Lunacy in its relations to the state : a commentary on the evidence taken by the Committee of the House of Commons on Lunacy Law in the session of 1877 / by Sir James Coxe.

LUNACY

IN ITS

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A COMMENTARY

ON THE EVIDENCE TAKEN BY THE COMMITTEE OF
THE HOUSE OF COMMONS ON LUNACY LAW
IN THE SESSION OF 1877.

BY

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LUNACY IN ITS RELATIONS TO THE STATE.

In the last Session of Parliament a Select Committee of the House of Commons was appointed to inquire into the operations of the Lunacy Law, so far as regards the security afforded by it against violations of personal liberty. This inquiry, however, soon overstepped the limits within which a narrow interpretation of its terms would have confined it, and extended in a desultory fashion over the whole domain of lunacy. A great deal of valuable information was obtained from the Witnesses examined, but there was a lack of coherence in the inquiry, and an apparent want of any definite object in a large portion of the questions put by the Members of the Committee. The result is that a perusal of the evidence leaves the reader in a somewhat chaotic state of mind, and it is chiefly with the view of bringing its more valuable portions into clearer relief, that the following remarks have been penned.

When a man becomes insane, it is held to be the duty of the State, in modern civilised communities, to provide for the protection of the public against risk from his actions; and also to provide for the care and safety of the insane person himself, and the protection of his estate, whether imperilled by his own acts or the acts of others. But the procedure under which these measures are taken varies greatly in different countries. In the first place, there may not be everywhere a coincidence of opinion as to what constitutes

insanity; and in the second place, when the existence of insanity is fully recognised, a diversity of opinion may yet be held, as to the measures which should be adopted to attain the ends to which reference has been made. Insanity is explained by lexicographers to be unsoundness of the mind, disorder of the intellect, or madness; but these terms are really nothing more than synonymous expressions. According to the Lunacy Laws of Great Britain, again, a man to be brought within their provisions must be certified on medical authority to be either a lunatic, or an insane person, or an idiot, or a person of unsound mind. But here, too, we have merely a variety of expressions, every one of which, with the exception perhaps of that of idiot, might quite well replace the others. It thus appears that it is not to dictionaries or Acts of Parliament that we must look for a definition of insanity.

In this country, whenever intervention by others appears to be called for, the duty of determining the existence of insanity is deputed to medical men. From this fact it would appear that insanity is regarded as a condition which requires the professional qualifications of a medical man for its recognition. And, no doubt, inasmuch as insanity is a departure from normal conditions, it must in every case be regarded as an infirmity or disorder of the natural functions. Still, there are many cases in which it cannot be esteemed more of an infirmity or disorder than a blind eye or a lame limb, defects which are stationary and which any observant member of the public is capable of at once recognising. Even in those cases in which the abnormal mental condition is marked more by an aberration of function than a deficiency of power, the symptoms which constitute insanity can, as a rule, be readily recognised by any man of average ability; and, indeed, in every-day life the friends of the patient are generally the persons who first perceive the departure from normal mental action. It is in obedience to their summons that the physician comes upon the field; or, in the case of paupers, in obedience to the summons of the Overseer or Inspector of the Poor. Just as in any other morbid condition, the facts which have attracted attention are submitted to his consideration,

and he determines from them, and from the results of his own observation, whether they do or do not constitute insanity. In the evidence taken by the Committee of the House of Commons, it was admitted by many of the Witnesses that, practically, the existence of insanity is not left to be discovered by the medical men who are called in to grant the statutory certificates of lunacy. "When the final examination is made," says Lord Shaftesbury, "by the medical man who has to sign the certificate to send the patient to the asylum, the symptoms are so evident, that few people could mistake them." Several of the other Witnesses, however, laid great stress on the difficulty which ordinary practitioners must frequently experience in recognising the existence of insanity; and on this account they advocated the appointment of skilled experts, to whom should be deputed the duty of examining all alleged lunatics, and determining whether they were or were not insane. But when pressed for the reasons on which they rested this recommendation, they were all obliged to admit that cases in which a sane person had been dealt with as a lunatic were exceedingly rare; so rare, indeed, that men with large opportunities of observation had difficulty in recalling a single case. From the passage of Lord Shaftesbury's evidence which has been quoted, it may be inferred that his lordship would see no necessity for the appointment of such experts. Indeed, he makes it very clear that he is entirely opposed to them. "I confess," he says, "I should be very much alarmed if special doctors of that kind should be instituted . . . They would so completely surrender every thing to science, that they would take leave of common sense. . . . You may depend upon this, if ever you have special doctors, they will shut up people by the score."

Of the instances referred to by Witnesses in which mistakes of diagnosis were committed, most of them were either cases of delirium tremens, an affection in which the patients are for the time really insane, or cases of delirium from fever or inflammation, in which also there is concomitant mental derangement. In both cases, the mistake, admitting it to be such, would necessarily be speedily recognised. The cases in which most difficulty

is experienced in determining the existence of insanity, are perhaps those in which there is an eccentricity of thought, or an excess or deficiency of the moral perceptions. For instance, it may be open to discussion, whether a believer in spiritualism is or is not insane; and a like doubt may be experienced where there has been over-indulgence in the use of alcohol or opium, or where there is such an exaggeration of the natural character as to overstep the bounds which in common opinion mark the domain of sanity. In cases of this kind, however, it would be difficult to maintain that any special medical training is required to discriminate between sanity and insanity; and indeed, it would be difficult to show in what respect a medical man is better fitted than a lawyer, or any man of good sense and liberal education, to determine whether a believer in spiritualism is sane or insane. Further, a medical man can scarcely be said to be in a better position than any other educated man to distinguish between vice and insanity, or to decide between punishing for crime or treating for disease. Indeed, the law acknowledges that questions of this kind are not to be settled by medical opinion, when it submits their decision to the judgment of a common jury. It is true that the jury has the benefit of hearing whatever can be urged by medical experts, on the one side or the other, to establish or refute the existence of insanity; but the decision of the question is nevertheless left to the jury. And the public who watch the proceedings, and who see what different views are advocated by the medical partisans engaged on each side, will scarcely be disposed to question the propriety of the legal procedure.

Beyond all question, however, there are many cases in which a medical man is much better qualified than a man of mere ordinary culture to recognise the presence of insanity, as, for instance, where the mental aberration is due to organic disease of the brain, and particularly when the malady is in its earlier stages. In cases of general paralysis, for example, a skilled medical man will detect the symptoms of disease long before they become apparent to an ordinary observer. But here also, the friends of the patient will, as a rule, have

recognised a change of character, or an extravagance of opinion or behaviour, suggesting the fear of mental disease, long before it was considered necessary to have recourse to medical advice. As a rule, too, the existence of a delusion can be shown more readily by a medical man who has had experience in insanity, than by an ordinary medical practitioner, or a man of merely common education; but even here, it will generally be found that the delusion had been recognised by ordinary observers before application was made for medical advice. It is not so much, then, special medical knowledge, as special tact, derived from intercourse with the insane, that enables a man to detect a delusion; and this tact may generally be acquired by any one of fair natural ability, whether trained to medicine or any other calling, who has had the opportunity of being much in association with the insane. Many of the Witnesses examined by the Committee dwelt on the difficulty of recognising the existence of insanity in cases of delusion, and no one can doubt that this is often a difficulty of a very serious kind. Indeed, even an expert would often be puzzled to obtain evidence of a delusion, unless he were previously informed in what direction it lay; and, with such information to guide him, a non-expert would probably prove equally successful. It appears from the evidence that cases are not infrequent in which the medical superintendents of asylums fail for days, and sometimes even for weeks, to assure themselves of the existence of insanity, although they have for their guidance the facts embodied in the medical certificates on which the patients were placed under their care. Here, be it observed, we have the most experienced of experts puzzled for a time, and unable to recognise facts which had already been detected and made known to them. When there is no guide to the delusions, their discovery will often prove a matter of exceeding difficulty, even to the most experienced physicians, although, when once hit upon, the evidence of insanity may be simply overwhelming. As an instance of this kind, the case of a patient who appealed against being dealt with as a lunatic, may be referred to. During a long interview he manifested not the slightest symptom of insanity, but conversed rationally

on every topic that was suggested. At last, the question was put to him why he wore his hair parted in a particular fashion; and then, in this hap-hazard sort of way, it came out that he considered himself to be John the Baptist. The command which he had till then exercised over himself was completely dissipated, and he appeared at once in the character of an excited madman. It may, however, occasionally happen that realities are mistaken for delusions. An instance of this kind occurred in the case of a female patient who refused food, because, she said, she could not swallow from an obstruction in her gullet. This was dealt with as a delusion, but the fact afterwards appeared that for the purpose of suicide, she had attempted to swallow a mahogany knob, which had stuck in her throat. Another instance was that of a lady who was supposed to be labouring under a delusion when she persisted in maintaining that she had given birth to a child. In both of these cases the supposed delusions constituted the principal facts on which the certificates of lunacy were granted.

It was admitted by all the Witnesses to whom the question was put that it is impossible to draw a hard and fast line between sanity and insanity. As day passes gradually into night, so does sanity pass gradually into insanity. This fact being admitted, the question arises—When does insanity reach such a point as to justify the person affected with it being deprived of his liberty and of the command of his estate? To determine this point, it must be examined, first, with reference to the welfare and interests of the patient, and next with reference to the welfare and interests of the public. In modern times the first of these considerations has by far taken precedence of the second; but originally the State appears to have been mainly guided by a desire to keep the lunatics in safe custody, and to protect their estates from being dissipated by themselves or plundered by others. In fact, the care bestowed upon the insane was for a long time merely the outcome of the desire to guard against their violence, and to prevent the loss or spoliation of their means. For this pur-

pose they were placed in confinement, and very frequently further restrained by strait waistcoats and chains, while their estates were administered by courts of law.

