotch practice, Alison Prac. Cr. Law of Scotland 541.

to intimidate and flurry witness by shouting in a stentorian voice, "Speak out!"* One other particular is to be attended to, and that is the use of scientific words. Such words as dementia, monomania, puerperal insanity, are of the greatest use in medical practice, and amongst medical men their use is understood and appreciated. In courts of law, however, it is well to avoid the use of all such words, and if it is necessary to refer to the kind of disease to do so by a description, such as "a kind of disease which is characterised by a deterioration of mental power, incidental to old age, and distinguished from dotage by the fact of diseased changes in the structure, which medical men call dementia," or "a kind of insanity characterised by a single delusion," or "a kind of insanity incident to childbirth," or the like.

* The Earl of Shaftesbury has made some admirable observations upon the question of medical testimony in reference to questions of insanity:—"It was to facts, and facts alone, they (medical men) must look. It is a monstrous thing that a medical man should infer because a person had a cast in his eye, or a particular shaped head, that he must be insane, when, in fact, he commits no mad act at all. Facts observed by himself ought to be the basis of a medical man." And he "maintained that persons of common sense, conversant with the world and having a practical knowledge of mankind, if brought into the presence of a lunatic, would in a short time find out whether he was or was not capable of managing his own affairs." Whether the last assertion be quite accurate or not, it is certain that medical men must remember that in courts of law they have only such persons as his lordship describes to deal with, and if they cannot make themselves comprehensible to them they fail as witnesses.

Medical ex-
perts.

We come now to the other function of medical men in relation to evidence and lunacy. When an accused person is supposed to be insane a medical man who has some special knowledge of insanity, who never saw the prisoner previously to the trial, but who was present during the whole trial and the examination of all the witnesses, may be asked his opinion as to the state of the prisoner's mind at the time of the commission of the alleged crime, or his opinion whether the prisoner was conscious at the time the act was committed that he was acting contrary to law, or whether he was labouring under any and what delusion at the time. Where the facts are admitted the question is simply a scientific one.* A medical man's evidence under these circumstances must, as to its general characteristics, be governed by the rules already laid down. In expressing an opinion, however, his evidence in such a case differs from that given in the class of cases already alluded to. Opinion is just a kind of knowledge which does not amount to absolute knowledge or certainty. An opinion is a fact with the element of certain belief absent from the mental impression associated with it. We would say, if we saw a man behaving in a certain way: "It is a fact that he is drunk." The number of our experiences of drunkenness makes it impossible for us to doubt that he is

Opinion.

* M'Naghten's Case, 10 Cl. & Fin., 200.

intoxicated. But if we only knew at second hand some of the circumstances associated with his conduct we might say we were of opinion (from our knowledge of the actions of other drunken men) that he must have been drunk. Now this is what the medical expert has to do when he is called to listen to the evidence, and say whether in his opinion the accused (if it be a criminal case), or the testator (if it be the case of a disputed will) was or was not of sound mind. The medical man must, in such a case, provide himself with the memory of similar cases, and reason from them so as to assure himself that his opinion is well grounded. An opinion is useless if it is only a "may have been," and it is most valuable when it approaches most nearly to certainty. In some cases it may do so. It is well to have in mind the history and termination of cases, the symptoms of which were the same as that of the alleged lunatic. The whole of the practical knowledge of life is founded upon the experience of analogous cases; and if a medical man desires, as every witness should, to make the matter clear to the minds of the jury, who are there to try the case, armed with a practical knowledge of the affairs of life, and nothing more—it is well that they should adopt that kind of mental process which will be most familiar to them, and will best enable them to appreciate the

Analogous
cases.

difficulties and intricacies which are very often involved.

Medical books
not evidence.

It is scarcely necessary for a medical witness to know, although it is important for a counsel to remember, that medical books cannot be put in evidence, even although medical witnesses state that they are works of authority ; but, at the same time, medical men may be asked their judgment and the grounds of it in relation to any medical matter which may in some degree be founded on these books as part of their general knowledge.*

It is not allowable for a counsel to quote the opinions of medical men, as given in their works, in his address to the jury.†

* *Collier v. Simpson*, 3 C. & P., 73.

