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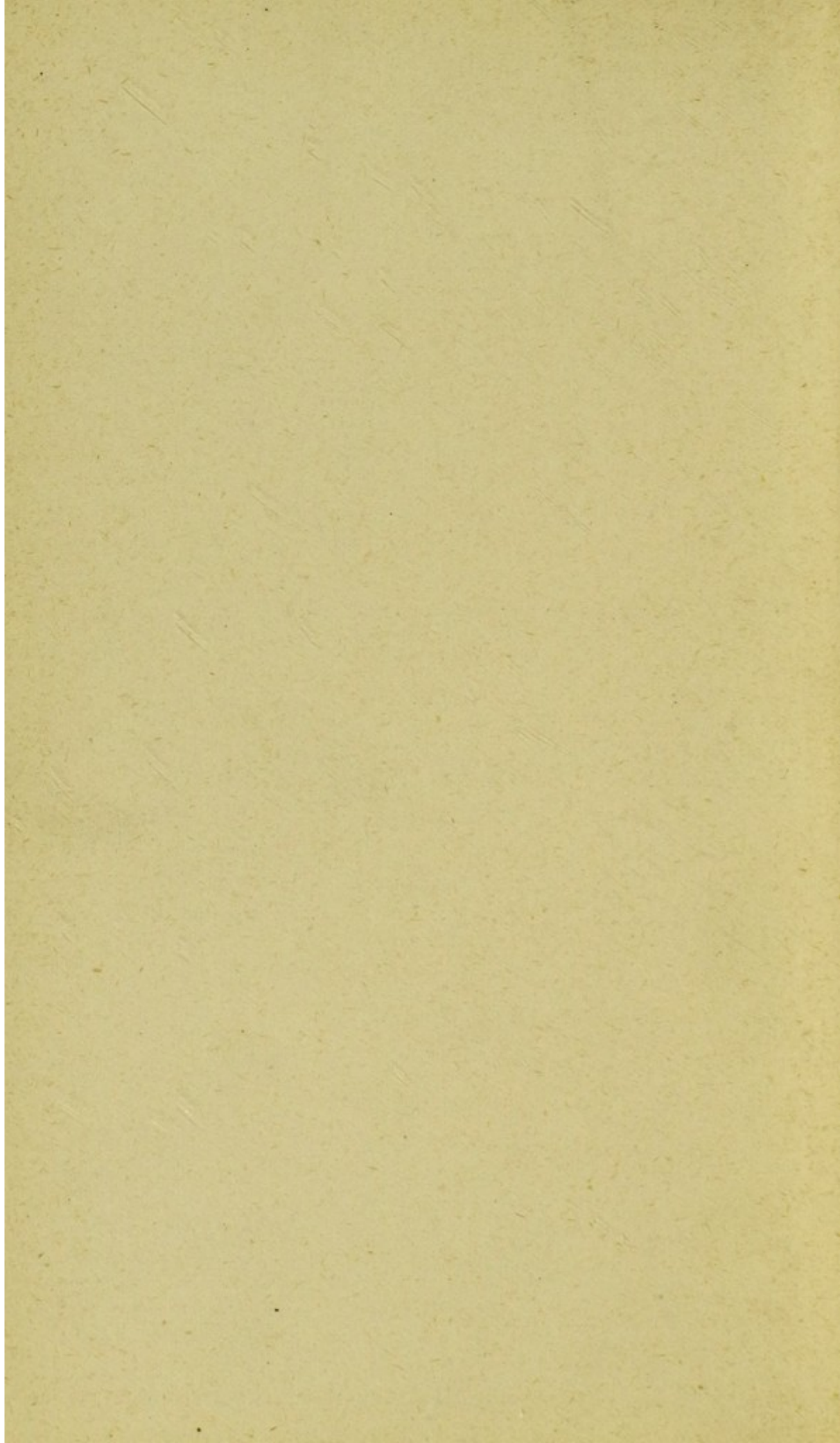
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THE CARE
AND TREATMENT OF
THE INSANE
IN PRIVATE DWELLINGS

Lionel A. Weatherly M.D.

PRICE EIGHTEENPENCE



THE CARE AND TREATMENT
OF THE INSANE IN PRIVATE
DWELLINGS.

BY

LIONEL A. WEATHERLY, M.D., C.M.

*Member of the Royal College of Surgeons of England; Member of the Medico-
Psychological Association of Great Britain; Fellow of the Obstetric
Society of London.*



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TO THE
RIGHT HON. THE EARL OF SHAFTESBURY,

