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INSANITY
AND
THE LUNACY LAW.

BY

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THE LUNACY LAW

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INSANITY AND THE LUNACY LAW.

AMONGST existing human institutions there are few that can be said to have approached perfection; few, therefore, which do not from time to time justify investigation with a view to amendment or reform. At the present time public attention is being directed to the legal position of insanity, and demands for changes in the law have been made from various quarters. These have at length attracted the notice of the Legislature, which, having first appointed a Select Committee to inquire into the matter, proposes to take some steps to deal with the question. The subject is one of great complexity, and in the nature of things it can be but little understood by the general public. At the same time it is one which must inevitably excite very strong feelings in the minds of a considerable section of the public, which gives rise to controversies of a very heated description, and which on this account requires to be approached with the greatest caution by those upon whom the responsibility will rest of ordaining change.

My object on the present occasion is to endeavour to bring the whole question briefly under review, to point out the difficulties with which we have to contend, and to indicate some of the rocks which must be avoided if fresh legislation is to lead to satisfactory

results. I propose in the first place to give a sketch of the essential nature of insanity, and indicate in a general way what are the requirements in dealing with it, firstly in the interests of the patient himself, and secondly in those of the patient's family and the community at large. I shall then pass on to consider the objections which are made to the present method of dealing with the subject, and I shall make some suggestions which may aid in disposing of these objections.

The word "insanity" is a purely relative term, signifying a certain departure from the accustomed condition of the human mind. It is a term of very wide application, for it is sometimes used to indicate morbid conditions which belong to the great group of organic diseases, that is to say, conditions which are diseases in the same sense that consumption of the lungs is a disease. At other times it is employed to designate conditions of the mind which are only diseases in the same sense that general debility is a disease, or in the same sense that bodily fatigue or "want of change of air" are diseases. In the first-mentioned group, insanity amounts to a definite condition, an entity, with such well-marked characteristics that had we to deal with no other cases than these our task would be simple indeed. It is in connection with the latter group of cases that our difficulties arise; and it is this group which will be the main object of my attention. Here the relativity of the term "insanity" makes itself painfully evident, and to render my meaning plain I cannot do better

than refer to the familiar illustration of heat and cold. We are all taught in our childhood that these terms are purely relative; that an object is only hot when compared with something cooler than itself, and that this same object is cold when compared with some other of higher temperature than itself. We naturally take the temperature of our own bodies as our standard with which to compare familiar objects; and we are all aware how insensibly our sense of heat passes into that of cold; how infinite are the gradations through which a body that has been hot to the touch passes before it gives a decidedly chilly sensation; how wide and ill-defined is the borderland in which we are unable to say that it is either hot or cold; where the sense of temperature may be said to be neutralized, where the heat relation between our body and the one we are touching approaches equality. So with the mind. We judge of the mental state of others by reference to a standard which we all unconsciously recognize, and which has for its basis the greater or less harmony of the mental condition with surrounding circumstances. He is the sanest man who fits in most easily with the complex arrangement of forces in the outside world, in whom the balance between external forces and internal adaptation is an even one; the man, in other words, whose observation of all that is going on around him is most accurate, whose interpretation of the meaning of phenomena is most correct, and whose action is most strictly in accordance with the requirements of the occasion. Very many do not so fit in,

and in the case of the great majority of human beings there is more or less departure from this typical standard. In some the variation takes the form of general deficiency of mental action, and in others of too great activity of the mind in certain directions combined perhaps with sluggishness of function in others. In the first-mentioned case we say that a man is "dull," "commonplace," "has nothing in him;" in the latter, that he is "wanting in judgment," that his mind "is not evenly balanced," or on the other hand that he is "hot-tempered," "morose," or "vindictive." If the departure from the typical standard be more marked, we say in the former case that a man is "of weak intellect," and in the latter that he is "eccentric," "erratic," and the like. Hence we pass by insensible degrees into imbecility on the one hand, and into all the varieties of active mental derangement on the other.

Every passion and every emotion may, in prolonged excess, be said to constitute a degree of mental disorder, but it is a difficult point to decide where excess begins, and to what extent excess must be carried to constitute an abnormal condition. A person naturally sensitive, but hitherto of undoubted sanity, sustains a severe bereavement, and the natural grief occasioned by his loss continues to press so heavily upon him that he ceases to take interest in the pursuits which once delighted him. At first, this is looked upon as wholly natural, as a reasonable consequence of what he has suffered, and indeed as showing a healthy mental state rather than the

contrary. But natural and reasonable grief may be prolonged to an undue degree; it may in fact become the habit of the mind, and then the difficulty presents itself of determining how long this habit must continue in order to become evidence of mental disorder; in other words, what degree and what continuance of grief really amounts to that form of insanity which is known as melancholia.

I have at the present time under my care at St. Luke's Hospital, a case exactly illustrating this question. A responsible clerk in a bank which failed found himself suddenly deprived of his position and income without warning and without fault of his own. Like most people under such circumstances, he was greatly depressed by the calamity, and had his depression passed off within a reasonable period, no one would have regarded it as anything but an ordinary occurrence. Unhappily it did not pass off; no ray of hope presented itself, the melancholy became more and more intensified, and at last there was no alternative but to regard the case as one of mental disorder. Here, then, the evidence of a morbid state consisted only in the prolonged continuance of a frame of mind which was at first quite natural.

Paroxysms of anger, again, do not in themselves constitute insanity, though they are properly recognized by the law as modifying an offence where personal injury has been inflicted under provocation. But anger may be so irrational as to justify the conclusion that it is altogether beyond the limit of reason, and must be considered as mental disorder.

To take a third instance: The emotion of joy, healthy and invigorating as it usually is, may be so far in excess as to lay the foundation for extravagant delusions going on to fatal disease of the brain. An illustration of this recently occurred in St. Luke's Hospital, under the care of my friend and colleague Dr. Monro, in which a gentleman who had long been engaged to be married, but had hitherto been prevented by prudential considerations, succeeded in obtaining an appointment which enabled him to marry. His happiness was still further realized by great success in the exercise of considerable talent. He began, after a time, to take extravagant views of his position and prospects; delusions of the possession of great wealth were established, and he sank into the hopeless condition which prevailed for the rest of his life. Notwithstanding its hopelessness, however, it was characterized by expressions of happiness and content. To take still one more example: Bad habits do not constitute insanity; indeed, they not unfrequently prevail in persons of the strongest minds and most vigorous intellects. Often the subject of them is anxious to cure himself of his weakness, but is unable to do so; and this must be taken as evidence of a certain degree of imperfect power of self-control. Sometimes, however, a bad habit assumes such complete mastery over its victim that he submits, without further attempt at resistance, to be the slave of a practice which he condemns, and perhaps abhors. At this point the mind may sometimes be said to have become unsound.

These instances will be enough to show the great difficulty there is in drawing the line between sanity and insanity where the manifestations assume the form of emotional or moral peculiarities. We meet with precisely the same difficulty in judging of a person's sanity or insanity by the intellectual workings of the mind, as displayed in his words and acts. Actions which might well be received as proof of good judgment in one, would be considered evidence of insanity in another. Differences in education, means, and position in life, would make all the difference in estimating the conduct of an individual with a view to determining the question of his sanity. What in one person may be perfectly reasonable and judicious, may in another be altogether unreasonable and imprudent; whilst in a third the very same act would be unhesitatingly admitted as evidence of some mental defect. For instance a man of rank and wealth might spend large sums in the purchase of costly ornaments or highly prized works of art, and no one would question his discretion in the matter; another, only just able to provide his family with the means of living respectably, would, in gratifying the same tastes, be considered imprudent; whilst expenditure of this kind by a mechanic would be taken as evidence of his insanity. To take another instance: An individual whose position gave him influence in society might exert himself in his neighbourhood to gain converts to some particular views, and might spend much time in attracting public attention to the subject; he might even endeavour to obtain a

seat in Parliament for the purpose of more effectually accomplishing his purpose. All this he might do, yet no one would suggest that there was other than a reasonable cause for the step he had taken; yet, if the same course were pursued by some one whose means of support for himself and his family depended wholly upon close attention to his profession or occupation, such a course of action would be considered highly imprudent; and a working man, or ill-educated shopman, who should neglect his duty to his employer for the sake of trying to obtain election to Parliament, would be very naturally considered to be insane.

In giving the above instances—which I may add are not hypothetical, but occur not unfrequently in real life—I have described three typical degrees of position in life, in two of which no difficulty could arise about the nature of the case. In reality, however, there are no sharp lines of demarcation in worldly status, and from the prince to the pauper there is a gradual descent in the social scale. How shall we say then, where imprudence ends and insanity begins? How are we to judge what weight to attach to imprudent acts in forming our decision of a man's mental condition?