† *R. v. Crouch*, 1 Cox, C. C. 94.

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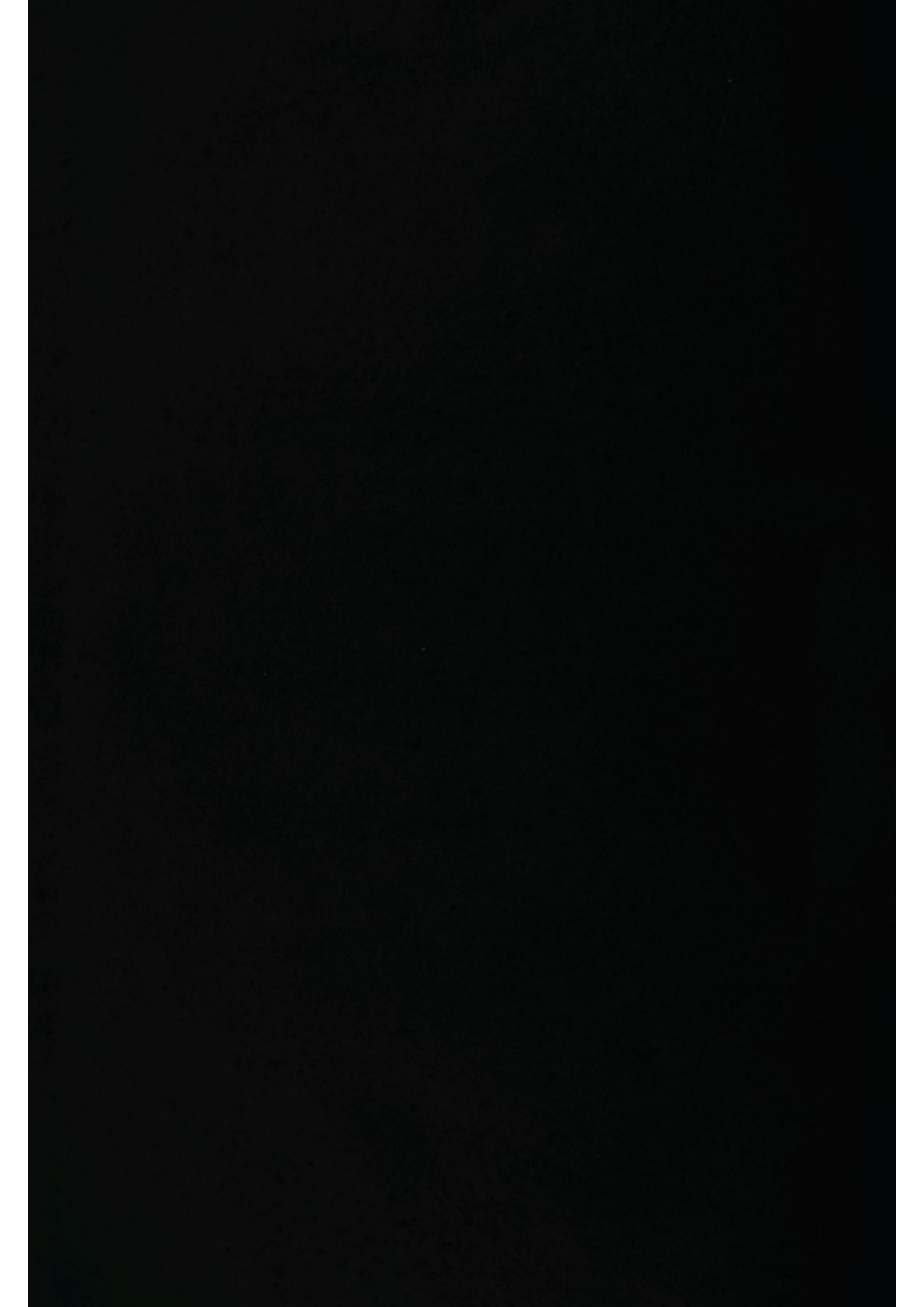
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