Every one who has given any attention to the subject has heard of the former miserable condition of the insane in Bedlam and the Bicêtre, and of the sad disclosures made during the investigation into the management of the York Asylum, undertaken some sixty years ago by direction of Parliament. The great improvement that has taken place during the present century in the treatment of the insane is generally ascribed to the influence of medical men, and no one will be inclined to deny the immense services to humanity rendered by Pinel and Connolly, and those who have followed in their footsteps, among whom may be reckoned the whole band of physicians who at present preside over the management of the asylums of Great Britain. Nevertheless, we should not shut our eyes to the fact that the asylums, in which the treatment we now condemn was carried out, were presided over by medical men, and that even in the present day, in many asylums of America and the Continent of Europe, which are under the direction of medical men, there is still a great amount of mechanical restraint. It would be extremely repugnant to me to be thought to detract in the smallest degree from the merits of the medical superintendents of our asylums, but, from the facts referred to, it may reasonably be doubted whether, but for the inspection of asylums now exercised by the State, and the knowledge that the results of such inspection will be made public, the asylums of Great Britain would occupy the proud position which is universally accorded them. The medical profession is a noble one, and its members are, as a rule, men of high character; but they cannot claim to be above the failings of humanity, and cannot be regarded as in any special degree superior in intellect or morality to the other educated sections of the community. Here, again, Lord Shaftesbury spoke very plainly when he stated that in his opinion mere medical superintendence without State supervision would not afford an effectual guarantee against mismanagement. "I have said, and I wish to repeat," he declared to the Committee, "that if we were to

relax our vigilance, the whole thing, in every form of establishment, would go back to its former level." But, be this as it may, no doubt can exist that the treatment of the insane in the asylums of Great Britain at the present day, reflects the very greatest credit on all who take part in their management.

The question, however, remains to be determined, Whether the welfare and rights of persons considered insane are not occasionally, not to say frequently, overlooked or sacrificed in deference to what is supposed to be the welfare and interests of the sane? In considering this point we must begin by acknowledging that there is nothing criminal in insanity—nothing which should of itself confer the right of interference with the liberty or property of any one affected by it. It is only when the insanity is of that kind or degree that the welfare of the patient, or the welfare of the public, would be injuriously affected by the lunatic being left to his own devices, that a right of interference can properly be established. A belief in spiritualism may possibly be an indication of insanity, but if no acts follow on this belief detrimental to the interests of the person holding it, or to the interests of others, it will be difficult to sustain a right of interference by the State. Even when it is obvious that the interests of the alleged lunatic, and of those immediately connected with him, are injuriously affected, it may yet be a question whether there should be any interference by the State, so long as the safety and interests of the general public are not also endangered. Unquestionably it may be a matter of the most serious import to an alleged lunatic and his family that he should be placed under control and prevented from squandering his means, whether through inattention to business, profuse expenditure, or absurd speculations; and it is from considerations of this kind that the State has been frequently urged to exercise control over the actions of those who are unable to resist the craving to indulge to excess in intoxicating liquors. Hitherto, however, the State has persistently declined to regard such loss of self-control as equivalent to lunacy, and the detention of persons of this class as lunatics accordingly becomes illegal as soon as a sane state of mind has been regained through

abstinence from intoxicating drink. Many medical men hold this decision to be wrong, and are of opinion that an habitual drunkard, although rational for the time being, through compulsory abstinence, is yet not a fit person to be allowed his liberty or permitted freedom of action; and every one who has witnessed the distress and misery which the presence of an habitual drunkard in a family produces, cannot fail to feel much sympathy in this opinion. Still, so long as the State declines to recognise the condition of an habitual drunkard, restored to temporary sanity by abstinence from drink, as one of insanity, the medical profession can scarcely be allowed to take the law into their own hands and include this condition within the meaning of those terms with which the statutes define lunacy. It appears, however, that in practice, not only dipsomaniacs, but also patients affected with other forms of insanity, are occasionally detained in asylums for considerable periods after they have recovered their sanity, in the belief that their discharge would speedily be followed by a relapse; and a great deal may be said in favour of this course. It must frequently be of the utmost consequence to a family that its head should be prevented from gambling or squandering his means; but, on the other hand, there must be a limit to the paternal care of the State, and if a man has not the wit to take care of his own interests, but gives way to inordinate drinking, inordinate sexual indulgence, or to reckless gambling, there is not in that, so far as the State has yet determined, sufficient cause for its interference. There is, however, reason to think that the meaning of the statutory terms of lunacy has of recent years been considerably extended, and that a belief is pretty widely held that forms of thought and feeling that were formerly regarded as mere eccentricities or absurdities of character, are now frequently dealt with as insanity. And thus it may follow, by a further expansion of men's views in this direction, without any special interference on the part of the Legislature, that habitual indulgence in intoxicating liquors, or habitual indulgence in immoral excesses, will eventually come to be dealt with as insanity. For it has to be considered that what constitutes insanity in

the statutory point of view, is left very much to the judgment of those persons to whom the State has delegated the duty of granting certificates of lunacy, and, therefore, it comes to be a serious question to determine what qualifications such persons possess for the discharge of this most important trust, and what checks the State has provided against the risk of the abuse of the powers it has placed in their hands.

Public opinion is undoubtedly in favour of the power of granting certificates of insanity being confided to medical men. Nevertheless, suggestions were made by several of the Witnesses, that it would be proper to associate with them persons who might be magistrates or lawyers. It was held, in short, that the existence of insanity should not be decided by medical opinion alone; and the fact that the paid members of the English Board of Lunacy are one-half lawyers and one-half medical men, seems to indicate the views of the Legislature that medical opinion should not be completely paramount in the disposal and treatment of lunatics. As we have seen, there are considerable grounds for maintaining that insanity, whether considered as an active and actual disease, or as a mere excess or deficiency of the normal mental powers, may, in a very large proportion of cases, be as readily recognised by ordinary observers as by medical men. I do not, however, entertain a doubt that the law does wisely in confiding the duty of granting certificates of lunacy to medical men, partly because, as a rule, they possess better opportunities of becoming practically acquainted with insanity than the members of other professions; but, principally, because from their training and experience they must necessarily be much better qualified to discriminate between the different varieties of insanity, and to determine the proper course of treatment to be pursued in each case, whether by removal to an asylum, detention at home, or travel. Unfortunately, the study of insanity has not hitherto formed a necessary part of medical education, and many medical men, when they enter on practice, have thus no greater knowledge of its symptoms than may be possessed by any intelligent, well-educated member of the general public. But

even with this unsatisfactory state of matters, the general tenor of the evidence taken by the Committee is, as we have seen, to the effect that the committal of sane persons to asylums is a matter of exceedingly rare occurrence. Whether the inverse mistake of failing to recognise insanity when it is actually present, is ever committed, cannot be so readily determined; but this risk would be overcome by placing medical education on a broader basis, and constituting a knowledge of insanity an indispensable requisite for obtaining a licence to practice.

If, then, it be admitted that medical men are the proper persons to grant certificates of lunacy, the question has still to be considered, What amount of supervision the State should exercise over them in the performance of this duty? It is unquestionably a very serious power to place in the hands of any one, that of depriving a man of his liberty, removing him from the management of his affairs, and placing him under the authority of persons empowered to regulate his actions in almost every particular; to fix the hour of his rising in the morning and of his going to bed at night; to arrange his meals; and to regulate his exercise, recreations, and occupations, without consulting his wishes in the matter. From being master in his own house and commanding obedience, a patient removed to an asylum finds himself suddenly placed under the control of attendants, frequently rude in manner, discourteous in speech, and uncongenial to him in many different ways. Is it then right that the State should place power of this kind in the hands of medical men without exercising any immediate control or supervision over their acts, and rest satisfied with such guarantees against its abuse as the inspection of the Commissioners in Lunacy, or of other statutory visitors, may provide? Or should the State intervene at the moment the certificates are granted, to obtain guarantees that no one shall be placed in an asylum without just cause and necessity?