Thus we find ourselves in a double dilemma. We find it impossible in the first place to draw the line between actions that are obviously consistent with sanity and those that may be taken as evidence of insanity; and in the second place, in regard to actions which by their very nature give evidence of mental

unsoundness, it is impossible to say where eccentricity ends and insanity begins. How, then, are we to decide exactly at what point the law is to step in? By what criteria are we to be guided in placing an artificial line between legal sanity and legal insanity, when there is no natural boundary to guide us?

In answer to these questions we have to appeal to two considerations. One of these is the good of the individual himself, and the other is that of his family or of the community at large. So soon as it becomes evident that the well-being of the individual himself or of those with whom he is brought into contact, is endangered, it is time to investigate the case with a view to legal interference. Almost any amount of peculiarity is tolerated which does not offend against decency, or interfere with the comfort and convenience of others. Another Diogenes might live as he pleased within the limits of his own abode; but if he persisted, in spite of all remonstrances, in pitching his tub in the public way, the action would be looked upon very differently. Again, a man who is looked upon as eccentric is not unfrequently allowed to retain his liberty until suddenly he threatens violence to himself or others. This action is at once taken as an indication of the necessity for interference, and the man is declared to be insane. This illustration, which I have taken as an extreme case, leads me to say a few words on a subject that is very generally misunderstood. It is often contended that only those who are dangerous to themselves or

others by acts of violence ought to be placed under control. This doctrine is so widely adopted that we find its influence appearing in the Report of the Select Committee of the House of Commons presented last year. In this report it is suggested that those who have been placed under control on these grounds might be discharged as soon as they have ceased to be dangerous, unless there be a prospect of further improvement. In propounding these views, no account is taken of the great difficulty of deciding when the dangerous inclination has permanently passed away. This can only be determined by the most careful and prolonged observation. But there are dangers to the patient and his family quite as great as any that depend upon personal violence. A patient may be so unable by reason of his infirmity to see things in their right light, may at the same time possess such strength of quiet resolution to carry out his projects, and may evince so much shrewd cunning in evading all the ordinary precautions taken to protect him from his own irrational acts, that no modified system of supervision is sufficient, and nothing short of the efficient control of an asylum will avail to save him from ruin, or it may be from disgrace. It is well known to all who have had charge of large asylums that there are a certain number of cases that live a peaceful and even a contented life in such institutions, but who break down as soon as they are subjected to the trials, worries, and anxieties of life, even though these may be comparatively trifling. A patient has

just returned to St. Luke's Hospital who had been for some months under my care, and who at the end of that period might have been considered perfectly well. He was quite rational, and was able to follow within the walls of the hospital his usual avocation. Great hopes were entertained that he might be able to do the same in the outside world, and that his work might thus contribute to the support of his family. He had a happy home, free from anxiety or discomfort, and there seemed no reason to apprehend any return of his illness. He had not long returned to his family before his self-confidence left him, and finding that he was losing all he had gained and was falling back into his former state, he expressed his wish to return to the hospital. No sooner was he re-admitted than the cloud lifted; his self-confidence returned; he resumed his work, and at the present time it would be impossible for a stranger to discover any symptoms which would justify a certificate, nor is there anything to prevent the patient's discharge, should he himself wish it. It is remarkable that in this case no treatment other than admission to hospital was required to re-establish what would be called a sound state of mind. So great was the influence exerted upon him by his new surroundings, that this alone was sufficient to alter the whole tone of his mind, enabling him to do good work in the hospital, which he was quite unable to achieve whilst living at home.

In this, as in so many other cases, it is most reasonable to suppose that the consequence of the

change of residence and surroundings was to initiate new trains of thought in parts of the brain where action had hitherto been in abeyance. These seemed to balance and restrain the undue action of other portions whose influence hitherto had been too great ; and thus the irregular manifestations which had constituted his mental disorder, were stopped.

The course of events in this case, which may be taken as an example of a numerous class of cases more or less resembling it, points to the conclusion that it would be very unwise to take the danger-test as the chief criterion in the question of placing a patient under control. Of course, when an element of danger comes in, it is one of the greatest importance ; but there is a very large number of cases where it does not come in, and where the decision must be made on quite other grounds. The considerations which come up in such cases are often of equal importance with those which guide us when we are dealing with dangerous patients, and it is a great pity that they are not more widely recognized by the public.

In the more marked degrees of insanity, where there is no tendency to acts of violence, there is little difficulty in deciding how to act. It is in the lesser degrees of mental unsoundness that the greatest difficulties arise. Having abandoned the danger-test as the chief distinction between legal sanity and insanity, we have to face the question—What must we adopt in its stead? How are we in practice to decide whether the well-being of the individual, or of his

family, or of the community at large, is sufficiently compromised to justify certification? In answer to these queries we can only say that it must necessarily be very difficult to lay down any precise lines within which may be included all cases proper to be certified. Perhaps the general standard adopted by the Probate Court is the one about which there is the least likelihood of mistake, viz. the existence of distinct delusion. Exception is, however, sometimes taken to this, and it is contended that a delusion may be a simple error to which anybody may be liable from incorrect information, and to meet this the kind of delusion which is admitted to be evidence of an unsound state of mind has been described as an "insane delusion." Even this expression is open to criticism, because the insanity of the delusion depends entirely upon the question of whether or not the statement supposed to be a delusion is true, or whether there is any reasonable foundation for the patient's belief in its truth. For instance, a person represented to be insane may declare that he is possessed of considerable property, and in the absence of any means of ascertaining the facts, a physician who was a stranger to the patient and his friends would not be justified in concluding that this was an insane delusion. If, however, it were found that a person claiming to be a millionaire never really possessed or was likely to possess a hundredth part of that sum, we should be justified in believing that he was labouring under delusion of that kind which constitutes insanity. Again, a statement by a person supposed to be insane

that his friends had conspired together to deprive him of his rights, might be received with suspicion as to its true nature, but it could not be said to be impossible, and therefore could not be accepted as evidence of insanity; unless upon inquiry it was ascertained to be without any foundation in fact, the individual having in truth none of the rights which he claimed, and being entirely dependent upon the generosity of the friends he accused.

Hypochondriasis is not considered equivalent to unsoundness of mind, but if it takes the form of believing in the existence of a condition which is altogether unreal and imaginary, it cannot be denied that it represents a mental state more or less closely approaching delusion. When a person declares that he is unable to do certain things which everybody about him is satisfied that he is quite capable of doing but for the impression in his mind that it is impossible, and when he states his belief that his inability depends upon the destruction of some vital organ, as, for instance, the stomach, there is no longer any hesitation in saying that hypochondriasis has passed into insanity. But here, as elsewhere, it is quite impossible to define the boundary-line between the two conditions; the lesser of the two conditions passes by insensible degrees into the greater, and all attempts at laying down a line of demarcation must necessarily fail.

There is another condition which I may mention, as offering an excellent example of the way in which sanity passes imperceptibly into insanity. I refer to

the multiform series of mental phenomena met with in the condition known by the generic term hysteria. I believe that we often err in regarding hysteria as an unreal malady which we suppose to be under the control of the patient, and that we overlook the true nature of the case from the fact that many of the symptoms are arrested by means which seem incapable of removing real disease. Putting out of consideration all those cases of deception which are deliberately planned and practised, whether for the sake of sympathy, notoriety, or gain, there remain many cases where over and above a disposition to exaggerate and in some instances also to deceive, we find positive symptoms of impaired general health and defective mental power, as evidenced by certain irrational propensities of which the patient is ashamed, which she is accordingly anxious to conceal, but which she has not sufficient power of self-control to resist. It is a mistake to argue that this is only a fancied malady because for a while the symptoms may be checked by diverting the attention and occupying the mind in some other direction. That it is quite possible to do this is perfectly true; but so soon as the attention ceases to be diverted, the symptoms recur. The same objection may be raised, moreover, to the reality of many forms of insanity, for those cases form the exception in which at times the symptoms may not be abated or suspended by diverting the attention by means of some mental or bodily occupation. The disposition to exaggerate symptoms—which is met with not only in hysteria,

but in many other forms of nervous disorder, and in other classes of invalids—makes it so difficult to determine what allowance must be made in estimating the statements of these patients with regard to their feelings and belief; and the tendency to deceive, which is a common symptom of this condition, has been so commonly regarded from a moral point of view; that patients so affected have been too often treated as if they were not the subjects of any malady, but could, if they would, control their morbid inclinations. It seems to me that we overlook the fact of the very different degree of control over their feelings which different persons possess in perfect health. Some people are almost insensible to pain which is felt as excruciating agony by others; they are scarcely influenced by emotions which others find to be overpowering; and in the same way with hysterical symptoms, we may properly refer many of them to the imperfect power of self-control possessed by the subjects of them. The same tendencies doubtless exist in persons who, being naturally less excitable and demonstrative, are able to keep them under control. This seems to be the explanation of the circumstance that hysterical symptoms are so rarely observed in persons of robust health and of, so-called, strong mind. To put it in another way, the brains of such persons are less sensitive to the multiplicity of impressions which are being incessantly made upon them, than are the brains of those of excitable temperament and impulsive nature.