THE EVER READY FRIEND

OF THE

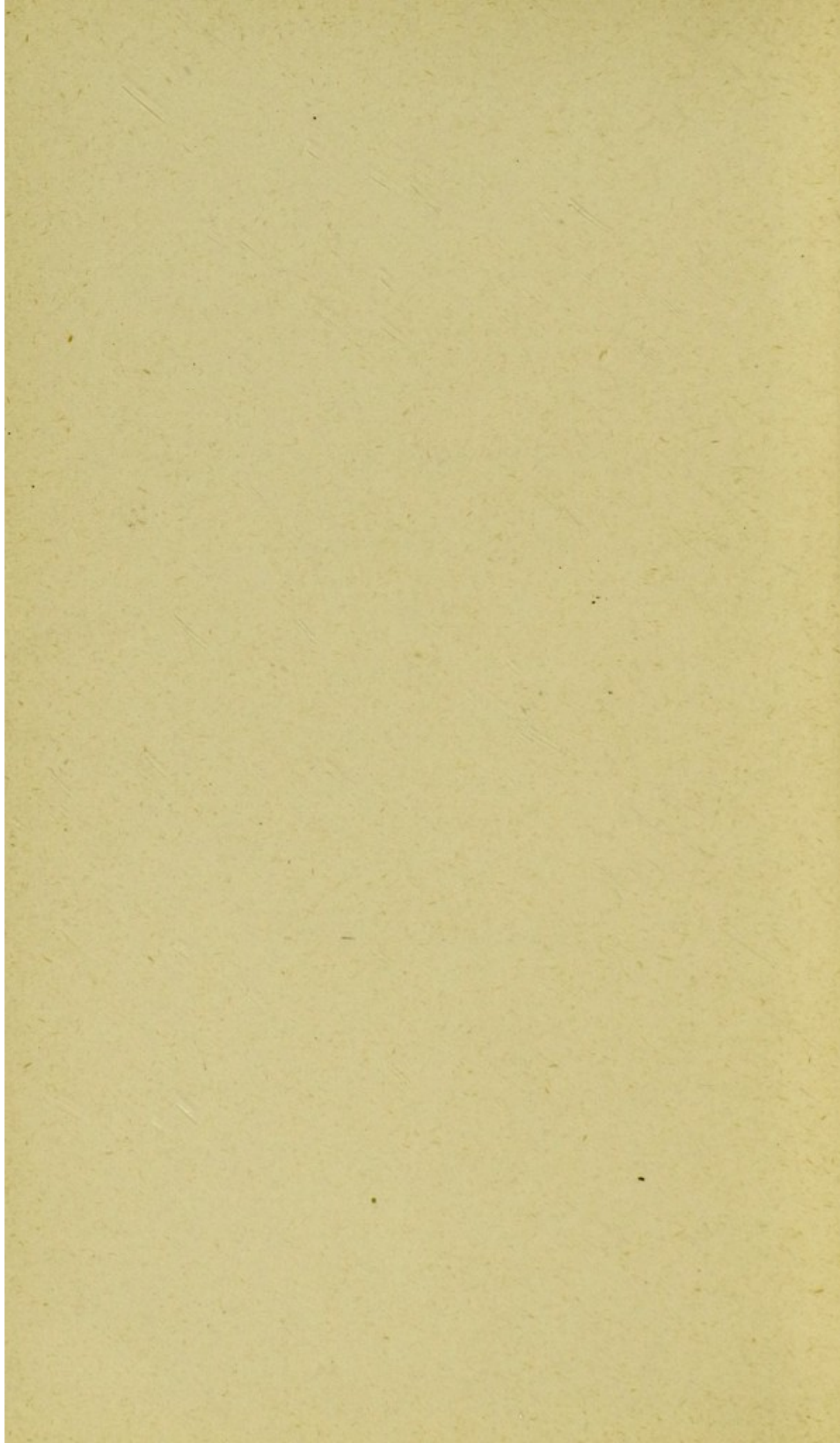
HELPLESS,

THIS LITTLE BOOK

IS

(by permission)

Most respectfully Dedicated.



PREFACE.

THE greater part of this treatise was read by me at a meeting of the Medico-Psychological Association at Bethlehem Hospital last November; and desiring to have the subject thoroughly sifted by a public, who are ever ready to lend a willing ear to social improvements, I have thought fit to publish it.

It is indeed with the earnest hope that this little work will be the means of encouraging others, who have taken an interest in this mode of treating many of the insane, to come forward and give their experiences of its efficacy, that I have decided upon bringing it before the

general public. In so doing I must express my gratification at having obtained Lord Shaftesbury's permission to dedicate this book to him. He has written me, that while he accepts generally the views of the treatise, he cannot agree with all my statements, still he will be happy to accept the honour of the Dedication "as the more we sift and investigate this subject, and the more we institute safe and legitimate experiments, the greater progress we shall make towards the true remedial treatment of the Insane."

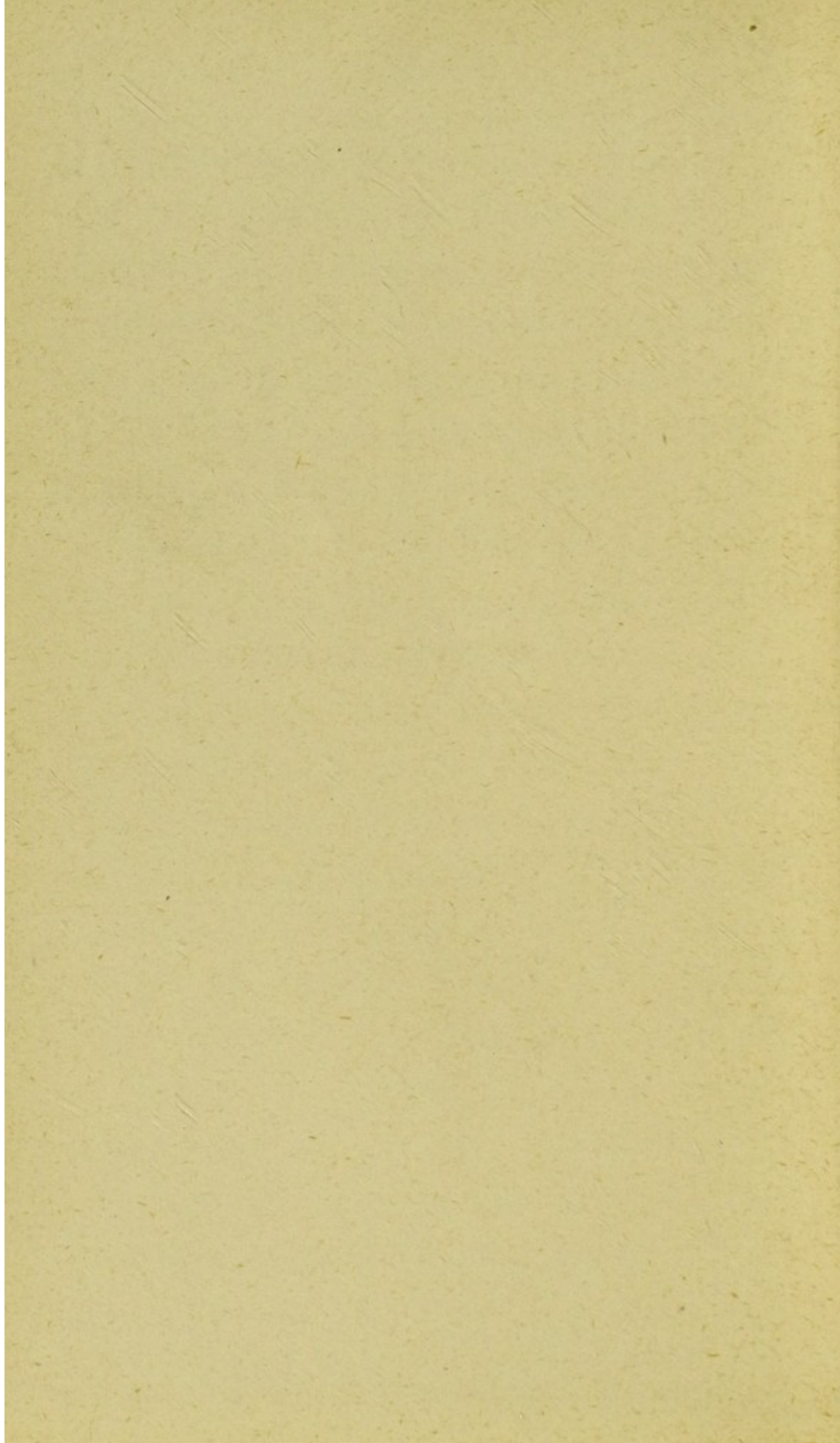
I have to thank Dr. Bucknill for allowing me to make such frequent use of his well-known book, "The Care of the Insane;" Dr. Mortimer Granville for much information; Deputy-Commissioner Lawson and Dr. Arthur Mitchell for many practical details concerning the working of this method in Scotland.