Let us see what is the actual practice in this respect in Great Britain. It will be found that it differs in England and Scotland in some important respects. In

England, it appears that the forms necessary for placing a patient in an asylum vary accordingly as he is supported by the rates or is maintained by private funds. Thus, it is enacted that no pauper patient shall be received into an asylum without an order, according to the form required by the statutes, under the hand of one Justice (or, alternatively, under the hands of an officiating Clergyman, and of one of the Overseers or the Relieving Officer of the parish or union from which such pauper is sent), together with such statement of particulars as the said form requires, nor without a medical certificate, also according to the statutory form. The form of the order bears that the Justice (or the officiating Clergyman and the Relieving Officer), having called to his or their assistance a physician (or other medical man), and having personally examined the patient, and being satisfied that he is a lunatic and a proper person to be taken charge of and detained under care and treatment, direct the person to whom the order is addressed to receive the patient into his asylum. This order, it will be observed, is granted either by a Justice, or by a Clergyman associated with an Overseer of the poor, on one medical certificate. The law requires that the lunatic shall be brought before the Justice by the Overseer, and it may be inferred from the form of the order that the Clergyman, when he acts, has also had the opportunity of seeing the lunatic; but it appears from the evidence taken by the Committee, that there is a considerable amount of latitude in interpreting the requirements of the Statute as to the personal inspection of the lunatic either by the Justice or the Clergyman, and that, in point of fact, the certificate of the medical man is practically the authority on which the order is granted. Such being the case, the question arises—What is the object of requiring that the order must emanate from a Justice, or from a Clergyman in association with a Relieving Officer? Whether is the object to protect the patient against the risk of being improperly placed in confinement, or to protect the rate-payers against the risk of having the maintenance of a person who is not in indigent circumstances thrown upon the rates? The latter view obtains support from the fact that no

intervention either by a Justice or Clergyman, is necessary to authorise the admission of a private patient into an asylum. In the cases of private patients the order is in the following simple form:—"I, the undersigned, hereby request you to receive A. B., a lunatic, as a patient into your asylum. Subjoined is a statement respecting the said A. B." Then follows the signature of the person granting the so-called order, with a statement of his occupation, place of abode, degree of relationship (if any) to the lunatic, or other circumstances of connection with him. This order, or request as it really is and should be called, is accompanied by two medical certificates, bearing that each of the medical men has, separately from any other medical practitioner, personally examined the patient, and certifies that he is a lunatic, and a proper person to be taken charge of and detained under care and treatment. Each certifier then adds:—(1) the facts indicating insanity observed by himself, and (2) the facts indicating insanity communicated to him by others; and the Statute declares that no person shall be received into an Asylum under any certificate which purports to be founded only upon facts communicated by others. Thus it appears that all that is necessary for placing a lunatic who is not maintained by the rates in an asylum, is an application for his reception, addressed to the asylum proprietor, if the establishment be a private one, or to the medical superintendent, if the establishment be a public one, along with the production of two certificates of lunacy according to the form given above. It was repeatedly stated by the Witnesses that this order, or request, could be made by strangers as well as relatives, and instances were referred to in which the applicant was a footman or other servant in the household of the patient.

The practice in Scotland differs from that pursued in England in two essential respects; first, in this, that the procedure is the same whether for private patients or for pauper, and next, that the order for the reception of the patient is granted by the Sheriff, who is a stipendiary magistrate. A petition is addressed to the Sheriff by the Inspector of Poor in the case of paupers, and in the case of private patients by

a relative or other person, who must state in what degree of relationship or other capacity he stands to the patient, for authority to place him in the asylum. This petition is accompanied by two medical certificates in the same form as that in use in England, and upon the consideration of the petition and these certificates the Sheriff grants or withholds his order.

The difference in the procedure for placing patients in asylums in England and Scotland may be epitomised as follows:— In England no judicial authority is necessary for the purpose, the action of the Relieving Officer with the perfunctory assistance of a Justice or Clergyman being, along with one medical certificate, all that is required for the purpose in the case of paupers; while in the case of private patients, two medical certificates and a request for admission by a relative, or indeed by anybody, fulfil all the requirements of the law. In Scotland, on the other hand, an order by the Sheriff is required for the admission of private and pauper patients alike, and two medical certificates are necessary in both cases. In favour of the English practice it may be argued that as insanity is a disease, no judicial authority should be necessary for placing a patient under treatment, and that any measures which might cause delay in taking the steps necessary for the proper care of the patient and the safety of the public, are to be deprecated. But, on the other hand, it has to be considered that removal to an asylum is an interference with the liberty of the subject which should not be undertaken without the sanction of some judicial authority. And this point will assume an aspect of very considerable gravity when it is kept in mind that insanity may last for many years, and that there is no statutory provision under which a patient must necessarily regain his liberty, or even have his case brought under review. It may possibly suit the purpose of the relative who has placed him in the asylum to continue his detention long after any necessity for this course exists; and unless absolute recovery have taken place, by which detention would become illegal, the patient might be kept in confinement during the whole remaining portion of his life. The question therefore

is—Whether this is a proper power to confide to any one without some immediate authority derived from the State ?

Before replying to this question, let us look at the working of the Scotch system, which requires the authority of a stipendiary magistrate to give it effect. When the requisite certificates of insanity have been obtained, they are submitted to the Sheriff, and this functionary, if satisfied that they are in harmony with the requirements of the statutes, grants his order for the transmission of the patient to an asylum and his detention therein. But as it may sometimes prove difficult, or even impossible, to procure the Sheriff's order without inconvenient delay, it is provided that a patient may be received into an asylum on what is called a certificate of emergency, which certificate may be granted by any one medical man, even by the medical officer of the asylum in which the patient is to be placed, and which is in itself sufficient authority for detention for a period of three days. The objection to the Sheriff's order which might be founded on the delay necessary to obtain it, is thus disposed of; and indeed, the facility of removing a patient from unfavourable circumstances and placing him under treatment, becomes greater in Scotland than in England. But there is another objection made to the Sheriff's order, and that is the publicity which the necessity of obtaining it must in a greater or less degree involve. In reality, however, this publicity is of a very limited kind. The petition is not publicly presented, and the persons employed in the office of the Sheriff-clerk are not allowed to divulge the name of any one for whom an order has been granted. So much for the objections to the Sheriff's order. What, now, are its advantages ? These are, first, the security it affords against undue haste in having recourse to asylum treatment; and secondly, the confidence with which it is calculated to inspire the public that no one can be deprived of his liberty unless upon grounds sufficient to command the acquiescence of a high legal functionary. It is thought that both the guardians of the patient, and the certifying medical men, will be more careful in considering the consequences of their acts, knowing that they must submit them

to the judgment of the Sheriff, than if they could proceed at once to place the patient in confinement simply on their own authority; and it is further thought that the knowledge of his detention having been authorised by the Sheriff will have a tendency to lessen any feeling of resentment which the patient might entertain towards those who placed him in confinement, and help to give him confidence that he is not left to be dealt with by what he might consider the caprice of relatives and the crotchets of medical men. To what extent these advantages are real or only imaginary, it would not be easy to decide. Of the Witnesses questioned on the point, those belonging to England expressed themselves in favour of their system, and those from Scotland in favour of theirs; but it should not be overlooked that the opinions taken were those of persons concerned in administering the statutes, and not of members of the general public whose persons and interests are disposed of under them. If the question were put to the latter under which system they would prefer to be dealt with, the answer, I am disposed to think, would be the Scotch. And in connection with this matter, it has further to be taken into account that it does not appear to be at all free from doubt whether the English order, or request, for the admission of a patient confers any legal right of detention, or affords any immunity against legal procedings for wrongous confinement. Mr. Percival, the Secretary of the English Board of Lunacy, seemed rather to shirk expressing any opinion upon this point, but he allowed that he did not think the police would be justified in lending their assistance either to convey a patient to an asylum, or to assist in his recapture in the event of his escape. A patient who broke out of an asylum was not, in his opinion, committing an illegal act.

When a patient has been received into an asylum, copies of the order and medical certificates on which he was admitted, must be transmitted, both in England and Scotland, within a certain number of days to the office of the Commissioners in Lunacy. These papers are then examined, and it is provided in the Lunacy Statutes of both countries, that if they are

found to be in any respect incorrect or defective, they may be amended by the persons signing the same at any time within a certain number of days after the admission of the patient; provided, however, that no such amendment shall have any force or effect unless it shall receive the sanction of the Commissioners. If not so amended, the detention of the patient would be deemed illegal, and the Commissioners in England, and the Sheriff in Scotland, would order his discharge. This provision appears from the evidence of some of the Witnesses before the Committee, to be regarded in England as a security against improper detention, equivalent in kind and degree to the security afforded by the Sheriff's order in Scotland; and it was suggested by a Member of the Committee, that the opinion of a Commissioner on the facts embodied in the medical certificates, should be entitled to greater consideration than the opinion of a Sheriff. But allowing this to be the case, we have still to deal with the fact, which is repeatedly alluded to in the evidence of the Witnesses as a matter of the utmost importance alike to the patient and his relatives, that recourse should not be had to asylum treatment or a public recognition made of lunacy, unless this course should be absolutely required. The "brand of lunacy" must, if possible, be avoided; and from this point of view the examination of the certificates by the Sheriff before admission, is certainly a preferable procedure to their examination by the Commissioners, or more likely by a Clerk in their office, after admission, when the patient has been already proclaimed and dealt with as a lunatic. The Scotch Act, as has been stated, also provides for the amendment of the order and certificates if considered incorrect or defective; but the necessity for such correction is of rare occurrence in Scotland, and cannot be placed in comparison with the like necessity which supervenes in England. Indeed, it appears from the statements of the Witnesses, that seeing to the amendment of the certificates and orders is regarded as one of the most important functions of the English Lunacy Board; and this view can scarcely be called in question when it is admitted that in one year of 12,175 certificates and

orders, 2,314 were returned for correction. This fact may be regarded as another contribution in favour of the Scotch system.