It is of the utmost importance to bear in mind how

vague is the boundary between those conditions which border on insanity and those conditions which can be taken as evidence of undoubted insanity, and this not only in connection with hypochondriasis, but also in all the other conditions to which allusion has been made; because, there being in such cases no specific disease—no morbid process of which the seat or the nature is recognizable—we are in danger of going astray if we persist in trying to treat them on the same principles as we should treat a definite morbid condition in any part of the body. It is very necessary not to neglect, or to treat as of secondary importance, those means which are capable of influencing the conduct of the patient, and of contributing in this way to the establishment of a tranquil condition, or to the production of a complete change in the current of thoughts; but these *desiderata* can rarely be attained by drugs or by other strictly medical means. It is not intended to disparage the medical treatment of insane persons—indeed there is no class of cases in which more relief is afforded by drugs judiciously administered—but regarding a disordered mind as essentially a *condition* depending on a disturbance of the balance in the operations of the brain, and not necessarily upon actual disease of structure in the ordinary acceptance of the word, it must be almost self-evident that the chief treatment in the majority of such cases must consist in a complete change in the impressions habitually conveyed to the patient's mind from the outside world, and in the establishment of some authority over him which shall

compel him to desist from certain habits or actions, and oblige him either to rest altogether, or to exert his mind in directions quite different from those in which his ordinary habits lead him. These ends may in some cases be attained by complete change of residence, by travel, or by other means which are within the power of the patient and his friends to achieve. In many cases, however, these are insufficient; a greater authority than that of the friends is required; a change may be necessary of so sweeping a kind that not only surroundings must be changed, but familiar faces must be removed; and the only chance for the patient is to place him where both these conditions will be fulfilled—that is to say, away from home and home interests.

Having thus decided that the patient shall be placed under the control of others, the first question which arises is whether the treatment prescribed shall be carried out in a private house or in an asylum or hospital. As regards persons with very small means or without means of any kind, there can scarcely be any alternative. When some means are available, or where the patient or his friends are wealthy, the simple removal from home to the care of the well-regulated family of a medical man will often be preferable to an asylum, whether public or private; and this for various reasons, among which are the importance of not hastily stamping on the individual in indelible characters an unnecessarily serious explanation of the symptoms, which may turn out to be temporary. The history of the case will afford a

tolerably safe guide in determining what kind of control will probably be best. If the history point to the conclusion that the earliest indications of the malady may be traced back to a somewhat remote period, the probability is that no kind of treatment will succeed in very quickly restoring a sound state of mind, though there may be prompt amelioration of symptoms, which may be ultimately followed by recovery. Although it would be scarcely correct to say that the probabilities of speedy recovery are precisely in the inverse ratio of the duration of the malady, we may generally anticipate that when the onset has been slow the progress of recovery will be slow also. The converse of this statement is less trustworthy, for it by no means follows that rapidity of onset necessarily implies any greater certainty of recovery than slowness of onset; nor is recovery in such cases always quick; but it may be laid down as a general rule that it is only cases of rapid onset which have much chance of rapid recovery. These facts will have a certain influence in selecting cases for treatment in private families, but it is impossible to lay down any general rule which shall apply to all cases. So many other considerations have to be taken into account, and the varieties are so infinite, that each case has to be dealt with on its own merits.

For one cause or other a very considerable proportion of cases must be placed in asylums, and in such cases much difficulty is often encountered by the doctor in getting the friends to consent to this step.

Far too much importance is attached by the friends of patients to the evil results which are supposed to arise from a residence in a home for the insane. Although in every large asylum there will be found a certain proportion of persons suffering from those forms of disease which involve great mental anguish, it will have forcibly struck every accurate observer in visiting such institutions that these are quite the exceptional cases, and that the number is considerably larger of those who present no such distressing symptoms. Quite as many of the patients are joyous as miserable, and the average condition of the whole is such as to create much astonishment; in fact there is probably less real unhappiness among them than would have been found among the same persons when contending with all the worries and anxieties they had, and which most of us experience in ordinary life. Where misery is present, moreover, it is very generally a part of the patient's malady, and it would be quite as bad at home as in the asylum. Of course, some patients chafe under the deprivation of liberty, and it is only to avoid a greater evil that such interference is justified; but the evil which is thereby avoided is a very real one, and as a rule incomparably greater than that of temporary seclusion in a well-ordered asylum. This is no fanciful picture of asylum life, and it will be discredited only by those who have no experience of the kind. It is not at all an unusual question to be asked by visitors, after completing the round of a large asylum, "Have we really seen all; where are the worst cases?" the

question often being asked whilst in the very midst of the persons they are asking for, and while they are in fact surrounded with such cases.

The want of information and the prejudice of the public on this point have led to this result, viz.: that the first consideration to which I called attention as of importance in judging of the advisability of establishing legal control over a patient, i. e. the good of the patient himself, is left very much out of account, or is allowed to be outweighed by this fear of possible evil. Even where this is not the case, relatives often refuse to believe that the somewhat altered tone of mind in a friend betokens serious trouble, notwithstanding they are told so by skilled observers; they cannot believe that so slight a change can need so stringent a measure as removal to an asylum; they wait irresolutely, till suddenly aroused to the gravity of the situation by some startling manifestation of insanity, and then the opportunity for improvement may be remotely postponed, if it have not gone beyond recall. In a case which came under my notice, certain members of a gentleman's family could not be induced to believe that profuse expenditure, far beyond what had been usual with him, was the first sign of the onset of mental disorder, until he gave an order for a gun the barrels of which were to be of solid gold.

Another consideration often hinders friends from accepting advice which dwells on the importance of early treatment of unsound mind; it is the fear excited in their minds by the idea of this malady

being "in the family." This makes them slow to accept the truth, and anxious to conceal it when it can no longer be doubted, the patient's recovery perhaps becoming thereby greatly prejudiced. This fear arises in great measure from the commonly received opinion that insanity is a definite disease, absolutely opposed to sanity. If it were more generally understood that unsoundness of mind is a *condition*, the result in some cases of over-excitement, and in others of the temporary exhaustion of some particular part of the brain, and that, as a consequence, the symptoms presented are merely due to an increase or diminution of a natural process, I cannot but believe that very different opinions would prevail on the subject. It would then be understood how necessary is the early treatment of such cases; how important it must be not to allow exhaustion to go too far, not to allow over-action to end in loss of power; to take the case in hand before permanent change shall have occurred in the tissues of the brain.

Thus far I have spoken of the benefit to the patient. I must add a few words as to the well-being of the family. Those who have never come into close contact with cases of mental disorder, even in the milder forms which are not usually included under the legal term insanity, know nothing of the desolating misery brought to happy homes by the presence of some one member of the family whose mental condition has blighted the hopes of, and threatens to bring complete ruin on, the whole family. Near relatives are, however, frequently restrained from acting under

these circumstances, by the fear of being charged with harshness by acquaintances who are ignorant of the trouble to which the family is exposed. The liberty of the subject is supposed to include that full liberty of action which is claimed for one who has proved that he is unable to take care of himself, even though it may involve the ruin of all belonging to him as well as of himself. Thus the case is allowed to go on unchecked, until the patient has committed some very irrational act which establishes his mental unsoundness beyond question; too late in many cases to arrest the malady, now deeply rooted in his system; too late, moreover, in many instances to prevent irreparable injury to his relatives. In such cases—and there are many of them—the patient's well-being and the family's well-being alike demand early interference and control; too often blind, unreasoning prejudice against restraint steps in to effect the ruin of both, because, in a certain sense, the patient is not dangerous to himself or others.