I sincerely hope that all interested in this subject, and any who may have reliable statistics to bring forward, will communicate with me, as I am thoroughly in earnest in my endeavour to give this method of treatment the full and careful inquiry and trial which I consider it most rightly deserves.

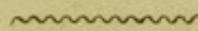
LIONEL A. WEATHERLY.

PORTISHEAD, SOMERSET,

Dec. 23, 1881.



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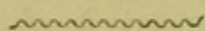
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THE CARE AND TREATMENT

OF THE

INSANE IN PRIVATE DWELLINGS.



CHAPTER I.

INTRODUCTORY.

QUESTIONS bearing on the social condition of our countrymen are on every side agitating the public mind; and it must indeed be gratifying to all interested in the future welfare of our land, that subjects of importance are being thoroughly ventilated; with but one object in view, namely, improvement. Perfection we can never hope to reach; still this

fact should not deter us, one and all, from following in the footsteps of those who have gone before—crying out for onward progress; instead of standing, with hands unoccupied—contented with the present state of things generally.

Now of all subjects of especial interest, what can be of greater importance, than any advance movement towards the amelioration of the condition of those unfortunate members of our social community, whose circumstances of mental health, render them unable to help themselves?

When we look back to the latter end of the past century, and the beginning of the present one, and note the iniquitous and revolting treatment to which the insane were subjected; when we trace from that time all the great and marvellous

advances towards the present humane and enlightened method of treatment; when we call to mind the names of Pinel, in France, and of Tuke, in England, to whom may justly be ascribed the honour of introducing humanity into the care of this unfortunate class of persons; when we note the commencement of the non-restraint system as adopted by Charlesworth and Hill, and see further how Conolly worked with untiring energy to demonstrate the perfect practicability of this system of non-restraint in every asylum in the land; when we see these names standing out like bright stars in the black night of past psychological history;—does it not behove every one interested in this branch of our noble profession, to seek further improvements in the unhappy lot of any brother or sister afflicted with mental disease? And I

cannot but think it passing strange that in these enlightened times such men as Drs. Bucknill, Lockhart Robertson, Crichton Browne, Arthur Mitchell, and numerous others, should have spoken to almost deaf ears, when they so clearly express their opinion of the great and beneficial results, which must accrue from the treatment of many an insane case in private dwellings.

When, therefore, I think of these men who have earned such a high name for themselves in the field of psychological medicine, and who have spoken so decidedly as to the especial efficacy of this mode of treatment ; it is with extreme diffidence that I approach this subject ; yet I earnestly hope that this little book, written by one who is deeply interested in the care and the cure of the insane, may be the means of stirring others more

able than himself, to renewed efforts to develop this method of treatment into what it most rightly should be, a recognized system—a weapon in our hands, by which many a case of commencing insanity may be cut short; a measure whereby many a convalescing patient may be brought more quickly to the goal of perfect mental health; and many a harmless chronic lunatic be surrounded with those home comforts and interests which will make his life as happy a one as his unbalanced condition of mind will admit.

Dr. Bucknill has in his last book, "On the Care of the Insane, and their Legal Control," repeatedly mentioned the numerous advantages which this domestic treatment, properly carried out, has over asylum treatment in very many cases, both of recent and confirmed

insanity. Nothing could have been stronger on this subject than the remarks of Dr. Lockhart Robertson (the Lord Chancellor's Visitor in Lunacy), in his paper on "Lunacy in England," read by him as President of Section VIII., Mental Diseases, at the recent International Medical Congress. "Further reform, he says, "in the treatment of the insane is not merely a question of whether and how they shall be detained in public or private asylums, but rather whether and when they should be placed in asylums at all, and when and how they shall be liberated from their imprisonment and restored to the freedom of private life;" and he goes on to say, "There is, I believe, for a large number of the incurable insane, a better lot in store than to drag on their weary days in asylum confinement—"

The staring eye glazed o'er with sapless days,
The slow, mechanic pacings to and fro,
The set grey life and apathetic end.

“ In my evidence before Mr. Dillwyn's Select Committee in 1877, I was examined at some length on this question, and I stated that, but for my experience as Lord Chancellor's Visitor, and if I had not personally watched their cases, I could never have believed that patients who were such confirmed lunatics, could be treated in private families in the way that Chancery lunatics are. I also said that one-third of the Chancery patients were already so treated out of asylums; and I added, that I was of opinion that one-third of the present inmates of the private asylums might be placed in family treatment with safety.”

This last is a bold statement to make, and yet it is put forward by one, whose

experience and position must carry weight. I agree with some of the proprietors of private asylums, that one can hardly argue concerning ordinary private lunatics, from the Chancery lunatics; because the large majority of the latter are chronic cases; yet there can be no doubt that a very large number of the inmates of private asylums might with advantage, and increased happiness to themselves, be treated and cared for outside the walls of an asylum, and it is certain that far more recent cases of mental disease are proved to be suitable for the private and domestic care than asylum proprietors think fit to allow.

CHAPTER II.

WHAT IS MEANT BY PRIVATE TREATMENT ?

THE patients to be treated or cared for by this method may be divided into two classes—the pauper and the non-pauper patients. It is with the latter I propose to deal in this little work, as it would be impossible for me, in such a book, to enter into the somewhat intricate matters connected with the equally important question of the treatment of pauper lunatics in private dwellings.

Dr. Arthur Mitchell, one of the Commissioners in Lunacy for Scotland, in which country this treatment has found so much favour and has been so success-

ful, has written a most valuable work on this weighty question, entitled "The Insane in Private Dwellings" (published by Edmondston and Douglas, Edinburgh), and all interested in this system of treating many pauper lunatics will find ample proofs of its good results in this work.