There is still another particular in which an essential difference occurs in the orders which, in England and Scotland respectively, authorise the admission of patients into asylums, and their subsequent detention. This lies in the fact that in England no limit is placed by the law to the duration of the order, whereas in Scotland it runs out in three years, and is then only continued in force by the declaration of the superintendent or medical attendant of the asylum, that he has fully considered the case of each individual patient, and is of opinion that futher detention is necessary and proper, either for the patient's own welfare or for the safety of the public. By this declaration the Sheriff's order acquires renewed authority for another year, at the expiry of which the medical officer of the asylum is again called upon to certify to the necessity of continued detention, and this certificate he must repeat every year thereafter so long as the patient is detained. By the failure to grant this certificate the authority to detain the patient lapses, and his discharge must follow. It may at first sight appear that little is gained by making the prolongation of the Sheriff's order dependent on a certificate granted by the medical superintendent of the asylum in which he is placed, seeing that it is already the duty of the superintendent to discharge every patient who is not insane. But the requirement is in the right direction by making the further detention of the patient more of a specific act on the part of the superintendent, and by causing him more fully to recognise the responsibilities of his position. Besides, it places in his hands an instrument by which he can compel the removal of any patient whom he could not certify to be entirely sane, but whom he considers no longer a fit inmate of an asylum. No doubt, the superintendent may be foiled in his endeavour to secure the removal of patients in this way, for fresh medical certificates and a fresh order might, in many cases, be readily obtained, simply by placing the patient in circumstances unfavourable to his mental health. Indeed, in the evidence a case is referred to in which the Inspector of

Poor at once neutralised the action of the superintendent by obtaining fresh certificates and a fresh order without even removing the patient from the asylum. Still, the provision is in principle a proper one, for the power of detention, which the law places in the hands of the medical superintendent, is one which should be guarded as much as possible against abuse. For this reason it is even worthy of consideration, whether some more stringent periodical revision of every case should not be required by statute, both in England and Scotland, especially in private asylums. In the evidence, one of the most frequent allegations is that there are in almost every asylum patients detained without any real necessity; and one witness did not hesitate to maintain that this is occasionally the result of interested motives. One case is particularly alluded to, in which it was alleged that the patient was detained long after recovery had taken place, and that his discharge was only obtained by measures having been adopted to stop the payments made on his account. The truth of this allegation was strenuously denied; but it is unquestionably a dangerous extent of power to enable the proprietor of a private asylum, or even, perhaps, the superintendent of a public asylum, to detain a patient without any provision having been made for the periodical review of the authority sanctioning detention. When it is remembered how jealously the law, in every other department, watches over the liberty of the subject, it certainly does appear strange that it should sanction the removal of a person from the business and interests of life, and from the comforts of home, for an indefinite period, upon no other authority than the order or request of a relative, or indeed of any one, who has procured certificates of lunacy from two medical men, of whom no other qualification is required than that their names should appear in the Medical Register. And the strangeness of this fact will appear all the greater when it is remembered that the State has nothing to say in the appointment of the superintendents to whose care the patients are committed. Although it appeared to be satisfactorily established that the placing of sane persons in asylums as lunatics, is not an occur-

rence very much to be feared, the risk of prolonged detention without adequate cause has not been so convincingly disposed of. And supposing this risk to be real, How is it to be guarded against? If not by limiting the duration of the order, it must be by placing more power in the hands of the Commissioners in Lunacy, and making them responsible for seeing that no one is improperly placed in an asylum, or is afterwards improperly detained. This matter will be more fully considered when I have explained in a few words the constitution and functions of the Boards of Lunacy in England and Scotland, and the extent of the powers which are actually entrusted to them. I shall confine my remarks to the paid Commissioners, as they are the Members of their respective Boards who are deputed to visit asylums, and who are, as a rule, alone brought into direct relations with the patients.

The English Board of Lunacy comprises six paid Commissioners—three barristers and three medical men—each of whom receives a salary of £1500 a year. But there is, besides, another body, constituting a sort of supplementary board, which comprises three paid members, one barrister, and two medical men, each of whom receives the same salary of £1500 a year. The duties of this second body are, however, restricted to superintending the management of that section of the insane whose funds are under the administration of the Court of Chancery. Hence they are called the Lord Chancellor's Visitors in Lunacy, or simply the Chancery Visitors. By the latest returns the number of Chancery patients is 995, of whom 676 are in asylums, and 319 in private dwellings. On the other hand, the total number of lunatics in England is stated in the last report of the Commissioners to be not less than 66,636. Thus we have the anomaly of three salaried officers being deemed necessary for ensuring the proper management of 995 patients, and six being deemed sufficient for the proper management of the balance, amounting to 65,641. But the anomaly does not stop even here, for the 676 Chancery patients who are in asylums have equally with the other inmates of such establishments the benefit of

visitation by the Commissioners in Lunacy; so that only the 319, who are in private dwellings, are exclusively superintended by the Chancery Visitors. The main duty of these gentlemen, in connection with such of their patients as are in asylums, is to see that they receive an adequate return in their treatment and accommodation for the money paid for them. They have no voice in the management of the asylums. Seeing that the fact of an adequate return when once satisfactorily ascertained cannot, as a rule, require much after-investigation, it is difficult to believe that the Chancery Visitors are not too numerous for the duties they have to perform, They are called on to visit the patients in asylums once a year, and those in private dwellings four times a year. The former duty, from the patients being concentrated in asylums, and mainly in asylums in the vicinity of London, can occupy but a small portion of their time, and their main occupation must therefore consist in inspecting the condition of the patients in private dwellings. In the examination of the Witnesses the question was repeatedly asked, whether there is not a loss of power and a waste of money in having a special set of Visitors for the Chancery patients, and whether there is not an unnecessary overlapping of the duties of these Visitors and of the Commissioners in Lunacy? And although some differences of opinion were expressed upon these points, it is not easy to see how any but an affirmative answer can be given. In fact, the cost of supervision of the 995 Chancery patients considerably exceeds the cost of the whole Lunacy administration of Scotland. If the Chancery Visitors are not too numerous for their duties, then it seems to follow that the Commissioners in Lunacy must be quite insufficient for theirs, and that it is impossible they can discharge them either with satisfaction to themselves or with proper security to the public. Lord Shaftesbury, it is true, is strongly opposed to the increase in the number of the Commissioners which their amalgamation with the Chancery Visitors would entail, because he is afraid the united Board would degenerate into a debating club at which there would be more talk than business; but this risk could surely be guarded against by the control of the chairman. In the busi-

ness of a railway company or a bank, nine members of a directorate are not found to be an unmanageable number.

Of the total number of lunatics in England and Wales, officially known to the Commissioners in Lunacy at 1st January 1877, viz., 66,336, 43,828 were patients in asylums, 458 private patients in ordinary dwellings, 16,038 pauper patients in workhouses, and 6,312 pauper patients in ordinary dwellings. But these figures, great though they are, do not by any means represent the total number of the insane in England. The law does not require that private patients living with their friends, or anywhere in ordinary dwellings if not kept for profit, shall be intimated to the Lunacy Board, and the unknown number comprised in this category cannot fail to be very considerable, if the condition of matters in England at all corresponds with what has been ascertained to be the case in Ireland. Mr Nugent, one of the Irish Lunacy Inspectors, states in his evidence that while the number of lunatics in the asylums and workhouses of Ireland amounts in round numbers to 12,200, there are besides no less than 6,200 in private dwellings, who are officially known chiefly, if not entirely, through the returns of the constabulary. Evidence of this kind reveals a state of matters which is not sufficiently taken into account in considering the scope of the Lunacy Laws; and when, moreover, it is kept in mind that in England neither the pauper patients in workhouses, nor the pauper patients in private dwellings, appear on the registers of the Board of Lunacy, and that accordingly their visitation is scarcely, if at all, a statutory duty of the Commissioners, it will be apparent that the English system of Lunacy is not free from grave omissions. It is stated by Lord Shaftesbury, that of the private single patients, 430 are visited by the Commissioners, or 111 more than the number visited by the Chancery Visitors; and such being the case we cannot possibly avoid the inference that either the Chancery patients must be visited far beyond what is required to insure their proper treatment, or that the patients under the Commissioners do not receive the visitation that is required for their protection. Again, while very stringent measures are taken for guarding against any one being placed in an asylum

without the statutory order and certificates, neither order nor certificates are necessary for placing a lunatic in a workhouse. Within the Metropolitan District, it is true, a medical certificate is required, but, in other parts of the country, this does not seem to be necessary, and the consequence is that a large number of pauper lunatics are placed in workhouses solely at the discretion of the Relieving Officer, and without any consideration of the question whether they are curable or incurable. Whether they are then permanently detained, or are passed on to the asylum, appears to be very much a matter of convenience. If they are manageable they are kept; if unmanageable they are removed. The Commissioners are authorised to visit workhouses, and they do so at irregular periods; the larger establishments usually once a year, and the smaller houses every two or three years; but the registers required by the Lunacy Statutes are not kept, and no statistics appear in the reports of the Commissioners to show the results of treatment. In short, while there are very stringent regulations for protecting the patients in asylums, and for preventing their admission in an illegal manner, the 16,038 pauper lunatics in workhouses are deprived of their liberty and left to be dealt with very much at the discretion of the parochial authorities.

Neither does there seem to be any direct supervision by the Commissioners over those pauper lunatics who are placed in private dwellings. Indeed, the visitation of such cases does not fall within their duties, and we have thus a further number of 6,312 recognised lunatics placed beyond the pale of the Lunacy Laws. It is, however, obvious that if three Chancery Visitors are required to guard the interests of 995 patients, of whom only 319 are in private dwellings, it would be utterly impossible for six Commissioners to undertake the supervision of 6,312 pauper lunatics in private dwellings, even apart altogether from their other duties.