The duty of the law in the abstract then appears to consist in stepping in to control the action of a person suspected of unsoundness of mind, so soon as it becomes evident that the retention of liberty is inconsistent with his own well-being or with that of his family or the community at large. The difficult and delicate task of arriving at a correct conclusion on these points has to be placed in the hands of men whose education renders them more or less expert in matters of the kind, and the members of the medical profession seem alone to be available. Every regis-

tered practitioner is entrusted with the power of legally certifying insanity. It cannot be otherwise. There must be agents throughout the country, and the only possible agents are the medical men. Yet the most unjust suspicion is entertained in the minds of a considerable section of the public as regards the *bona fides* of medical practitioners when acting in this capacity. It is remarkable what inconsistencies are strung together in the attempt to make out a case against the doctors in reference to insane patients. It would seem as though the public thought there was something contaminating in insanity, and that all who are brought into contact with it, whether medical advisers or friends, are prejudicially affected by it. People do not love their relatives less because they have become insane; and a medical man is not less sensitive about his own personal honour and the dignity of his profession because it falls into the path of duty to advise what shall be done with an insane patient who cannot be properly managed at home. It is often a most anxious question for the medical man to decide whether the welfare of the patient or the welfare of the family shall have precedence—the stigma supposed to attach to a family with an insane member being in itself an element of much difficulty. In advising the removal of a patient to an asylum, a medical man in almost every instance loses his hold over the case, and cannot therefore be said to be acting from interested motives. The possibility of such motives is further diminished by the terms of the law, which prevent any medical man from con-

signing a patient to any asylum in which he can have even a remote interest. The possibility of conspiracy is moreover almost shut out by the stringent regulations which have to be observed in connection with cases of insanity. Before a patient can be deprived of liberty he must be seen separately by two medical men, each of whom must make his own observations. Evidence given by others, however clear and unmistakable, is not of itself sufficient to enable a medical man to sign a certificate. He must observe for himself something which is in his opinion undoubted evidence of insanity. Though the patient may a few minutes before have been guilty of the most irrational acts, or have given utterance to the most nonsensical delusions, a doctor cannot sign a certificate on the report of these alone. To render a certificate legal, a medical man has to specify in writing "facts indicating insanity observed by myself." Great difficulty often arises in this way. It is an observation by no means uncommon on the part of physicians of special experience in insanity, "I am perfectly satisfied of the patient's insanity, but I cannot, of my own observation, make out any facts which will justify a certificate." It not unfrequently happens that an insane person is aware that certain of his ideas are thought by his friends to be delusions, and are taken as evidence of his insanity. Such patients will often skilfully avoid these points in conversing with the doctor, or to baffle him will even deny these ideas. There cannot be a greater mistake than to imagine that a person in becoming

insane loses all his shrewdness and intelligence. On the contrary, these may be as acute as ever, and their action is very frequently aided by the addition of a considerable degree of cunning. In this way the most dangerous lunatic may laugh at the futile endeavours of his friends to place him under legal control. A startling instance of the shrewdness and cunning of an insane person is on record in the case of an artist of considerable repute in his day, and who was bidding fair to rise to eminence in his profession. He had some very peculiar religious ideas, and ultimately came to believe that his father was the devil. He accordingly, conceiving it to be a religious act, enticed his father into a secluded place, and there stabbed him to the heart. He had not only craftily devised a scheme for carrying out his object unobserved, but with a lively apprehension of the view which would be taken of his act if it were brought home to him, he deliberately planned and succeeded in effecting his escape out of the country. He came under my care in the criminal department at Bethlehem Hospital, and whilst there he had no scruple in giving me a full and detailed account of the occurrence, in which he continued uniformly to glory, as having performed a public duty. Though in this case there was no difficulty in getting at the facts necessary for certification, yet it affords a striking example of the shrewdness of insane persons, and it is also an illustration of the way in which dangerous lunatics may be abroad unsuspected, and how slight are the symptoms which not unfrequently precede a violent outbreak.

To return from this digression. We find that the chance of conspiracy in certifying insanity is reduced to a very small possibility by the securities to which attention has been called, viz. the rule which necessitates personal evidence of insane acts or ideas on the part of the two medical men signing the certificate, and the rule which obliges the doctors to examine the patient separately. The remote possibility is reduced to extreme improbability when it is added that, before legal control can be finally established, the patient must be examined by the medical attendant of the asylum in which he is placed, and a report of this examination forwarded to the Commissioners of Lunacy without delay. It is straining probabilities to anticipate that the dishonest friends of a patient will be able to find two dishonest medical men to conspire with them to deprive of his liberty one whose symptoms do not present at least a *primâ facie* case of mental disorder; and further, that they will succeed in persuading the medical attendant of the asylum to make a fraudulent report to the Commissioners. This question of possible conspiracy was carefully examined into by the Select Committee of the House of Commons, whose report, issued in 1878, has been already referred to. The result of their investigation is embodied in the following paragraph:—

“Upon all these points the Committee received copious evidence, which led them to the conclusion that, although the present system was not free from risks which might be lessened, though not wholly removed, by amendments in the existing law

and practice, yet, assuming that the strongest cases against the present system were brought before them, allegations of *mala fides* or of serious abuses were not substantiated. Much of the evidence, which extended to a great length, amounted to little more than differences of opinion among medical men, questions of liberality or parsimony in the arrangements of asylums, suggestions with reference to the letters of patients and visits of friends, or complaints of hesitation among superintendents and relatives to believe in the perfect recovery of patients."

From this it will appear that the possibility of fraud is one which may practically be left out of account.

But it is contended that there are cases in which the friends are directly interested in making an excuse of some infirmity of temper or moderate eccentricity of habit to attribute unsoundness of mind to one of whom they wish to be rid, whether to gain a hold over property or because of the annoyance the presence of an eccentric relative causes them. It is argued that in such cases medical men, of whose *bona fides* there can be no question, may be misled into certifying the unsoundness of mind of one who might reasonably be left at large. Some of these cases may, no doubt, admit of difference of opinion; but it is only when they have gone on to that degree which satisfies two independent medical men that they are proper persons to be controlled, that the friends can do anything; and if eccentric conduct have arrived at a point where this is possible, it may fairly be urged that no great injustice could be done if the theory of insanity were adopted and acted upon: The case of the Rev. Mr. Dodwell fairly illustrates

this view of the question. Having failed in establishing certain claims which he considered himself entitled to make, he conceived the irrational idea of discharging a pistol at the Master of the Rolls, who by his adverse judgment had, he thought, done him an injustice. Being arraigned for this offence, and acquitted on the ground of insanity, it was urged in his behalf that he had fired with a blank cartridge, that he had no intention of injuring the Master of the Rolls, and that his only purpose in firing the pistol was to ensure his being brought before a Court, where he might have an opportunity of publicly proclaiming his wrongs. It was further contended that he was not insane, for that, however blamable the act which he had committed might be, it was nevertheless deliberately planned by a person who perfectly knew what he was about, and was quite prepared to abide the consequences. Bearing in mind that he was a highly educated and intelligent gentleman, the conclusion seemed quite reasonable at which the jury arrived, viz. that he was insane. Only a perversion of reason could have led him to the conclusion that it was right to intimidate a judge on account of a judgment delivered in court; and the fact that he was able to talk rationally about an irrational act was no proof that it would be safe to give him an opportunity of repeating the offence. In this case the conduct was consistent with what happens in the case of insane persons, and the adoption of the theory of insanity was the only way in which not only the judge but society generally could be protected against

a repetition in a more serious form of similar irrational conduct. It is one of the most characteristic symptoms of the insane mind to take exaggerated views of things, and particularly of supposed wrongs; the danger, therefore, is great of leaving a person free who has not only manifested a tendency to commit personal violence, but has actually carried it out in a deliberate manner. This tendency to resist lawful authority is likely to be intensified by brooding over supposed wrongs, and may end in some more serious outrage.

To sum up, then, we may repeat that where irrational conduct has been pursued to such an extent or continued so long as to impress two independent medical men with the belief that such conduct can only be referred to an unsound state of mind, we may conclude that no great wrong is done if that interpretation be adopted.

Placing this conclusion alongside of the expressed opinion of the Select Committee as to the non-existence of fraud in certification, it will be evident that the suspicions of a few individuals who, by their urgency and activity, appear to be many, have no foundation in fact. At the same time it should be the desire of everyone who is charged with this most responsible duty of treating the insane, that the most ample precautions should be taken to prevent the possibility of any person being placed improperly under control. I am confident that all who are engaged in this department of practice would receive with the greatest satisfaction any alteration of the law which would

ensure the most perfect protection against such abuse. Legislation in this direction would, however, have to be most cautiously undertaken, in order that in providing against a possible evil which has never been proved to exist, we might not be raising up dangers in other directions which would be real and of grave importance.