Our pauper asylums are rapidly becoming overcrowded with large numbers of hopelessly chronic lunatics; and I feel sure the day cannot be far distant, when English people will see the advisability of carrying out the system of boarding out pauper lunatics, which has, according to the last Scotch Commissioners' Report, been so thoroughly successful in that country.

It has proved to result not only in an actual financial saving; but it has enhanced the happiness of many an

insane person, and has been the means of allowing increased asylum accommodation for recent cases of mental alienation.

Although my remarks are specially directed to the treatment of those insane persons, whose means allow of their being cared for outside the walls of pauper asylums, much I shall say will be equally applicable to both classes of patients.

This mode of treatment resolves itself into—

I. The treatment of individual cases in the family of a medical man.

II. The treatment of individual cases in a family other than that of a medical man, but under the direct and constant supervision of a doctor.

III. The treatment of individual cases in lodgings with a companion or attendant,

but under the direct and constant supervision of a medical man.

IV. The treatment of individual cases in their own homes or with near relatives, but also under the direct supervision of their medical attendant.

The first two of these methods are undoubtedly the best; but, circumstances may of course render either of them impossible or impracticable.

The sojourn of an insane patient in a medical man's house is unquestionably to be preferred, if the practitioner is one who makes the study of such cases of disorders of the mind an integral part of his professional duties, and if his wife has her heart in the work, and is possessed with that tact and judgment, that patience and good temper, so essential in treating all cases of mental disturbance.

I feel sure that if this plan of treating

insane cases were once developed into a recognized system, far more medical men would take an interest in this branch of their profession, and, by making arrangements to receive single cases under their charge, greatly increase the possibility, or rather probability, of that early treatment of mental disease, which alone holds out so great a chance of rapid recovery.

The treatment of individuals in lodgings with a companion or attendant is often a necessary plan, especially in recent cases ; but it is one requiring the most constant supervision of a medical man, both interested and up in the management of the insane, and one who will not require to depend upon the advice of, it may be, a late asylum attendant ; but who, knowing exactly the plan of treatment to be adopted, will not

only give his own strict orders, but will also see that they are implicitly obeyed.

A writer of a leading article in a recent number of the *Lancet*, on this subject of "the insane in private dwellings," says:—"In his lack of acquaintance with the management of the insane the general practitioner calls in the assistance of an asylum attendant, and the moment that step is taken the prospect of a cure is almost hopelessly clouded. The worst features of the asylum system are those with which the 'experienced attendant' is familiar. He knows all the tactics and bad practices for the coercion of the insane, but is wholly ignorant of the information the general practitioner seeks at his hands. Better far treat a case on common-sense principles, than be shown how to treat it by an asylum attendant."

There is, I am afraid to say, a great deal of truth in this writer's observation. There are, of course, some very good attendants who have received their training in asylums, and I have had patients under my care whose attendants have done all in their power to carry out my wishes, and who have, by their tact and good sense, done much towards bringing the case to a successful issue; still I must confess I have known instances where unspeakable harm has been the outcome of presumption, and a vain wish to air knowledge which they have not possessed, on the part of those who should by rights have been the great helpers in the curative process.

That some chronic harmless patients may be, and often are, well looked after in their own homes or with near relatives, I will readily admit, and circum-

stances frequently compel this plan being adopted; but it is well known that the majority of cases of mental diseases can be treated far better, and with more chance of success, away from all relatives.

While speaking of cases under this form of domestic treatment, Dr. Bucknill says:—"They are not usually the best examples of home treatment, for relations are apt to be either too severe or too indulgent, and there may be no check or guidance, official or medical. Still, every person whose knowledge of society is wide and varied, must have known insane persons living with considerable enjoyment of life in the bosom of their own families."

CHAPTER III.

THE ADVANTAGE OF PRIVATE TREATMENT.

THE *advantages* of private treatment over that of asylum treatment of certain cases of insanity, are to my mind sufficiently clear to prove how necessary it is that this mode of management should become developed into a recognized system; and in enumerating these advantages I shall try my best to prove my assertion, not only by my own individual experience, but by the opinions of men whose names alone will be a guarantee of the value of their statements.

I.—*In private treatment we have the power of treating cases individually, and with regard to their several idiosyncrasies.*

That this individual treatment is absolutely necessary in a large number of cases, must be apparent to all; and Dr. Maudsley distinctly states his opinion of the necessity for “penetrating the individual character, and carefully investigating the concurrence of conditions that have issued in insanity, with the object of removing them, if we are wishful of beneficially treating the case.” How can this be properly and thoroughly carried out in an asylum? How can the resident medical man give his individual attention to each separate case? More especially is this individual treatment necessary in recent cases of mental

diseases, if a cure is to be brought about.

My experience has convinced me that there often are exaggerated common mind troubles, which, if not got rid of, soon develop into actual delusions, and it is certain that they may be combatted with, if their origin be strictly investigated.

Let us take the very early stages of that common form of mental ill-health, melancholia ; and in how many cases may we, by endeavouring by logical arguments and appeals to the common sense and reasoning powers of the patient, backed up it may be by convincing proofs of their unreality, dispel some such trouble, from which, if left alone, actual delusion might soon arise, and the case be carried beyond the possibility of a rapid recovery ?

Cases in this very early stage of melancholia very rarely come under the notice of medical men in asylums, but the importance of individual treatment in this stage cannot be overlooked.

Again, it has been unquestionably and abundantly proved that occupation of the mind and body are great factors in the successful treatment of the majority of cases of insanity, and that there is always a greater chance of a cure being established, if the patient has any particular hobby capable of being worked upon,

That by individual attention to single cases a hobby may again be started, or, where this is absent, some occupation for the mind or body may be enticed, any one having had to do with the treatment of insanity in private dwellings will, I am sure, allow ; but I cannot see

how it is to be reasonably expected that such can be the case in an asylum, where so many claims are made upon the time of the medical superintendent and his subordinates. Amusements and occupations are, I grant, abundantly afforded in asylums, but the individual interest in self-occupation has little chance of being inculcated, or rather revived. Here, then, is a decided advantage of the domestic treatment.

With how many bodily ailments has the physician who scientifically treats his insane patients, to deal? How often is a disordered liver at least a cause of an exaggeration of gloomy and desponding feelings; how often is a palpitating heart the origin of mental apprehension and nervous depression; how often is a neglected dyspepsia the beginning of that bodily exhaustion which renders the

patient susceptible to an hereditary influence, or at least predisposes towards an unnatural augmentation of some common mind-trouble!