It may not be out of place to make allusion here to a proposal submitted to the Committee by the Chancery Visitors, to provide special asylums for the sole accommodation of Chancery patients. The grounds for this proposal are the lessening of the labour of visitation by concentrating the

patients in larger establishments, and the greater security which would thus be afforded for their satisfactory treatment. But it will be seen on consideration that it would be very difficult to give this suggestion practical effect; and besides, we fail to see that there is any adequate reason for placing Chancery patients in a separate niche of lunacy administration. The fact that their funds are administered under authority of the Court of Chancery can make no difference in their mental condition, and should make none in their treatment; but if special asylums are to be deemed necessary for Chancery patients, why not also for that numerous class of lunatics whose funds are administered under testamentary and other trusts? And supposing these Chancery asylums erected, by what means are the committees or relatives of the patients to be brought to make use of them? It is repeatedly stated in the evidence that the friends of patients frequently object to placing them in public asylums; and it is difficult to see that they will regard these proposed Chancery establishments in any other light. If it be thought proper to provide additional accommodation of a public character for insane patients of the private class, with the view of meeting a recognised want, let this be done for the whole of the public, and not for such a restricted section of the community as have their affairs administered by the Court of Chancery. It certainly does appear somewhat absurd that counties and boroughs should be required by law to erect commodious asylums for the care and treatment of their pauper lunatics, and that they should be debarred from providing accommodation for private patients, except for such as are in indigent circumstances, and whose treatment, the statutes declare, must be regulated in all respects like that of pauper patients. It would surely be a wise resolution to do away with this restriction, and to permit counties and boroughs to provide accommodation for patients of the upper classes also, if they chose to do so. There is reason to think that this permission would before long be extensively taken advantage of, and in this case the proposed *imperium in imperio* of Chancery asylums would be deprived of such small

support as could at present be brought forward in its favour. At the same time it would be highly inexpedient to legislate directly against private asylums, which are admittedly in harmony with the feelings of a large section of the community, and which, as a rule, fulfil in an admirable manner the purposes for which they have been provided.

The amount of visitation paid by the Commissioners to those lunatics who are in asylums, and for whose proper care and treatment they are under the provisions of the Lunacy Acts more directly responsible, varies according to the class of establishments to which the asylum belongs. The patients who are in public institutions, comprising the County and Borough Asylums, Registered Hospitals, Naval and Military Hospitals, and the State Criminal Asylum, who number collectively 38,746, are visited once a year, while the 4,722 who are in private asylums are visited four times or six times a year, accordingly as they are placed in provincial licensed houses, or in licensed houses within the Metropolitan District. As a rule, the visits are made by two Commissioners conjoined, the one being medical and the other legal; but two of the six visits to the metropolitan private asylums may be made, and are habitually made, by one Commissioner, who may be either medical or legal.

The Scotch Board of Lunacy comprises two paid Commissioners, receiving salaries of £1000 each; but there are besides two Deputy Commissioners, receiving salaries of £600 each. The latter are not members of the Board. The total number of lunatics in Scotland amounted at 1st January 1877 to 8,862, of whom 6,689 were in asylums, 651 in lunatic wards of poorhouses, and 1,522 in private dwellings. The Scotch Lunacy Statutes require that all pauper lunatics shall be placed in the asylums of the districts within which their parish of chargeability is situated, unless the Board of Lunacy shall consent to their disposal otherwise. No pauper lunatics are now placed in private asylums; consequently if not inmates of the asylums of their districts, they are provided for either in lunatic wards of poorhouses or in private dwellings. The Board of Lunacy undertakes the responsibility of dispensing with their

removal to the district asylum, only on being satisfied that those sent to the lunatic wards of poorhouses, and those disposed of in private dwellings, will be properly cared for. For securing this end, the Board first determines what accommodation in poorhouses is deemed suitable for the purpose of being occupied as lunatic wards, and then grants its license, which is restricted to the reception of harmless and incurable patients. Moreover, each admission takes place upon a separate sanction, granted after consideration of the facts stated in the medical certificate and of those in the "Statement," which combined, permit of a pretty accurate conclusion being drawn, whether the case is a proper one or not for the accommodation provided. Lunatic wards of poorhouses in Scotland thus occupy a radically different position from wards of a like name in England. Their management is brought thoroughly under the control of the Lunacy Board, and if the regulations which are laid down for securing proper attention to food, clothing, bedding, occupation, exercise, and recreation, are not attended to, the remedy can at once be found in the withdrawal of the license. No pauper can even be removed from the ordinary wards of a poorhouse to the lunatic wards without the sanction of the Commissioners, and any governor of a poorhouse who infringed this rule would subject himself to pecuniary penalties, besides imperilling the license.

The duty of superintending the condition of the patients in ordinary dwellings, private as well as pauper, is mainly confided to the Deputy Commissioners, who see such patients as a rule, about once a-year, but whose visits to certain cases are considerably more frequent whenever this course for any reason appears called for. Every pauper as well as every private patient is disposed of under a distinct sanction from the Board, such sanction being granted on medical certificates of lunacy, which must also testify that the case is a proper one for a private dwelling, and that the circumstances generally are suitable and such as will ensure proper care and treatment. This sanction, moreover, is usually granted in the first place only until the patient shall be seen by the visiting Commissioner. If the condition of the patient is

then found to be unsatisfactory, and if no amendment appears probable, it is at once cancelled. Under the statutes, as many as four patients may be received into a private dwelling upon these forms without a paid license; but it is seldom that more than two are thus provided for, and in the great majority of cases the number is only one. The visitation of single patients in Scotland is carried out under regulations drawn up by the Board, but the visitation of asylums and lunatic wards of poor-houses is regulated directly by the statutes. Two visits a year must be made to each establishment, whether asylum or poor-house, and as a rule these visits are made by one Commissioner, the duties of the office in the administration of the law requiring that the other should remain at head-quarters. Occasionally the assistance of a Deputy Commissioner may be required, but the whole visitation in Scotland is medical. The chief difference, however, between the English and Scotch systems of lunacy administration lies in this, that in England a large section of the reported lunatics, amounting to more than a third of their total number, is placed beyond the pale of the Lunacy Laws; whereas in Scotland every reported case, wherever placed, comes within the scope of the statutes, and is dealt with according to the same forms whether the patients are private or pauper.

When the Lunacy Laws of the two countries were passed, it was not unnaturally supposed that the provision of extensive means of accommodation and treatment, under the most favourable circumstances, would lead to a great decrease of lunacy, partly by putting impediments in the way of its propagation, and partly by promoting the recovery of those affected with the malady. Experience has not verified these hopes. Instead of a decrease having taken place in the number of lunatics, there has been on the contrary a large and alarming increase. This will be seen from the following figures:—The total number of lunatics officially known in England in 1859 was 36,762, of whom 4,980 were private and 31,782 pauper patients. In 1877, the total number was 66,636, of whom 7,597 were private and 59,039 pauper

patients. The total number of lunatics officially known in Scotland in 1859 was 6,018, of whom 1,038 were private and 4,980 pauper patients. In 1877, the total number was 8,862, of whom 1,566 were private and 7239 pauper patients. It is known from the returns made to the Commissioners that in England the increase had been going on steadily for many years before 1859, but in Scotland before this year there were few reliable data on the subject. It is important, however, to bear in mind that it appears from the official returns of both countries, that at the present time there is no testimony whatever shown towards a falling off in the ratio of the increase. In 1876, the last year of the period dealt with, the increase was 1720 in England, and 353 in Scotland.

One of the points which most strongly arrests the attention in considering the foregoing figures is the high proportion in which pauper lunatics stand to private lunatics. For the sake of brevity, my remarks on this point will be confined to the experience of England. The estimated population of England in 1877 was 24,547,309, of whom 732,523 were paupers; of these paupers 59,039 were lunatics. Proportionally stated, there were thus in every 10,000 of the population 24·05 pauper lunatics and only 3·09 private lunatics. But as in every 10,000 of the population there were only 298 paupers, reckoning both sane and insane, it would thus, at first sight, appear as if every 298 paupers should yield a quota of 24·05 pauper lunatics. This inference, however, would be essentially incorrect, for the stratum of the population from which so-called pauper lunatics are derived rises much above the stratum of ordinary pauperism. Few of the wages-earning classes are in a position to meet the expense of asylum maintenance should any member of their families become insane; and from this point of view, the mass of the working classes, and many persons in receipt of small salaries, must be included in the stratum of the population from which pauper lunatics are drawn. And as persons in straightened circumstances must more frequently be driven to have recourse to asylum treatment than those in easy circumstances, there is herein another element which stimulates the growth of ostensible pauper

lunacy. Whether, when these various considerations are taken into account, it would be safe to maintain that the upper ranks of society yield a smaller proportion of lunacy than the lower, is a question to which, with our present means of information, it would be difficult to give a positive answer. It would be requisite in the first place to ascertain what proportion that section of the population which requires no assistance from the rates to maintain an insane relative, bears to that section which cannot do without such assistance. We have, however, no means of ascertaining this proportion, and must therefore be satisfied to express a general opinion that lunacy is probably less diffused among the upper and middle classes of society than it is among the lower. It appears from the evidence that treatment in private dwellings is not an infrequent occurrence for patients belonging to the richer classes, before recourse is had to an asylum, mainly, perhaps, to permit of the dreaded brand of lunacy being avoided. Sometimes, perhaps often, these patients are boarded out for profit, and under the existing statutes they should then be reported to the Board of Lunacy; but in a great number of cases such a degree of lunacy as calls for intimation is not admitted, or, if admitted, the statutory duty of intimating the case is neglected, either wilfully or from ignorance of the law. In many other cases the treatment is conducted at home, or elsewhere, under the care of relatives; and in these circumstances, when no money payments are made, the statutes do not require that any report should be made to the Lunacy Board. To what extent home treatment, or treatment in private dwellings elsewhere than at home, proves successful, we have no reliable data to show, but there is reason to think that its success is considerable. Dr Maudesly states in his evidence that the proportion of recoveries in asylums among private patients is decidedly less than among pauper patients, and he accounts for this result by the time that is lost in undertaking the treatment of the private cases from the unwillingness of relatives to have recourse to an asylum. There is, however, considerable reason for doubting the correctness of this inference. The result, admitting it to be true, is

more likely due to the number of recoveries that have already taken place among the private insane under home treatment; thus leaving a smaller proportion of curable cases to be sent to the asylum, and consequently a smaller proportion for recovery. There are no reliable grounds on which we can maintain that the treatment of pauper patients is more successful than that of private patients, and the question is one which is complicated by so many considerations, that it would be extremely difficult to arrive at any positive conclusions regarding it. Even supposing that private and pauper patients were admitted into asylums under precisely the same conditions, the results, as regards both recovery and mortality, would speedily be affected by extraneous influences. When private families have to support the burden of a patient's maintenance, the inducements to remove him from the asylum are much greater than when the burden is borne by the parish. By the operation of this cause, the rates of recovery and of mortality among private and pauper patients, as shown by statistical tables, must be materially modified, the former in an unfavourable manner for private patients by their premature removal, and the latter in a favourable sense by fewer persons being left to die. Recoveries and deaths which by prolonged residence would have taken place in the asylum, escape being recorded.