One of the dangers which would have to be avoided is that which would result if it were made much more difficult to place an insane patient under control, especially in the case of those slighter forms of insanity which are so often the precursors of far more serious symptoms, unless energetic measures are at once taken to treat the case at its very first onset. The Select Committee already more than once referred to fully recognized the importance of this question when they spoke in their report of the "universally conceded importance of the speediest possible treatment of the first symptoms of derangement." Any legislation, therefore, which tended to tie the doctors' hands in this respect; which narrowed the limits of legal insanity so as to exclude such cases as these, which are often only recognizable by a skilled observer; or which tended to encourage the popular belief that wrongful seclusion and ill-treatment of patients are real grievances, instead of being what the Select Committee found them to be, mere hypothetical possibilities: any such legislation, I say, would sacrifice the interests of a numerous class of patients to satisfy an unjust and unfounded prejudice.

It may be said, "Let all doubtful cases—all cases

of slight or commencing insanity, where the mental derangement is not obvious to everyone—be treated at home. Why not diminish the number of patients in asylums, and increase in a corresponding ratio the number of those who remain with their friends?" There are, doubtless, many cases of so slight a nature, and depending on causes so easily removed, that they do not require removal from home. There are other cases in which, though there may be mental unsoundness of a graver description, the constitutional peculiarities of disposition and character may be better dealt with by members of the family, especially where they show themselves capable of following out the line of treatment necessary for the case. But as soon as a case has passed into that condition in which it is no longer amenable to ordinary medical treatment, no time ought to be lost in resorting to more special treatment. Notwithstanding the proverbial saying that doctors differ, there are few points susceptible of difference of opinion in which there would be more general accord among medical men than this—that the relatives of nervous patients are not the best persons to exercise control when it has once been decided that control is necessary. It may be taken for an axiom that when it is necessary, it must be absolute, in order to be effectual.

The anxiety which arises from natural affection is increased by the fear of appearing to be unkind. Wavering and timidity take the place of decision and resolute action, and thus there is an end of all authority. If the patient have gone so far astray in thought

or action as to require guidance, it is essential that the guidance, though gentle and considerate, should be decided and firm. This, however, it is very difficult to obtain at the hands of attached relatives, whose feelings get the better of their judgment, and who cannot bear to be thought harsh. No mother believes that she is spoiling her child when she yields to whims and caprices which theoretically she condemns. The entreaty cannot be resisted, at any rate "for this once," and it is trusted to correct in the future any slight errors of management in the present. This stricter future, however, never comes, and hence at last the authority of the child supersedes that of the parent, and the wholesome influence of control is lost for ever. Something of the same kind happens in cases of insanity. Too often the relatives cannot see what is patent to others, and when they do see it they are unable to see that others can meet the necessities of the case so much better than themselves.

Among the poorer classes there can scarcely be any question as to the advisability of at once placing the patient in an asylum, for with the great majority of them it is simply impossible at home to observe any of the conditions which are essentially requisite in the treatment of the patient. In the wealthier classes other courses are open for adoption, but even here the treatment may often be carried out far more effectually in an asylum. Many cases of incipient insanity have as their immediate exciting cause a long continuance of mental worry and anxiety

arising from business or other causes, but which are rarely capable of dissociation in the patient's home. It will not be matter for surprise, then, that many patients bear the separation from home with considerable equanimity, and removal from the scene of their troubles is sometimes alone sufficient to bring about restoration to health. Experience affords us unhesitating proof that removal into a new atmosphere, with entirely new surroundings, where all sense of responsibility is taken from the patient's mind, is one of the most efficient means of treatment with which we are acquainted. There cannot be a doubt that any course which will have the effect of diverting the mind of the sufferer and establishing new trains of thought will have a tendency to restore the disturbed mental balance, by calling again into exercise those mental functions which had been overpowered by the excessive action of others. Taking the results of treatment in the two large London hospitals for the insane, Bethlehem and St. Luke's, as fair specimens of what is done in such institutions, we find that considerably more than half the patients admitted recover. It can hardly be said, then, that treatment under such circumstances and in such places can be prejudicial.

It cannot be too earnestly insisted on as of the greatest importance that the popular prejudice against asylums should be in no way encouraged by the legislature; but it is of still greater importance that nothing should be done which tends to disturb and unsettle the patient's mind whilst under treat-

ment to shake his confidence in his medical attendant, or give him the idea that the law looks with suspicion upon the control to which he is subjected. As it cannot be disputed that it is well for insane persons that they should submit to the guidance of others, and that the control which they are unable to exercise of themselves should be exercised for them by others, it is essential that those who are entrusted with this power should be supported, and that those who have to submit to it should be encouraged to believe that they are in the hands of friends, who will do them justice. There is, unfortunately, a predisposition in many to think otherwise; but it would assuredly be detrimental to the interests of the patients, and certainly tend to retard their recovery, if these impressions were encouraged by authority. We can scarcely be accused of doing injustice to the insane if we regard them as being very much in the position of children, who have to be dealt with gently, but firmly. The defect of judgment, for which we have to provide, though due in these two cases to different causes, requires in the main outlines the same kind of management. This must be carried out by some properly constituted authority, and having determined what that authority shall be, it is surely well to take care that the exercise of it be not too much fettered by restrictions, or weakened by avowed distrust. We know that it would be fatal to the discipline of a school and to the influence of the master if we encouraged discontent or listened to petty grievances. We are satisfied

that the result justifies the course we pursue in placing ample discretion in the master's hands, and that submission to properly constituted authority is a very important part of the training which contributes to the formation of character. The same thing applies to the insane. In dealing with them, as in dealing with children, we are obliged to trust others to perform duties which we should be unable to perform so well ourselves, and as a rule we find the work loyally done in proportion as our confidence is frank and complete. Ample precautions having been taken to prevent the admission of persons to asylums improperly or unnecessarily,—and that the present system of certification fulfils this requirement is shown by the Report of the Select Committee already quoted—professional men performing so difficult and responsible a duty, and one of such importance to society, as the care of patients in asylums, should have not only their confidence but the confidence of the public, and instead of being treated with suspicion and distrust their hands should be strengthened with all necessary authority, while they should be accorded generous sympathy and the most loyal support.

One of the recommendations of the Select Committee is altogether opposed to this view. I refer to a paragraph in their report in which it is proposed that in all the principal rooms of every asylum a notice shall be put up, stating that any patient is at liberty at any time to write to the Commissioners.

It is well known to all those resident in asylums,

whose mental condition enables them to appreciate with any approach to correctness the significance of passing events and the conduct of others, that they have at all times the unquestioned right of addressing the Commissioners in Lunacy, and that such communications may not, under any circumstances, be inspected, suppressed, or withheld. To some, the imperfect cooking of a potato would be esteemed almost of sufficient importance to address the Commissioners; at any rate it may be said that scarcely a day passes in an asylum of any size where the threat of an appeal to the Commissioners is not heard. A suggestion that it is necessary to encourage these appeals on account of the probable injustice they are likely to experience at the hands of their legal guardians, would have no advantage to counterbalance the very prejudicial effect it must necessarily have on the minds of many whose chief ailment is perhaps that they are under delusions as to the injury inflicted upon them by their friends and others.

Letters addressed by patients to anyone other than the Commissioners may be opened by the medical man in charge, and if it be thought necessary they may be withheld; but all letters thus withheld must be laid before the Commissioners or Visitors at their next visit to the asylum.

It is not only right but it is absolutely necessary that this should be so. Many letters are written by patients which ought not to be sent, and many which the patients themselves would, on their recovery, be

much distressed to find had been forwarded. There may be family secrets which it would be cruel to divulge, but which a patient while insane might rejoice in publishing. There are frequently statements made without any foundation which might seriously affect the character of innocent persons, and which may make an impression or create a suspicion never to be removed. There are imaginary wrongs recounted which can only for the time cause unhappiness to anxious relatives; and these letters commonly afford the best evidences of the true state of mind of the writer, often only to be got at by means of correspondence, which the medical attendant would be certainly the best, probably the only, person in a position properly to estimate. It can only then be a concession to a theoretical grievance that this important knowledge should be withheld from the person to whom it would be more useful than to any other, of the condition of the patient and the progress of the case. The proposal to send all letters unopened to the Commissioners would not only impose on them a duty which it would be impossible for them satisfactorily to perform, inasmuch as they could not bear in mind the circumstances of each individual patient, even if they had ever known them, and could not, therefore, fairly judge which letters it would be right to forward and which to withhold, but it would tend to discredit the medical attendant and to maintain an unfriendly and discontented feeling in the minds of those for whom it is of the greatest importance that every element of doubt,

suspicion, and distrust should be removed. It may also be fairly considered whether a professional man should be subjected to the indignity of having well-appointed and comfortable rooms in his own house disfigured by conspicuous notices, implying that he was a person not to be trusted, and that patients must look elsewhere for that protection which it is to their interest to believe they will receive at his hands.