How vitally important is it that these unbalancing disorders be quickly found out and equally quickly treated, if we would steer towards bringing back that melancholic mind to its former happy, healthy condition. But, as a leading article in the *Lancet* of Sept. 3rd clearly and distinctly states, "The herding of lunatics together inevitably tends to the sacrifice of the personal claim on the physician's attention. The case is merged in the class; peculiarities of temper, of mental constitution, and of the morbid state, are shut out of sight and destroyed by association."

I am well aware that in asylums properly conducted "every patient on ad-

mission is carefully examined mentally and bodily, his case as carefully taken as in any hospital, his treatment moral and medical as thoroughly adapted to his individual wants ;” but this, I maintain, cannot be carried out to the full extent it is, when a single patient is under the immediate care in a medical man’s house.

Dr. Bucknill, who in all his writings mentions facts from his own wide experience, states his conviction that “asylum detention begets a routine life, with a wonderful oblivion of medical resources. Narcotics and sedatives are used with more or less audacity now, as depressing medicines were used a generation ago ; but the persistent efforts to relieve by medicine those bodily conditions upon which the morbid mental states depend, which were practised in asylums within even recent memory,

have now gone out of vogue, and even the belief in them seems to be dead and gone. In many of the asylums now a patient may get well if he will undergo good hygienic influences ; but as for any systematic attempts to aid nature by the resources of the medical art—except those in a few well-known institutions, where the love of medical science survives—one would almost as soon expect to see them made, as to meet with the older practice of mechanical restraint. But in the treatment of single cases by any capable and conscientious physician, it is quite different.”¹

II.—*The probability, that there is more chance of being able to treat cases in a much earlier stage of*

¹ “The Care of the Insane.” By J. C. Bucknill, M.D.

mental disturbance, by this domestic care, than by asylum treatment.

The percentage of recoveries of insane cases, would be greatly increased if they came more frequently under treatment in their early stage. But all must know how persons, in their utter selfishness, try as far as possible to hide a disease which they look upon as a special calamity and disgrace, and often let weeks and months go by, without having recourse to proper advice. The relatives and friends are afraid it will be "talked about;" and so the case drifts on, often reaching that hopeless barren waste of chronic mental aberration.

Lord Shaftesbury once said, that "many persons whose families are afflicted with lunacy think that they are keeping the fact in entire privacy ;

but it is an error. If there is an insane relative in any family, it is invariably known. The world may not know where he is; but no family ever succeeded in suppressing a knowledge of the fact that there was a mad member connected with it." And how true is this; and how much better it would be, if the general public more fully realized this fact, and realizing it, woke up to the necessity for early treatment in all forms of mental trouble!

There can be no doubt that many persons view an asylum with repugnance, and, maybe, often try and conceal the fact that some near relative is fast becoming "unlike his former self," with a delusive hope that the evil day when he will have to pass the threshold of that to them dreaded abode, may yet be postponed, perhaps for ever.

Anything, therefore, that could enhance the probability of early treatment of mental disease must, I contend, be a step in the right direction ; and I cannot but think that if this "domestic care" were developed into a recognized system—if the public generally, knew that their relatives could be properly treated and be under distinct supervision in a medical man's house, or under his immediate treatment, they would be much more likely to let the truth eke out in the early stage, that something was going wrong with the mind of one both near and dear to them.

III.—*By this system the baneful effect of constant association with insane persons of all grades of mental disease is done away with.*

I find in that admirable and instruc-

tive little book, "The Insane in Private Dwellings," by Dr. Arthur Mitchell—to whom I must offer my grateful thanks for much information and kindness—that he is of opinion, which he considers must be very generally received, that "all great aggregations of permanently diseased minds is an evil, which as much as possible should be avoided, as their tendency is undoubtedly to lower and degrade each constituent member of the mass."

I am fully aware of the fact that mental ill-health is the greatest leveller we have; yet at the same time it must be admitted, that there are in all asylums, cases upon which the presence of other lunatics must have a most depressing and miserable effect, and the scenes so often unwillingly witnessed must be held in life-long remembrance.

Upon this subject Dr. Conolly, too, spoke in a decided manner; for I find, in his "Suggestions for the better Protection and Care of the Insane," he stated his conviction "that by associating lunatics with lunatics the general chances of recovery are much diminished."

I am sure I need say no more in support of this advantage, for it must be patent to every observer.

IV.—*The association with sane persons, and the family life of domestic treatment, is most beneficial.*

Dr. Bucknill, in the work already mentioned, after having shown how frequent are the complaints of insane persons in asylums of the inevitable association with others, perhaps far worse than themselves, says, "To the

lunatic under proper care in domestic life everything is changed. He need feel no brand upon him; he is a member of an English home circle of sane people, who, even in the exercise of a wise selfishness, must strive to make him contented, and who often, by the mere habit of geniality, do make him happy."

Through constant association with sane persons, the patient gradually begins to realize some eccentricities, let us say, in himself; and very probably if this feeling be to a certain extent, and with tact, worked upon, and if the insanity be not too deeply rooted, it may be productive of an actual, or at least a partial recovery.

V.—*The monotonous routine of daily life in an asylum is avoided.*

The boarding-out system in Scotland

of workhouse children has clearly demonstrated the beneficial change, which has been effected by the adoption of this measure; and Dr. Bucknill, in his work "The Care of the Insane," reminds us of the fact that "nothing is more hateful to an adult Englishman than to live in an institution. Passing by life in gaols, and even in workhouses, as too harsh a comparison, what has broken up the great national almshouses of Greenwich and Chelsea but experience of the feeling that Englishmen would rather be pinched in a cottage than pampered in a palace, if the latter implied a crowded life in common?"

There are, without a doubt, many lunatics in asylums to whom the monotony of their lives is most irksome. That this monotony is not present when under domestic care, in anything like

the same degree, is self-evident ; and its absence may, I think, with all fairness be placed as one of the advantages of the method I am trying my best to uphold.

VI.—*In cases of recovery in private dwellings there is not the recollection of having been confined within the walls of an asylum, which in so many cases is never forgotten, and often increases the unbalanced mental condition should a relapse take place.*

There are some patients who, after being discharged from an asylum, and having again relapsed, express a decided wish to be sent to the same place where they had previously recovered ; but, on the other hand, there are many persons who look back with feelings of dread,

and it may be with shame, to the time of their sojourn within those walls, and upon whom deep and lasting impressions have been made, the thought of which produces a vague and yet overpowering fright; for such, the awakening to the reality that they are being again brought back to that prison from which they thought they had for ever escaped, must indeed be sufficient to aggravate, to a very great degree, the condition of their relapse, and fill them with doubts whether they would ever again be among their own relatives and friends.