After every allowance has been made for the causes which prevent an accurate knowledge being obtained of the extent of lunacy among the upper classes, it is still difficult to avoid the conclusion that the affection is less prevalent among them than among the poorer classes. This conclusion, if made out, would go far to show that insanity is more a disease of physical deterioration than one of advanced civilization. However this may be, it is surely a reassuring fact that in the whole twenty four and a-half millions of the English people, there should be only 7,597 reported lunatics belonging to that large section of the community which receives no assistance from the rates. And when it is considered to what extent even this number might have been reduced, by more attention having been given to hygienic management and physical training, there

are certainly good grounds for taking hopeful views of the future.

Broadly stated, at least 90 per cent. of the insane in asylums and elsewhere are incurable. Whether by earlier asylum treatment this proportion might have been reduced, is a problem which cannot be readily solved, for no one can tell what would have been the result in any single case, if it had been in different circumstances from those in which it was actually placed. Of course, it is easy to maintain that medical skill would have accomplished much; but the undeniable fact that from the period of the institution of the returns of the Registrar-General, now more than forty years ago, to the present day, there has been no diminution whatever in the rate of mortality among the English people, must make us pause before we ascribe to medical treatment any very remarkable influence in promoting recovery or averting death. The question of moral support and comfort which the attendance of a medical man affords to his patient is quite another consideration, and is not here taken into account; neither is the relief to bodily suffering which judicious medical treatment is capable of affording. In like manner, we fail to perceive in the statistics of our asylums any evidence of better results, either in promoting recovery or averting death, being attained at the present time than during any former period within which we have the reliable data of the Commissioners' Reports. At the same time, it cannot be called in question that the comfort of existence in asylums has been immensely increased; and this fact must be recognised, from a humanitarian point of view, as no small gain. It is a question, however, whether this was the main object which the Legislature had in view in requiring the erection of our public asylums. In the evidence taken by the Committee frequent allusion is made to the curative appliances provided in asylums; and one of the chief grounds on which the practice of placing patients in the lunatic wards of workhouses is condemned, is founded on the statement that these establishments are unprovided with such appliances. But no Witness tells us the nature of those special curative appliances which are provided in

asylums, nor wherein the special virtue of asylums consists. So far as can be seen by ordinary observers, asylums afford the means of removing the patients from their accustomed surroundings; of lodging them, some in single rooms, and others in association; of supplying their daily wants; and of providing them with the means of occupation, exercise, and recreation. The medical superintendent prescribes such medicines as he may consider necessary, and attendants are provided to maintain order, to assist the sick, to be present with the patients at all times, and to preside over their occupations, exercise, and recreations. No doubt, all these influences may be reckoned as curative appliances, but appliances of a like kind might be provided even in connection with workhouses, as Scotch experience has clearly shown. As English workhouses are at present constituted, they are certainly, as a rule, not properly adapted for the accommodation and care of lunatics; but to what extent their accommodation, and the treatment provided in them, affect the condition of the patients in respect to recovery or mortality, has yet to be elucidated. The Reports of the English Lunacy Board contain no information upon these points. But whatever may be the curative appliances of asylums, the unsatisfactory fact remains, that notwithstanding the constant extension of these establishments, the demands for further accommodation continues as great as ever. This result is certainly not in favour of the present system of dealing with lunacy; and the question thus arises whether the State in its desire to insure the proper treatment of the insane may not in some way or other be overstepping the bounds of judicious legislation. In considering this point, however, it should not be overlooked that asylums serve a useful and legitimate purpose by affording the means of providing for persons, who, although not dangerous, are yet through mental disease an insupportable source of annoyance and misery to their families.

It is certain that no government can do everything for the people, for under any circumstances a great deal must of necessity be left to individual action. Nor is it for many reasons desirable that a government should be too paternal in

its rule. It is unquestionably the duty of the State to take care, that every member of the community should be qualified by training and education to preside over his own welfare, and be taught to respect the rights of others; but it is not the duty of the State to hold the community in tutelage, and to lay down rules and regulations for its guidance in all the ordinary concerns of life. It may, indeed, be argued that as an insane person has ceased to be capable of forming a correct judgment, it becomes the duty of the State to take measures for his protection; and up to a certain point the force of this argument must be admitted. For instance, when it becomes necessary to remove an insane person to an asylum, to deprive him of his liberty, and to subject him to the authority of others, it unquestionably becomes the duty of the State, to take precautions that the authority which it delegates to the persons to whose custody it confides him is not abused. But it does not appear so clear that it constitutes part of the duty of the State to supervise the treatment of insane persons in ordinary dwellings, unless in those cases in which the cost of their maintenance is defrayed from public money, or from money administered by public officials; and hence it will be proper that the State should assure itself that the money which is derived from the poor-rates, from the Exchequer, or from funds under the administration of Courts of Law, is expended with due regard to the welfare of the patients. Pauper lunatics in private dwellings would on these grounds come under the supervision of the State, and also those private lunatics whose funds are administered by the Court of Chancery in England, and the Court of Session in Scotland. But it should be kept clearly in view, that among the patients included in these categories, the malady is already almost invariably of a chronic and incurable character. When, however, the cost of maintenance is defrayed neither by public money, nor by funds under judicial administration; and above all, when the malady is recent and not confirmed, doubts may be felt as to the propriety of interference by the State in the treatment of lunatics in private dwellings. At present, the right of the State to interfere in such cases, is limited to those patients

who are boarded out or kept for profit. But opinions were freely expressed before the Committee, that every lunatic in a private dwelling, whether living in his own family or boarded with strangers, should be reported to and placed under the jurisdiction of the Board of Lunacy. And, apparently, it is only the impossibility of acquiring a knowledge of the existence of patients in private dwellings, that prevents Lord Shaftesbury himself from taking this view. We have no precise information respecting the number of persons of unsound mind, living in private families in England, and kept for profit; but it must far exceed the number of 458, which is that officially known to the Commissioners. The reasons why this number should be so small will appear on a little consideration. The Witnesses over and over again referred to the deep dislike of the public to have the brand of lunacy stamped on their families. It may be philosophical to maintain that lunacy is simply a disease, and that there is no more disgrace associated with it, than there is with an attack of fever. Nevertheless, there remains the fact that the interests and prospects of families are far more seriously affected by an imputation of lunacy, than by any bodily disorder of whatever other kind, and a very powerful motive is thus supplied to keep its existence a secret from the public. When, therefore, the State declares that no insane person shall be boarded out without a certificate of lunacy having been obtained, and a report being made to a public board, it goes strongly against public feeling, and does after all but little to attain its object. As this is a very important matter, I shall refer rather fully to the evidence bearing upon it. On this point Dr Maudsley says to the Committee: "Then you would have to consider how much the public would object to having a public officer intervene in every case of insanity, when it was merely desirable to remove the patient from home to a private house, near perhaps, or at the sea-side. They would shrink very much indeed, according to my experience, from having a public officer come in to proclaim, say, a young lady at eighteen, a lunatic, or a wife after childbirth, who is insane perhaps for a month or two. To a professional man, such a public thing

might be absolute ruin." This answer, though given with reference to the proposal to have special experts for certifying lunacy, shows how strong is the dislike of the public to official interference in cases where they are not convinced of its necessity. If some general practitioners had been examined, it is not unlikely that a great deal of evidence would have been obtained tending to show that the present requirements of the law tend largely either to clandestine treatment with strangers, or to the patient being detained at home, when he would otherwise have been placed in circumstances more favourable to his recovery. It is a prevalent doctrine in the treatment of lunacy, that removal from home, and from the influences that fostered the malady, is one of the most important elements in promoting recovery. "I think," says Mr Wilkes, "removal from home associations, and from the exciting causes of the disease, tends very rapidly to the recovery of the patient." But in many cases, this advantage can be secured without removal to an asylum. Thus Dr Harrington Tuke tells us that "there are many cases where the cure can be managed easily and properly at home. There is no necessity whatever in many cases to remove the patient at all. Then in the great majority of cases it is necessary; separation from friends in this very singular disease seems useful." Among the upper classes this separation is often obtained by travel, and then no intimation of the case is required to be made to the Lunacy Board either in England or Scotland; or the patient may be sent abroad to escape the statutory interference of the Commissioners. When, however, it is discovered that a patient is boarded out in England without having been reported in accordance with the statutes, it becomes the duty of the Commissioners to prosecute the offenders; "but," says Lord Shaftesbury, "we have great difficulty very often in obtaining evidence . . . and having got evidence, we have very great difficulties in obtaining a verdict, because nearly in every case juries will have some overt act of cruelty, generally speaking, or of violence, or something of that sort before they will find a verdict. As for a simple violation of the law, the juries seem to treat it as a matter of no consequence at all. I am