Another of the recommendations of the Select Committee is that any person should be at liberty (as in Scotland) with the sanction of the Commissioners, on showing good cause for such a step, to send two medical men at any time to test the condition of any patient under restraint. There are many objections to this proposal. In the first place there are some medical men who have strong opinions upon the subject of placing patients in asylums at all, and great contention would, therefore, be liable to arise in this way. Then, again, some medical men will have great difficulty in detecting signs of well-marked insanity, which would be patent to an experienced observer. Even supposing the medical men to whom the duty of visiting the patient were specially expert in questions of insanity, they might have very great difficulty in extracting from the patient in one interview any undoubted signs of insanity. I have already described how cunning many patients are in this respect, and what grave difficulty is often experienced in signing the original certificates on this account. The difficulty is likely

to be increased after residence for a certain time in an asylum ; for the patient, though far from well, is often greatly improved in his mental condition by his treatment, and will thus be more capable of self-control upon occasion ; and, moreover, knowing the object of the medical visit, he will put himself rigidly on his guard to avoid committing himself. Under any circumstances it will be far more easy to obtain negative than positive evidence. The fact that insanity was not detected would, however, be no proof that it did not exist ; it would indeed be evidence of the weakest kind. It would very often happen that the medical men selected for the performance of the duty would have had no special experience in insanity, and would be employed for the purpose of establishing for certain what was already a foregone conclusion in the minds of those who made use of their services. With the most earnest desire to do their duty faithfully they might be somewhat biassed by the apparently strong case put before them, and fail to give quite the same weight to the reasons urged on the other side. It would be no proof that because an inexperienced observer failed to appreciate appearances under the microscope, which were clear and unmistakable to a skilled microscopist, that the appearances were unreal, and for the same reason negative evidence in cases of insanity is of very little value, unless the patient have been kept for a considerable period under observation, and examined many times under different circumstances. Yet it would be worse than useless

to give the power here proposed, unless it were intended to give it precedence over that of the Commissioners and the medical attendant; and there do appear to be very grave objections to constituting such an appeal without any guarantee that the judges selected have any special qualification for so delicate and very often such an exceedingly difficult duty.

I have said nothing of the evil likely to result from a provision such as this of which I am speaking, to all patients who are rational enough to understand its import. There are a certain number who would be always seeking to avail themselves of the privilege, to their own perpetual disquiet and unrest, and therefore to their certain disadvantage as regards recovery. In such patients this regulation could not fail to raise false hopes, and this serious risk would be incurred of undoing in an hour the anxious work, it may be, of many months. There is nothing so inconsistent with peace of mind as uncertainty. It is comparatively easy to meet almost any trial which is definite and intelligible, but infinitely more trying to preserve anything like tranquillity of mind, in the face of an uncertain trouble which, by being dwelt upon, is pretty sure to be exaggerated. The most essential part of treatment in the great majority of cases is the attainment of perfect rest of mind, and for this purpose it is absolutely necessary that patients should have entire confidence in those under whose charge they are placed. If rest is of primary importance in the treatment of nearly all other ailments, it is not less essential in disorders of the mind. It is not the

rest of indolent habits which is advocated, but that rest which implies the absence of distracting care, of petty annoyances, of injudicious interference, of unnecessary restrictions, and above all, of doubt, suspicion, and distrust. This is the kind of rest which is of the greatest value, and the insurance of which must be the main object of treatment. The restorative power of nature is great, and we may aid it by means carefully adapted to the infinite variety of cases which present themselves; but we may also seriously impede the reparative process by indiscretion, and by statutory restrictions whose tendency would be to fetter our action and impede the exercise of our judgment. It is impossible to frame any rules which should be properly applicable to all cases. A wide discretion ought therefore to be accorded to those who are considered fit to be trusted with the very responsible duty of deciding on the line of treatment to be adopted in each particular case.

As a further instance of the way in which the proper maintenance of mental quietude is sometimes interfered with by legislative restrictions, I will mention a law which has already been in force for a considerable time. I refer to the statute by which it is enacted that any patient who has succeeded in making his escape from an asylum and is able to hide himself for a fortnight renders invalid the certificates under which he was controlled. This law suggests to patients the propriety of looking out for an opportunity to escape, and keeps them in a restless state of watchfulness at a time when rest is so essential, thus

lessening their chances of recovery, and possibly contributing to their destruction, as actually happened in the case of a patient under my own care. He escaped from the hospital in the winter time and was never heard of again until his remains were discovered in an unfinished building in which he had concealed himself.

Exception has been taken to the state of the law which allows any person to sign an order for placing a patient under control; and a case has been referred to where an order was signed for a gentleman by his own butler. This was looked upon as highly objectionable, and were it a common practice it undoubtedly would be so. The objection is, however, rather sentimental than reasonable. There are occasions when it is very desirable that a near relative, who would probably be afterwards called to account, should not sign the order. Some insane persons, not recognizing the fact of their insanity, indignantly resent the imputation; and there are instances where, in consequence of this proceeding, a breach has been made in the family which has never been healed. In such cases the performance of a necessary act of duty has been the cause of animosity, if not of hatred, on the part of the patient against one who, in taking upon himself to sign the order, has done so without any idea that it would lead to such an angry and bitter feeling, lasting even after recovery; for it may be here remarked that recovery does not by any means necessarily include the substitution of an amiable for a morose and irritable disposition, which may indeed

have been a very important factor in the development of the malady. It sounds like an unjustifiable state of things that a servant should be allowed to take any part in depriving his own master of his liberty; but if that course has only been adopted in some very exceptional case, where it was of great importance, considering the natural character, disposition, and temper of the patient, that his anger should not be roused against his near relatives, the formal use of the name even of a servant does not seem open to such grave objection as at first sight might appear. It is difficult to conceive any circumstances in which a servant could have any motive or inducement to sign such an order except at the request of and for the purpose of rendering an important service to the family. When it is remembered that this order would be absolutely useless without the certificates of two independent and duly qualified medical men, and that exact copies of these documents must be immediately sent to the Commissioners in Lunacy, it may be questioned whether there is any reasonable probability of fraud. An additional safeguard against such a possibility is to be found in the regulation which attaches to the person signing the order for placing another under legal control, the legal obligation to pay the expenses of his maintenance.

Whilst speaking of the question of signing the order, I may call attention to one regulation in connection with it which is not unfrequently attended by very great inconvenience. In consequence of one particular case, in which an officer in the army had

signed an order for placing a relative under control, not having seen him for a long time, but accepting the responsibility as a positive duty which, in his judgment, he could not with propriety avoid, it was enacted that no person should sign an order who had not seen the patient within a month. This restriction, really valueless as a safeguard, sometimes necessitates a very long journey, for it may be an ailing or aged relative; or it may render it unavoidable to employ some person to represent the relatives who, as in one case which occurred within my knowledge, were resident in a distant colony. The attempt to legislate for all grievances which are theoretically possible, but which have not been shown to exist in any serious degree, is calculated to defeat its own object by encouraging the belief in the minds of patients that there is always a disposition to accept without question statements coming from them of unfair dealing, and so encouraging them to make complaints, and brood on imaginary wrongs and grievances.

I will now proceed to offer a few suggestions which may meet some of the more reasonable of the objections to the Lunacy Laws as they stand. It is of the utmost importance that in recent cases of insanity no impediment should be placed in the way of prompt action, and the same observation will apply to all cases in which there is reasonable ground to apprehend that the patient may be dangerous to himself or others. But in chronic cases, excepting where additional symptoms have been very recently developed, which bring the patient within the category

of dangerous patients; and where it may be urgently necessary to exercise control to prevent his committing himself to some act which may seriously compromise his interests; there is not, as a rule, any necessity for immediate haste. I would propose, therefore, that in such cases the certificates should be submitted to the Commissioners before they are acted upon.

Again, there is a certain class of cases which are placed under legal control, not on account of any dangerous tendency, nor on account of any of the more serious manifestations of unsound mind; but because they show themselves wholly unfit to manage their affairs, and in fact cannot be left free to do as they like with their own without great danger to their property. The necessity for placing such persons in asylums would be obviated by giving power to the friends to obtain such an order as the circumstances would seem to require, from some legal authority; such, for instance, as a County Court Judge, making it illegal to deal with the property or income without the sanction of the Court. In this way power may be taken equivalent to that afforded by a power of attorney, to receive income, make necessary payments, and give receipts under such conditions and security as the Court should determine.