VII.—*Harmless chronic cases are by this method of care allowed to spend the rest of their lives amidst the comforts of "household harmony," where the daily family interests become in time theirs, and where their liberty*

is naturally far greater than it possibly could be in any asylum.

I feel certain that no one can possibly take objection to this being a real and true advantage of domestic care over asylumdom.

Dr. Lockhart Robertson has spoken from large practical experience as to the undoubted increased happiness, and as to the enjoyment of such pleasures and joy in life as is left to them, of many chronic cases of insanity among the Chancery lunatics he has visited in private dwellings.

Professor Griesinger, too, in his "Mental Pathology and Therapeutics," states that "it has been proved that many of the insane do not require the confinement of an asylum, and can be safely trusted with more liberty than those in-

stitutions allow, and that association in the family life is very beneficial to many of the insane."

Again, Dr. Maudsley, in his well-known book on "The Physiology and Pathology of the Mind," says, "I cannot but think that future progress in the improvement of the treatment of the insane lies in the direction of lessening the sequestration and increasing the liberty of them. Many of the chronic insane, incurable and harmless, will be allowed to spend the remaining days of their sorrowful pilgrimage in private families, having the comforts of family life, and the priceless blessing of the utmost freedom that is compatible with their proper care."

There are, it must be allowed, many chronic harmless lunatics who "are quite capable of appreciating the amenities of domestic life, and of enjoying the indi-

viduality which they acquire in private houses, and which they cannot have while part of the population of a large asylum. Though their mental powers may be deficient, or their intelligence perverted, many of them still have warm affections, and are capable of deriving pleasure from social intercourse. In such patients the weary monotony of prolonged confinement is irksome, and injurious at least to their bodily health, if we may judge by the improved physical wellbeing and greater chance of living which we know they acquire by removal to more natural or less artificial surroundings. But it is probably injurious to their mental health, for it is a generally received opinion now that all great aggregations of permanently diseased minds is an evil, which, as much as possible, should be avoided,

as their tendency is undoubtedly to lower and degrade each constituent member of the mass. It is clear, therefore, that continued confinement may be an injury to many of those patients for whom the appliances of an asylum have ceased to be necessary, and that under proper arrangements their removal may become the source of increased comfort, happiness, and general wellbeing.”²

I cannot myself see the necessity for shutting up in asylums any harmless lunatics, unless it be that their means allow them no other method of care.

The Lord Chief Baron, before whom the celebrated Nottidge case was heard, gave it as his opinion that every person, who is not dangerous to himself or others ought to be liberated; and he

² “The Insane in Private Dwellings.” By Arthur Mitchell, M.D.

went on to say, that " If the notion has got abroad that any person may be confined in a lunatic asylum or a madhouse who has any absurd or even mad opinion upon any religious subject, and is safe and harmless upon every other topic, I altogether and entirely differ with such an opinion ; and I desire to impress that opinion with as much force as I can in the hearing of one of the Commissioners."

As might have been readily supposed, the Commissioners sent a letter to the Lord Chancellor, stating their opinion that the Lord Chief Baron's remarks were not in accordance with the meaning of the Lunacy Acts, and showing the difficulties that would arise if his opinion of the case was really correct, as there were numbers of harmless lunatics who were placed in asylums with the idea and hope of their being cured,

as well as many chronic harmless lunatics for whom the asylum afforded both comfort and protection. Still, although agreeing in part with the Commissioners, one cannot help feeling that a very large number of the chronic insane inmates of asylums, are needlessly restrained within their walls, to whom the social life and domestic care would be far preferable; and, I maintain, in a great number of cases, equally as economical.

Dr. Bucknill ends up his chapter on Proprietary Asylums, in his book "The Care of the Insane," with the strong remark—"And the discharge into domestic care and control of that proportion of asylum inmates which the highest authorities declare unsuitable for asylum treatment, is a measure of justice and humanity which cannot long be delayed."

CHAPTER IV.

CASES SUITABLE FOR TREATMENT IN
PRIVATE DWELLINGS.

HAVING in the previous chapter briefly given a few of the most apparent advantages of domestic treatment and care ; having tried my best to prove my statements by quoting opinions of able and practical men ; let me now mention the cases most suitable for the method I am advocating.

That their number is not small, may be readily gleaned from the fact that both Drs. Crichton Browne and Lockhart Robertson gave it as their decided opinion before the Select Committee,

that one-third of the certified lunatics might be spread over the country, the other two-thirds, however, requiring asylum treatment. After giving a table of the percentage of Chancery and other private lunatics, both in asylums and in private dwellings, Dr. Lockhart Robertson, in his opening address at the International Congress, went on to say, "If, therefore, 34·6 per cent. of the Chancery lunatics are successfully treated in private dwellings, while only 65·4 per cent. are in asylums; it is evident that of the private patients under the Lunacy Commissioners, of whom 94 per cent. are in asylums, some 30 per cent. are there needlessly, and hence wrongly confined. I see instances of such cases every visit I pay to the private asylums."

The last Report of the Scotch Commissioners gives evidence of a growing

belief, that many more cases of insanity are manageable outside the walls of an asylum, than had previously been allowed.

Generally speaking, I may then say that I consider almost all cases of insanity in the early stage, except those coming under the head of acute mania, acute melancholia, melancholia with stupor, erotomania, and cases having distinct homicidal or suicidal tendencies, are suitable for treatment in private dwellings ; provided of course that adequate means of properly caring for them are present. With regard to chronic cases of mental disease, the cases I consider unsuitable for domestic treatment—or rather, care—are those of homicidal and suicidal mania, melancholia with stupor, general paralysis of the insane, epileptic insanity, and erotomania, and also some

of the many cases of idiocy and imbecility.

Dr. Blandford considers that there are many cases of *simple melancholia*, where the prominent symptom is depression without delusion, suitable for private treatment ; and that for many a case of melancholia, where even suicide is apprehended, an asylum is not absolutely indispensable, provided the patient's means will afford him what he requires elsewhere ; and that for such a case the companionship of sane persons his equal in education, with the further safeguard of an attendant, will cure more rapidly than the asylum, with its depressing influences and lack of sane companions.