sorry to say that even the judges of the land have gone as far as that. Here is a famous case that occurred in 1873 . . . Nothing could be clearer than the evidence; the neglect and cruelty were manifest . . . His lordship summed up. The jury acquitted the defendant, and well they may have done so on this summing up." The consideration of what Lord Shaftesbury here says, and there is a great deal more to the the same effect, must inspire grave doubts, whether the course laid down by the statutes is calculated to effect its object; and, indeed, the question even arises whether it is not calculated to do harm. If medical practitioners were at liberty to take such measures for the welfare of their patients at the outset of the malady as seemed to them good, it is only natural to suppose that removal from the influences that tend to confirm it, would be more effectually carried out than at present; but when the law steps in to forbid removal without a public recognition of lunacy, the relatives hesitate, and the patient is kept at home not improbably to his great disadvantage. The fact is not disputed that the visitation of single patients by public officials is calculated to afford a valuable guarantee against maltreatment or neglect; but it is possible, that the benefit derived in the comparatively few cases that are reported to the Lunacy Board, is outweighed by the injury inflicted on those who may be deprived of the treatment best calculated to produce recovery, through the unwillingness of the public to act in conformity with the requirements of the statutes. So long as the evidence upon the scope and results of the Lunacy Laws is given mainly by men occupied in that special department of medicine which deals with insanity, so long will prevalent medical opinion appear to be in favour of the stringent supervision of all classes of the insane, wherever placed, and in whatever stage of the disorder; but even in the evidence that has been quoted, there are exceptions to this view; and there is reason to believe that if the evidence of general practitioners were taken, it would tend to destroy faith in the present system of dealing with single patients. That it would still be advisable to lay down statutory regulations under which insane persons should

be dealt with in private dwellings, is a matter well entitled to consideration. But they should be of the simplest kind, and should be carefully framed not to interfere with judicious freedom in the disposal of the patient, especially in the early stages of the malady.

In the Scotch statutes more freedom is accorded than in the English, for in the former it is provided that the enactments regarding the disposal of single patients shall not apply to those cases in which a certificate has been granted by a medical man that the malady is not confirmed, and that it is expedient with the view to recovery that the patient should be removed from home for a temporary residence not exceeding six months. This limit might, I think, be very properly extended to twelve months, and if this provision were imported into the English statutes it would permit of a wise discretion in the disposal of incipient cases of lunacy. The production of a medical certificate of the kind referred to should accordingly prove a bar against all interference by the Commissioners.[1] If there be any truth in Lord Shaftesbury's belief, that the great increase of lunatics is to be ascribed in a very great degree to imperfect treatment in the early stages of the malady, it is obvious that the removal of restrictions tending to prevent the adoption of the most efficient remedial measures would prove an immense boon, not only to the patients themselves, but to the whole community. When the malady is of old standing, and its existence no longer a secret to be guarded at all hazards, the reasons against state supervision would lose much of their force. It cannot be denied that the maltreatment of lunatics in private dwellings is an evil of occasional occurrence, and is one to be guarded against. The difficulty, as we have seen, is to determine in what manner it can be prevented. The risk is most apt to occur when removal to an asylum is resisted in order to pre-

[1] The doctrines which are here advocated regarding the disposal of cases of insanity in the early stages of the malady, received in 1866 the deliberate approval of the Royal College of Physicians of Edinburgh, in a memorandum which they drew up on an Amendment Lunacy Bill then before Parliament.

vent the family means being dissipated by the payments required for the patient's maintenance.

Passing now from the management of single patients to that of patients in asylums, attention is at once arrested by the facts that less than ten per cent. of the total number are deemed curable, and that nearly the whole of those deemed curable are of recent admission. As a rule, recoveries take place within a twelvemonth after the admission of the patient, and after two or three years they become exceedingly rare. It must not, however, be supposed that all cases recently admitted are curable. So far is this from being the case that, as a rule, only about 40 per cent. of the admissions prove recoveries. It is often assumed that if the remaining 60 per cent. had been earlier received, a large proportion of them would have equally recovered; but this is an assumption which could be accepted as probably correct, only if it were made on a careful consideration of the facts of each case. To assume that all or even a large proportion of the old standing cases would have recovered if they had been sooner admitted, is to ascribe to medicine a power of remedying organic degeneration, and arresting decay far beyond what experience justifies. But be this as it may, the fact is indisputable that as the case actually stands, asylums are places of curative treatment for only 10 per cent. of their inmates, and mere places of detention or safe custody for the remaining 90 per cent. For the sake of argument I am willing to look upon removal to an asylum and early treatment as synonymous terms; but the question will still arise, What advantage is to be hoped for by associating a curable patient with so large a proportion of incurables? Lord Shaftesbury thinks that this association has proved most prejudicial to the interests of the insane, and he expresses his conviction that herein lies one great cause of the immense increase of lunacy. And certainly it is difficult to perceive any rational grounds for the association together of the insane in numbers amounting frequently to 1,000, and occasionally to 1,500 or even 2,000, beyond those doubtful economical advantages which are sometimes claimed

for such aggregation. It can certainly prove no advantage to the insane to be brought together in such numbers that the individuality of each patient is lost in the crowd of lunatics, and where the amount of lunacy is so great that it becomes impossible to introduce such an amount of sane element as could materially influence or modify the thoughts and actions of the insane. In no respect is any gain to be looked for in the mere association of the insane with the insane. Time was when the belief prevailed that in the mutual association of the insane was to be found one of the most reliable of curative appliances, but this doctrine is now generally discredited and sent to that limbo to which turning-chairs, baths of surprise, and similar contrivances for restoring the wits, have long ago been consigned. And here it may be worth while to remark that remedies of this kind did not originate with the ignorant laity, but with medical men who had made insanity their special study. If I direct attention at present to this fact, it is simply with the view of conveying a caution against receiving as proved everything that experts choose to advance as proper in the treatment of insanity. When a man undertakes to exercise efficient supervision over the treatment of 1,000 lunatics (and one of the Witnesses saw no difficulty in dealing with 5,000), we may be excused for inquiring wherein would consist the benefits of his treatment, and wherein then would lie the great difficulty of dealing with lunacy? Such an amount of supervision as he could personally exercise must be merely nominal; and his treatment must, of necessity, degenerate into routine, or his duties be discharged by assistants, with a very imperfect knowledge on his part of what was being done.

In the facts to which attention has been here directed there are, I fear, serious grounds for holding that our present system of dealing with lunatics is in various respects faulty. The constant increase in the official number of the insane is of itself calculated to arouse uneasiness, whether this is to be ascribed to an actual increase of lunacy, or simply to an apparent increase caused by the influence which gratuitous treatment in asylums exercises on the demand for accommo-

dation. Under either supposition there is an urgent evil to be met, but the probability is that both causes are concerned in the result. Be this, however, as it may, it is only too clear that notwithstanding all our efforts, the demand for asylum accommodation continues as urgent as ever, and that the burden of the maintenance of the insane is every year becoming heavier and heavier. Such results cannot fail to suggest that hitherto we have sought the remedy in a wrong direction. The fact is that we have allowed a terrible evil to grow up among us, and that we have been content to lop the branches, leaving the growth as luxuriant as ever, instead of directing our efforts to destroy it at the roots.

That prevention is better than cure is a saying familiar to every one; but it does not seem to have been sufficiently considered that it would be possible to take measures to stop the occurrence of insanity. No doubt insanity is a mysterious malady. The conditions of a sound mind constitute a problem which has yet to be solved. Nevertheless, it is generally admitted that a healthy body is the essential requisite of a healthy mind. Maintain the health of the body, and give adequate exercise to all its organs, and you will do the utmost that man can do to secure the health of the mind. It is in this direction, then, that we must look for the diminution of insanity. No one will be sanguine enough to hope that the malady can be totally eradicated, but if there be any truth at all in the doctrines of preventive medicine and in the influences of sanitary legislation, we may confidently look forward to a great alleviation of the scourge. Man has a great deal in his power in the way of avoiding mental disease. The records of our asylums teach us that intemperance and immoral indulgence of various kinds are among the strongest factors in the production of insanity; and other causes are bodily diseases of different kinds, mostly having their origin in prolonged neglect of the laws of health. Wherein, then, is the remedy to be found? Not in State supervision, but in physical and moral training, and in qualifying every man to be the guardian of his own health. This work should be begun in the nursery, and continued in the school-room and

playground, by giving enlightened attention to physical and mental training, and by imparting a knowledge of the functions of the human body and of the laws on which their healthy discharge depends. Then efforts should be made by the Legislature to place within the reach of the people the means of healthy and rational recreation, and the statutes which interfere with individual liberty in the employment of Sunday should undergo revision. In all our schools, whether for the upper or lower classes, a taste should be cultivated for out-door sports, and the young should be trained to seek for sources of pleasure in the glorious world which surrounds them,—"to find tongues in trees, books in the running brooks, sermons in stones, and good in everything." In this way would the public-house cease to be the only means of recreation which the ordinary working man can appreciate. The growth of towns at the expense of the country is every day placing a larger proportion of the people in circumstances unfavourable to their health, both bodily and mental; and herein is probably one cause of the ever-increasing prevalence of insanity, or rather, perhaps, of its ever-greater aggregation in asylums. An insane person in a town cannot be permitted the same amount of liberty as in the country, and hence in cities removal to an asylum becomes more a matter of necessity.