Under the present system great inconvenience arises from the fact that there is no provision made for obtaining and applying the income of an insane patient for the maintenance of himself and his family without a commission. If the income be derived

from Government securities or any other investments which require the signature of the investor, it will not be paid to any other person, and the family may be put to great stress to live, while the expense of a commission if opposed by the patient might swallow up a large portion of the property. It seems reasonable on every ground that some such provision should be made, and the income rendered readily accessible for maintenance. The suggestion of the Select Committee to transfer to the Court of Chancery the administration of property of those unfit to manage their affairs, would not be desirable in recent cases, and in many it would be too costly.

Another point to which I wish to call special attention is the desirability from every point of view of breaking down the barriers which at present form such a complete separation between asylums and the outside world. I think that there are two modifications in the existing state of things which if adopted would tend to the attainment of this desirable result. In the first place I would advocate the abandonment of the term "asylum." The word "asylum" carries with it much that in the ears of the public is painful, and as the majority of mankind have never been inside an establishment of this sort, they have no means of correcting this feeling. Under the influence of hereditary prejudice they regard asylums as, in some sense, prisons, and as the abodes of wretchedness. Yet, incredible as it may appear to the sceptical and uninformed, there are many persons very happy within their walls; many who would not

leave such shelter if they could; many in fact who have no other home. These forming a not inconsiderable class should not be overlooked in legislating for the minority.

Bearing in mind the prejudice which exists against asylums, and the very erroneous notions conveyed by the use of the word, it is worthy of consideration whether the expression may not be replaced by a word which has no painful or objectionable associations of any kind connected with it, and whether as regards private asylums, against which the popular outcry has been especially raised, it would not be well by statutory authority to substitute the word "sanatorium." This would help to break down the barrier which prejudice and imperfect information have erected and maintained between the sane and the insane. The substitution of this term for the older one would render much more easy the introduction of the second reform, which I would suggest with a view to the same result. My proposal is, that any person, whether insane or not, should at their own request be legally permitted to take up their residence for a time in an asylum, or as it would then be called, a sanatorium, of course with the previous knowledge and consent of the Commissioners. There is no doubt that some persons would occasionally be glad to avail themselves of the comfort to be found in such institutions to the great advantage and protection of the other inmates. It may seem Utopian to expect that sane people will voluntarily associate themselves with the insane, but there are those who

have no such reluctance, and some among them who, perhaps, not having any near ties, find their happiness in the endeavour to make others happy. The idea of an asylum is, no doubt to some, repellent, but if the policy adopted were directed to the removal of unreasonable and unfounded prejudice more would be done than by any restriction that could be devised to satisfy the public that the insane had fair play. One great point towards this end would be gained by dispensing with a name objectionable only on account of its associations, and substituting for it another, suggestive only of reasonable care, treatment, and restoration.

There seems no reason why the entrance to such an establishment should be so jealously guarded that a patient who feels his need of such protection and care should be unable on his own application to obtain admission; and my proposition is that such an one should be free to make his own arrangements for residence without certificate so long as the details of the arrangement have been submitted to the Commissioners and had their previous sanction. In such a case it might be well to allow so much freedom of action, as would enable the contracting parties to accept and be bound by any conditions, both as regards restrictions and their duration that the special circumstances seemed to require and the Commissioners approved. There is no doubt that such a plan would work well and would tend to disabuse the public mind of many erroneous and exaggerated ideas on the subject of insanity. Instances have

occurred within my own knowledge where patients had desired to place themselves under legal control, but in the present state of the law found that they were unable to do so, and have elected to forego the advantages they believed they might have obtained rather than submit to the ordeal of being duly certified as insane. It seems probable that the association of insane persons under certificate with voluntary patients, all of them being subjected in the main to the same discipline and treatment, varied only by the special conditions accorded to the uncertified, would have a beneficial effect upon both ; it would act as a motive and encouragement to those under certificate to earn the same privileges as their fellows by showing their powers of self-control, whilst to both classes it would be evidence that there was no desire to impose unnecessary restrictions.

It has been the practice not to allow patients under certificate to sign documents of any kind, including cheques and receipts, and although this is a very necessary precaution in many cases, there are others where it would be very desirable that patients so situated should be at liberty under proper sanction to do this. For instance, why should not the person who signs the order be able upon affidavit made that it is for the benefit of the patient, to give validity by a counter-signature to a patient's act, he of course taking the responsibility of being able to show if called upon that it was done in good faith? Acting on my advice, the friends of patients under my care have allowed them to continue the control and

management of their property without any disadvantage to themselves or those belonging to them. A lady of independent means, whose daughter was at the time under my care, came to me some years ago and said that she wished to join her daughter on account of the annoyance to which she was subjected by fire coming out of the floor of her room ; and she had some other delusions. I explained to her that unless certificates were obtained she could not be received. She perfectly understood the meaning and effect of certificates, and protesting that there was nothing the matter with her mind, declared that it was quite out of the question for her to be certified, and for a time the subject dropped. It was, however, more than once renewed with the same arguments and the same decision on both sides. At last the fire which she believed came up from the floor of her room became visible to her in the road, and so tormented her that she determined to waive all further objection to certification. She got her brother-in-law to sign the necessary order, the two medical certificates were obtained, and she was admitted. Up to that moment she had managed her own affairs with prudence and judgment, and seeing no sufficient reason why she should then be deprived of that power, I advised her friends to that effect. Accordingly no interference was attempted, and she continued to control her property whilst residing with her daughter under my care as a duly certified patient. After a residence of a few months, she got rid of her delusion, said she felt able to take care of

herself, and was accordingly discharged recovered, having all along exercised the same prudence in the management of her property that she had done up to the time when she was certified.

Another illustration of the expediency of not interfering unnecessarily with the accustomed habits and pursuits of persons whom it becomes necessary to place under control, occurred in the case of a gentleman who had long been known to be insane, but whose extravagant eccentricities had been tolerated until his friends were remonstrated with for not interfering. He was possessed of ample means, and he had managed a considerable property with prudence, and there was no reason to doubt that he would continue to do so though living in an asylum under certificate. The question was more than once raised of having a commission, the effect of which would have been to deprive him altogether of the management of his affairs, and consequently of one of his principal sources of pleasure, if not of his chief enjoyment in life. As he was a bachelor, and had no one dependent upon him, it seemed to be a case in which some risk might fairly be incurred, and I advised his family not to interfere in the matter of his property beyond keeping an eye, through his bankers, on his proceedings, so as to interfere if any urgent occasion should arise. They acted on my advice; and when after a residence of twelve years under my care he died of heart disease, it was found that he had a balance of ten thousand pounds at his bankers, and that he had from time to time invested

his savings in Government securities. Not only then was his property not impaired but it was considerably improved; and all the time he had enjoyed life, keeping his carriage, frequently attending places of amusement, gratifying his generous disposition by presents to his family, and submitting without a murmur to the control which it was still quite necessary at times to exercise over him. No doubt the tranquillity of his latter days would have been disturbed by suggestions, that with his means he might well adopt a different manner of living; but even supposing he had listened to these, he could not have been allowed to become his own master at that time any more than when he was first placed under control. In reality, he would probably have rebelled at any modification of the arrangements which he had accepted, and which, in the language of a near relative, had been instrumental in causing the last ten years of his life to be peaceful and contented, and to afford a striking contrast to the discomfort to himself and anxiety to his family, which marked so large a portion of his previous history.

I will now pass on to say a few words as to the relative advantages of public and private asylums. It does not appear that any case has been made out against the proprietors and superintendents of the latter, as distinguished from the authorities and superintendents of the former; nor, indeed, has any one attempted to prove that those who are connected with private asylums are really less interested in the welfare of their patients than are the authorities in

public asylums. As regards the interested motives on the part of those who have to do with private asylums, which it is suggested may bias them in determining when a patient is well enough to be discharged—although it is obviously right that the insane should be protected against the possibility of undue detention, it should not be forgotten that such a suggestion attributes to members of an honourable profession such unworthy motives as would not be charged to any other class of professional men, and, in fact, constitutes an unmerited stigma. The liberty of the subject, which is so earnestly claimed on behalf of the insane, may fairly be asked for by their friends; and it seems to involve an unnecessary disregard of their feelings to insist that they shall not exercise any discretion as to the manner in which their insane relatives shall be dealt with, but that they shall be compelled, if their relatives are to be moved from home at all, to transfer them to a public institution, for which the only advantage claimed, as compared with a private establishment, is that in it there is less danger of undue detention; for whatever other advantages there may be in a public asylum, there cannot be the same means of providing the comforts of a domestic circle as exist in a private establishment, especially where the proprietor and his family devote their lives to the service of their patients and live among them. One would suppose that this is an advantage more than equivalent to the possible danger of a patient being kept under control somewhat longer