Asylum proprietors argue that all cases of melancholia are better treated in an asylum than in private dwellings, and that the mere fact of their being

surrounded with lunatics who will not listen to their constant talkings concerning themselves, their troubles and delusions, is a great factor in the successful mode of treatment. By these means no doubt the melancholic patient gradually ceases to talk of his delusions, his worries, and his exaggerated troubles ; but does he by these means entirely forget them ? And it would be very interesting to know, how many melancholic patients relapse after recovery in asylums, and if their delusions during the relapse were the same as during the first attack of melancholia.

Let a melancholic patient, however, get well in a private house, surrounded by sane and educated persons, and what do we find ? Why, that as they are getting better their reasoning powers are called into action ; and when recovered, they

will often go through their delusions, and point out in the most rational manner their utter absurdity and unreality. Such recovery, I maintain, must have greater chance of being permanent.

Deputy-Commissioner Lawson, in his last Report, mentions the fact that he selected twenty cases of well-marked mania with delusions of suspicion, and melancholia with threatenings of suicide, residing in private dwellings, and belonging to the pauper class, and after making a careful inquiry into each of these cases, failed to find any reason to apprehend personal danger sufficient to order the patient's removal to an asylum, except in two cases; and he goes on to say,—“The question naturally arises, whether the better policy would not be to send all such patients to an asylum? In the first

place it may be answered, that in the majority of instances the probability of any serious accident is so small, that it would be unjustifiable to remove the patient from fixed attachments, upon a vague suspicion of danger; in the second place, it may be safely stated that the residence in an asylum, of patients labouring under mania or melancholia with suspicion, is more likely to intensify than to cure their insane proclivities. It would be scarcely reasonable to expect that a man, who, for example, has developed insane delusions of suspicion during the progress of some insidious bodily ailment, would not be more likely to be injured than benefited by being placed amongst groups of other men similarly afflicted, with whom he could speak freely of his delusions, and from whom he could re-

ceive in return confirmatory accounts of theirs."

I had heard a great deal about the number of preventible suicides that happened among single patients in private treatment, and I was agreeably surprised to find in the English Commissioners' last Report that out of a total of twenty cases of suicide of patients under treatment, only two were single cases, and those were due to no want of proper care; whereas of the other eighteen cases no less than ten were described as being partly attributable to want of caution, if not to absolute negligence.

While on this part of my subject, let me call my reader's attention to the greater attendant power that there is, in a properly-conducted private house over a single patient, than there can be possible

in the best-regulated asylum ; for, whereas the average ratio of sane persons to insane patients in most asylums is about one to six or seven, and in some asylums not more than one to twelve, the average ratio of sane persons to insane patients in private houses would probably be found to be five or six to one. In my own house, the ratio of sane persons capable of paying attention to my two patients is twelve to two.

There are some cases of *acute primary dementia* for which removal to an asylum is not absolutely necessary ; for, as Dr. Blandford says, "In many, the mental shock they have undergone would be intensified by such removal. If they are tractable they may be treated in a family, or even at home."

Cases, too, of *acute delirious mania* might, I think, be given the trial of treat-

ment in suitable private dwellings; for should the attack be a transient one, the waking up of the patient to the realization of where he was, and the terror thus inspired, would, as Dr. Blandford states, "be likely to convert one of the sharp attacks into a prolonged and obstinate mania."

That large class of *semi-insane persons*, with exaggerated eccentricities, let us say, are undoubtedly much better out of an asylum than in one, if they are free from dangerous habits, as so many of them are. The sojourn and social intercourse with sane persons encourages and keeps up their feelings of self-respect, and must be more beneficial to them than the constant association with all classes of insanity.

Cases of *recurrent mania* are, in the large majority of instances, most suitable

for private treatment, and should, if possible, be kept out of asylums. The harm that the asylum association does to them during their lucid intervals could be abundantly proved; and I know I should never allow a friend or relative of mine, suffering from this form of insanity, to be put inside the doors of an asylum, if I could possibly prevent it.

Deputy-Commissioner Lawson, in his last Report, in referring to this class of cases, says,—“I have seen such cases in both their noisy and quiescent stages, and nothing could be more striking than the contrast between the senseless and thoughtless abusiveness of the noisy stage, and the affectionate conduct and devotion to domestic work and family interests which characterize the patient in the state of quiescence. In fact, a recurrent maniac, during a period of

quiescence often stands out amongst the relatives or strangers with whom he or she may dwell, as a cultivated and amiable member of the household, and seems to cultivate, during periods of repose, that sympathy which ensures good treatment and forbearance during attacks of excitement."

Harmless chronic cases of insanity are certainly in every respect suitable for domestic care; and numbers of them would be, under such care, far happier than they possibly could be in an asylum.

"The strength of the passion for liberty which there is in the human breast" makes the life of many an insane person within the walls of an asylum almost unbearable; and the wonderful difference in the expression of the face of many chronic lunatics, which has

resulted from family life after years of asylum existence, has convinced me that Dr. Maudsley spoke only too truly when he said—"and I feel most earnestly that I should infinitely prefer a garret or a cellar for lodgings, with bread and water for food, than to be clothed in purple and fine linen, and to fare sumptuously every day, as a prisoner. I can well believe that the comforts which an insane person has in his captivity are but a miserable compensation for his entire loss of liberty—that they are petty things, which weigh not at all against the mighty suffering of a life-long imprisonment."

How many little wishes of the chronic insane patient may be gratified in private care, which could not be carried out in an asylum! Trifles they may be, yet they give some sort of happiness to

one for whom the pleasures of this world seem to have so entirely vanished. He may wish to have his drive at this hour or that; he may suddenly develop a fancy for this or that for any one of his meals; he may be desirous of calling on some friend for whom he has conceived a liking, by occasionally meeting him in the family circle, in which he is placed; and the gratification of these little wishes renders his life a trifle less irksome, and is possibly the means of tinging the black cloud of his existence with occasional rays of bright sunlight.

But enough has been said by men who, from their experience of the happiness of many chronic Chancery lunatics, have a right to speak, to prove conclusively the untold blessing this domestic care has been to many a case they have visited; and I am sure no words of

mine could more fully convey the truth of their observations.