A few words have still to be said with regard to the provisions made by the statutes for the discharge of patients from asylums, for the admission of friends and legal advisers to see them, and for the mode of dealing with their letters. The general tendency of the evidence taken was to show that greater facilities should be given for the discharge of patients. Perhaps the best and simplest plan to obtain this end would be to increase the powers of the Commissioners, who, as paid servants of the State, are the natural persons to see that no one is improperly detained. Whether, with this view, the amount of visitation by the Commissioners should be increased, is a point open to discussion; but there can be no doubt that it is chiefly in official visitation that protection should be

looked for, not only against improper detention but against abuses of every kind. The immediate management of asylums is very properly left to the members of the County Boards, and visitation by members of these bodies is on this account both desirable and necessary; but the question of detention, especially in doubtful cases, is more properly left to the decision of the Commissioners. It does not follow, however, that visitation by the Commissioners will always be an unmixed good. Occasionally the patients get excited by it, and for a time the discipline of the whole house may be injuriously affected. I am inclined to think that two general inspections annually will be sufficient to afford all the protection which may reasonably be looked for from official visitation, provided readiness is shown to make special inquiries into individual cases whenever any necessity for such investigation appears to arise. If more frequent general visitation were found necessary, there would be reason to fear that there was something radically wrong in the management, something which would be beyond any amount of visitation to remedy. And here the question arises, whether as a guarantee for good management, the State should not retain the nomination of the superintendents of all public asylums in its own hands, and should not also require increased guarantees as to pecuniary means and professional acquirements from the proprietors of private establishments. If the superintendents of public asylums were public officers appointed by the Crown, the State would certainly possess a better guarantee than it has at present for the efficient discharge of their duties, and in this case there could then be no doubt that two annual visits by the Commissioners would be quite sufficient to guard against all serious risk of maltreatment or improper detention. Too frequent visitation has, besides, this drawback, that it is apt to be more superficially performed, from the greater claims then made upon the Commissioners' time. Under the existing system it presents itself as an anomaly for the State to sanction the detention of insane persons for periods frequently running on to many years, without retaining any voice in the appointment of the officers

to whom this power is confided, and with but little say in the management of the institutions, or in the discharge of the patients. And this anomaly has recently become greater by the State undertaking to contribute very considerably to the maintenance of pauper patients. A large amount of public money is thus annually dispensed, without any control being retained over its expenditure.

It is, however, not alone through visitation by the Commissioners in Lunacy, and members of the asylum boards, that the efficient management of asylums should be sought. A great guarantee against both improper detention and improper treatment will be found in removing all undue impediments to visitation by the public. It would not, of course, be proper to grant such freedom of access as to constitute asylums sources for the gratification of idle curiosity; but such access should be given as would guard against any patient being "interned," and prevented seeing any one who might have good reasons to claim admission. It appeared from the evidence of some of the Witnesses that in England too much power to exclude visitors is virtually placed in the hands of the person at whose instance the patient is detained; and indeed it was alleged that occasionally the power of the entire exclusion of visitors is assumed and permitted. The Scotch rule, that no person shall be denied admission to a patient without an entry being made in a register kept for the purpose, a copy of which shall be sent immediately to the Commissioners, appears well calculated to guard against undue exclusion. In the event of admission being refused, an appeal may be made to the Commissioners, who then decide whether the cause of exclusion is valid. The Commissioners are empowered to grant their order for the admission of any friend or relation of the patient, or of any medical man or other person whom any relation or friend of such patient shall desire to be admitted; but some doubts have arisen whether this power extends to lawyers or other persons not relations or friends in the ordinary meaning of the term, and objections have thus been made in one or two instances to giving compliance to the order of the Board. It is there-

fore desirable to provide that the Board shall have authority to grant an order of admission in favour of any person who in their opinion shall produce good grounds for requesting it.

The consideration of the proper method of dealing with the letters of patients occupied a considerable part of the time of the Committee. Here, again, too much power to stop the transmission of letters is practically placed in the hands of the persons at whose instance the patient is detained. There is, it is true, no statutory provision conferring this power; but the request that all letters shall be suppressed but those addressed to the person who had placed the patient in the asylum, may be effectually backed up by an intimation that the patient will be removed if it is not attended to. It is obviously improper that all letters from patients in asylums should be forwarded to their addresses, but it is surely undesirable that the power of forbidding their transmission should be exercised by the very person, who, if detention is improper, would be most interested in preventing this being known. It is provided by both the English and Scotch Statutes that the asylum Superintendent or proprietor shall forward unopened all letters that may be addressed to the Commissioners. In England, those that are otherwise addressed must be forwarded to their addresses, unless the head of the asylum shall authorise their transmission being delayed by an endorsement to that effect; and in this case they must be submitted to the local visitors or to the Commissioners at their first visit. The Scotch Statutes make no provision as to the course to be taken with the letters of patients, other than those addressed to the Commissioners.

The question how the letters of patients should be dealt with is not free from difficulty. The plan, which it was stated to the Committee is adopted in some of the American asylums, of placing a box within reach of the patients and forwarding all letters dropped into it to some public authority for examination and disposal, is one which might be considered proper if it were shown that any necessity for a change in the present system exists. In countries where there are Lunacy Boards this duty would naturally be confided to

them. Another suggestion, to forward all letters which appeared to be rationally addressed, could not be favourably regarded, for the mode of direction would not afford the smallest clue to the nature of the contents, which might be of an extremely blasphemous or obscene character. Practically the alternatives seem to be—adhering to the present system of endorsation and examination as practised in England; leaving all letters not addressed to the Commissioners to be disposed of at the discretion of the superintendents, according to the practice in Scotland; or transmitting all letters, not forwarded as addressed, to the Commissioners to be dealt with by them as on examination they should see fit.

It appears from the foregoing analysis of the evidence taken by the Committee that there is no great reason to fear that persons of sound mind are ever sent to asylums. But it is not so clear that detention in asylums is not in many cases prolonged after the necessity for this course has passed away. Hitherto lunacy legislation has proceeded too exclusively upon the view that the proper disposal of lunatics is in asylums. The consequence has been a progressive increase in the number of asylum patients, which still goes on without any manifestation of its progress being checked. The question whether this increase is natural and unavoidable or artificial and unnecessary, is one of the greatest importance, for on the answer will depend whether it is the result of a deterioration in the mental and physical constitution of the people, or is merely the outcome of the legislative measures passed for the care and treatment of the insane. This question, however, did not receive any particular attention from the Committee, and it is doubtful whether it is one which could be properly investigated merely by the examination of witnesses. A thoroughly exhaustive inquiry into the whole administration of lunacy by a Royal Commission appears to be the course that would yield the most satisfactory results. We want more information as to the action of the Parliamentary grant for the maintenance of pauper lunatics, in fostering the increase of their numbers; for it is a mistake to

hold that it has no influence in this direction. It may have no operation in the production of lunacy, but it has been found by experience to exert a positive action on the numbers of the insane who are thrown upon the rates. It is always difficult to withdraw assistance of this kind when once it has been conceded; but the inducement which the grant holds out to include among lunatics every person who can by any possibility be certified to be of unsound mind, might be neutralised by placing it on a permanent basis—that is, by fixing the allowance to each parish or union according to a past average, and leaving it uninfluenced by any future increment of the numbers, at least until such time as strong reasons should appear for its revision.

Another matter which especially calls for further investigation is the cumbersome and expensive manner in which the estates of lunatics are administered by the Court of Chancery.

It may also be worthy of inquiry whether steps should not be taken to render the certificates of medical men resident in England valid for the detention of lunatics in Scotland, and *vice versâ*. Although the statutes do not expressly limit the operation of English certificates to England, and Scotch certificates to Scotland, yet, in the opinion of the legal advisers of the Crown, both are valid only for that country in which the medical men are resident, and in which the statute empowering them to act is operative. It would probably be found difficult to recover penalties for the infringement of statutes which did not apply to the country in which the culprit was resident.

Another important question which should be determined is, what degree of authority the "Order" confers, first, upon relatives and others for the removal of a patient to an asylum, and then upon the officials of the asylum for his detention? Perhaps in no other respect is there so great a difference in the manner of dealing with lunatics in England and Scotland respectively as in the procedure for committing them to an asylum; and the point should be clearly settled whether, in granting his order, the Sheriff in Scotland acts in a judicial or simply in a ministerial capacity. Does his order

imply that he has satisfied himself by an examination of the medical certificates that they embody adequate facts to afford proof of insanity? or is it granted merely as a ministerial act without reference to the nature of the facts embodied in the certificates? All doubts on this point should be removed. The question should also be definitely settled whether the order is in itself sufficient authority for the reception of a patient, or whether the Superintendent of the asylum must satisfy himself that the medical certificates afford adequate proof of insanity and are in all other respects in harmony with the provisions of the statute, or be liable to the risk of an action at law.

In the foregoing remarks, it has not been my object to refer to all the questions of interest which were taken up by the Committee, but to confine myself to those broad principles which regulate the disposal and treatment of the insane.

THE END

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