than some might think necessary. If care be taken that no patient shall be improperly placed in an asylum, there is no serious wrong inflicted on him, if one who has been admitted under these precautions, be kept for some time after his apparent recovery. As already pointed out, the duration of the period of convalescence must always be uncertain, and the uncertainty which prevails as to the time when it is prudent to relinquish control is not an imaginary but a real difficulty. Many patients fall back into an insane state more hopeless than their original condition in consequence of the incautious withdrawal of all control, when its prolonged continuance would probably have ensured complete recovery. Unworthy motives are not attributed to the surgeon who prolongs his attendance on a patient who has broken his leg, and who thinks it his duty to watch and guard against imprudent and premature use of the limb though the bone has united. Why should not a physician in charge of an insane person, and why should not the friends of a patient have the same measure of justice, meted out to them as is without hesitation accorded to the surgeon. A case, illustrating the necessity of caution, lately occurred in which a highly accomplished gentlewoman, who had for several years continued in the same uniform state of mental depression, began to take an interest in what was going on around her; I soon saw reason to fear that a condition was threatening which not unfrequently happens on the occurrence of a sudden change from what had gone

on for years, viz. the establishment of a condition the extreme opposite of that which had hitherto prevailed. My warnings were regarded by the friends as over-cautious. Extravagant acts, taking the form of acknowledgments for services rendered during the prolonged period of depression were considered as the natural expressions of gratitude, and the friends considered it their duty to remove the control which up to that time had been maintained over her. The result was most lamentable, the excitement of the life she now led was wearing her out, but she retained sufficient consciousness to appreciate her helplessness, and having escaped from her attendant, presented herself for re-admission in a far worse state than she had ever been before, with small hope of ultimate restoration.

Briefly, in conclusion, to recapitulate the chief points that have been alluded to in the foregoing observations, especially those which have reference to recent cases of insanity. The first question which I endeavoured to illustrate was the meaning of the term "insanity." I contended that insanity is not necessarily a disease, but that it often consists only of a prolongation or exaggeration of a natural state, that, when it is associated with diseased structure, this is often a consequence and not a cause of the mental disorder; the same causes which produce insanity have a tendency to disturb the ordinary functions of the body, including those of the heart and of the nervous system, and the effects of those disturbances may in some cases be recorded by

abnormal appearances in the brain and its membranes; and the presence of these appearances may give rise to the belief that they are the cause of the insane state. Where no abnormal appearances are to be found, or where, though present, we feel justified in believing them to be merely the result of the mental aberration, there is no evidence in support of the theory that insanity is necessarily a disease in the ordinary acceptation of the word; for no attempt has been made to connect symptoms during life with any uniform changes found after death. I offered the suggestion that a probable explanation of the insane state may be found in the excessive action of certain parts of the brain, unbalanced by any corresponding action in other parts; and the equilibrium being so disturbed, irregular manifestations occur which in fact constitute the condition hitherto known as "disease of the mind." Upon this supposition I contended that, in the case of a large proportion of insane persons, there is much less difference between them and sane persons than is generally supposed, and that accordingly the treatment required in this class of cases is rather that which is calculated to restore the proper balance in the performance of the brain's accustomed operations than that which would be directed to the arrest of any organic disease. With a view to this end experience teaches that this, which may be called "moral management," is best carried out away from home and by strangers. Those who are entrusted with this duty require to be armed with full authority to control those tenden-

cies which have led to and which keep up the mental disorder, whilst at the same time the functions in abeyance are developed and guided. As this control to be effectual must be exercised firmly, it is more readily submitted to, if it be at once understood by the patient that it cannot successfully be resisted. There is, in fact, a disposition in human nature to submit to the inevitable, and if this is made to appear pretty distinctly at starting, it is probable that half the difficulty of management will be at once overcome. It is the greater facility for exercising this control efficiently in an institution specially adapted to the purpose, which makes an asylum in so many cases preferable to a private house; for in an asylum there is less likelihood of producing excitement and provoking resistance. It was pointed out that legislation has hitherto tended to encourage the popular belief that asylums are places to be avoided; whereas if the contrary policy were pursued, if the confidence of the public were advocated, instead of being discouraged; if patients and others were permitted to make use of them without impediment or legal restriction; the popular prejudice would be modified, and ultimately removed as the true state of the case became known, and the fact established that people can be very happy in asylums.

Seeing that these establishments must continue to be the homes of many of their occupants, it is no kindness to them to encourage, much less to imitate, the idea that they are in danger of suffering wrong at the hands of those who have come to occupy the

position of their natural protectors. While any precautions which may be thought necessary should be taken to guard against the danger of any person being improperly deprived of his liberty, it was urged that care should be taken not to increase the difficulties in the way of the admission of proper cases, which are already in some instances well-nigh insuperable. Under ample supervision the medical man in charge of insane patients should be treated with the consideration due to anyone undertaking a very responsible, anxious, and difficult duty. Of all things, it is most important that his authority should be maintained, and that nothing should be done to cast suspicion on his motives or in any way to diminish that confidence in his discretion and judgment which is essential to his usefulness, and which may so materially influence the welfare of the patient.

As regards the admission of recent cases into asylums, it was urged that delay being very prejudicial it would be unwise to add to the difficulties of complying with the statutory requirements; when the symptoms are of longer duration, however, the forms may be subjected to revision *before* instead of *after* having been acted upon. As the cases about which there is likely to be doubt are generally of some standing, this regulation would probably meet most of the objections that arise on the score of certificates obtained for eccentricity, perhaps not really amounting to insanity. The idea that patients are in danger of having their malady aggravated by being kept in an asylum after their recovery is inconsistent with

the fact that they have recovered under those very conditions, and under the influence of those very surroundings which are assumed to be so prejudicial. If these have exercised a beneficial influence on the disordered mind, it would seem scarcely reasonable to suppose that they could exercise a very injurious influence on the sound mind. Of course it is not contended that the detention should continue any longer than is necessary to afford reasonable ground for hope that the recovery is confirmed, but it must be borne in mind that this must be a matter of opinion, and it was argued that it would hardly be safe altogether to ignore the judgment of those who had watched the progress of the case, and to trust implicitly to the decision of any two medical strangers whom an indiscreet friend might employ to advocate his views, as was suggested by the Select Committee.

For the purpose of moderating the inherited prejudice against having recourse to asylums, I venture to propose that the name "Asylum" should be discontinued as applied to private establishments of the care of the insane; and that the term "Sanatorium" should be substituted, as being better calculated to carry with it the idea of recovery, and hence to dispel the old notions in reference to such places. Finally, it was contended that matters of detail in the management of patients ought to be entrusted to the medical men in charge, and that it would be highly prejudicial to the best interests of the insane to allow sentimental considerations to influence the course of legis-

lation, or to permit the fear of theoretical dangers which have never been shown to exist, to impair the usefulness of those who, after all, must be trusted, and ought to be loyally supported. There are cases of difficulty and doubt which no legislation can reach; their treatment must be essentially a matter of opinion, and as human judgment is fallible we cannot hope that there will not be occasional differences of opinion. It is not possible that any rules can be laid down or any "statutory declaration" framed which will cover the infinite variety of shades of departure from what is considered a sound state of mind. Each individual instance must be judged by its own merits, and it is only the very careful weighing of all the circumstances which will enable the medical man required to certify, or the medical attendant of an asylum required to discharge a patient, to decide whether he can conscientiously do so.

No ingenuity can devise a system which will obviate the absolute necessity of trusting to the discretion, judgment, and honour of those upon whom the duty devolves of deciding whether or not it is right and necessary in a given case, in the first place to put, or afterwards to maintain, the person under legal control. As in the very nature of things this must be a matter of opinion, the question arises, whose opinion is ultimately to determine the course to be pursued? Whatever additional inquiries or examinations are decreed, these can only result in a judgment to which some may take exception. The

more chances there are afforded for these differences to arise, the more will be the disadvantage to the patient. The great desideratum in the treatment of insane people is rest, and this rest must often be combined with a complete change of ideas. Anything which interferes with the attainment of these ends is out of place, and any legislation which fetters the action of those who alone, in so many cases, are able to fulfil these conditions must be mischievous, and must in the long run lead to bad results, which will be found to far outbalance any possible benefits.

There is one authority which seems to have been almost overlooked, or at any rate regarded somewhat lightly. Her Majesty's Commissioners in Lunacy were appointed for the express purpose of protecting the insane, and it would seem by the Report of the Select Committee that their authority has been effectual to prevent wrong; may they not still be trusted? They are selected on account of their eminence, and occupy the position of judges. In the interest of the insane, it is surely well that their judgment should be paramount in doubtful cases.