And now as to *convalescing patients*. In the Thirty-third Report of our Commissioners, I see they state that "the system of removing patients from licensed houses and hospitals to the seaside or elsewhere for change, which has much extended of late years, should, under proper checks, be greatly encouraged;" and I contend that these convalescing patients would stand much greater chance of more rapid and permanent recovery, were they sent into private families rather than into lodgings, with possibly only an asylum attendant as companion. Surely such a change cannot be a proper trial to learn how fit, and how far recovered the patient is, for his return to the bosom of his own family; and I take it that far more care and attention, far

more caution, would be exercised in a family, especially that of a medical man, than if the patient is sent away in the sole charge of an attendant.

It seems to me a great pity that the Commissioners in Lunacy have no power to order the removal of a convalescing patient from an asylum into domestic care.

Dr. Bucknill writes most forcibly upon this question of removal of convalescing patients from asylums, in his book, so often mentioned, "The Care of the Insane:"—

"There is a tide in the affairs of madness, which, seized at the flood, leads on to fortune, the precious fortune of health; neglected, all the life is spent in shoals and shallows. This is no poetical hyperbole; for in all sobriety of statement it may be affirmed that in most cases of insanity there is a time when an

entire change of surroundings effects the happiest change in the mental state—sometimes resulting in perfect recovery, oftentimes resulting in permanent improvement. If this state be overlooked, it passes into one or other of the chronic forms of insanity, and the last state of that man is worse than the first. It might be that the proprietor of a private asylum would say to the visiting Commissioner, ‘Here are some patients who have not recovered, but they are so improved that they would be likely to recover under domestic care, which their ample means can liberally provide. They are reserved and retiring, but if you will examine them I think you will advise their removal.’ It might be that the proprietor of a private asylum would thus aid the Commissioners in the discharge of their most important duties; and in

those instances where the proprietor of an asylum is more a physician than a man of business, such cases might be, and are, dealt with without the aid of the Commissioners. But in default of such disinterested action the transitory virus of returning sanity is exhausted, and these unhappy people remain, until they die asylum-made lunatics."

I have always made it a rule to strongly advise the relatives of patients, that have been under my charge and have recovered, to give them a thorough change of scene, &c., if their means sufficed, before they allowed their return to their own homes ; and I contend it is equally as important that convalescing asylum patients should be sent into a strange family circle, if possible that of a medical man, prior to their being allowed to be again in their own homes.

But as I mentioned in an article on this subject of domestic treatment in the August number of the *Practitioner* :—
“The present lunacy law with regard to leave of absence of convalescing patients from asylums, is to my mind, one of the great hindrances to the use of the domestic treatment being much sought after. A patient appearing to have arrived at that period when a change may probably be most helpful towards recovery, may be allowed leave of absence by the Commissioners, but the asylum proprietors are loath to place such a one in any private house unless it be well known to them, simply because the lunacy law holds them still responsible for the safety and welfare of such patient, and anything that might go wrong, whether it be homicide or suicide, although occurring it may be miles from

the asylum from which he has been released, is entered as a black mark against the asylum; and is clearly sufficient, to account for the reluctance often shown by asylum proprietors to allow their convalescing patients this great chance of recovery. This law may have a proper precautionary motive, but I must confess I fail to grasp it."

CHAPTER V.

HOW MIGHT THIS METHOD OF TREATMENT
BE DEVELOPED INTO A RECOGNIZED
SYSTEM ?

THAT this private care of insane cases is a distinct and useful method, whereby we may most beneficially treat many a recent case of mental disease, hasten the period of recovery in convalescing cases, and increase tenfold the happiness of many chronic lunatics, has, I think, been abundantly proved ; and I earnestly hope, that the next attempt at Lunacy Reform will comprise the development of this private treatment or care into a recognized system. If, as

the Commissioners state, this method requires more careful supervision, why has it not received the same ?

It seems to me very curious, that whereas constant visitations of magistrates and commissioners, carefully compiled notes of cases, and strictly-kept registers, are rightly considered necessary for a house containing two patients under certificate, that single cases should only be visited by one Commissioner, and that not oftener than once in six months ; and that whereas it must be clearly known to the inhabitants of any place that a house is licensed for the reception of two cases of insanity, a single patient might easily be received into any house, without even the next-door neighbour knowing the fact.

What, then, I most firmly believe to be the only method of developing this most

useful private treatment into a recognized system, is the licensing of every house containing single cases; which licence, however, should be obtained at petty sessions, instead of at quarter sessions.

I say petty sessions, because, as I have mentioned in a recent letter to the *Lancet*, some of the magistrates at such sessions assembled could easily find out, if they did not already know, not only the character of the applicant, the situation of the house, &c., but also his probable fitness or otherwise for the duties devolving upon him. They would also be able to keep a watchful eye, and lend an ever ready ear to any complaint that might leak out with regard to mismanagement; and thus, I contend, there would be greater care ensured to the patient, and greater fairness be done to

those medical men and others, who desire to make the domestic care the grand weapon it is, in very many cases of insanity. With regard to the cost of such licence, it would of course have to be much lower than the lowest sum charged now ; but this is a minor matter, and could be very easily and fairly arranged so that the burden of such licence would not be too great.

Of course I do not consider that the fact of an insane person being looked after in his own home necessitates the licensing of the house ; but even in these cases I think that more supervision and inspection should be exercised ; for although there may be many insane persons who are treated with the greatest kindness and attention among their own relatives, there must be some whose condition of mind renders them

often subject to abuses of all kinds, at the hands of those who should, on the plea of humanity alone, so carefully tend them in their affliction.

The only true supervision single cases now have, is the visitation of the medical man appointed by the proprietor of the house or the relatives of the patients detained therein, and although this supervision may by some be considered sufficient, I for one cannot admit that it is.

The mere fact of the knowledge, that the neighbouring magistrates and the general public were aware that the house was licensed, and was consequently subject to a visitation at any time by certain of the magistrates, would, to my mind, be most effectual in checking any possible abuses to which at one time this private single treatment was considered so liable.

Surely if we are to have honorary magistrates, chosen as they are for the most part from men of at least good common sense, we should trust them to do their duty, and bring to light any possible abuses committed in those houses within their jurisdiction ; I firmly believe from my experience of a goodly number of them that they would take a true interest in such visitation.

With regard to the visitations of the Commissioners, which would have to be more frequent, if the labour devolving upon them by this plan were too much for them thoroughly to carry out, could not their numbers be increased ? or could not an organized staff of inspectors or visitors be appointed for this purpose ? We have our Government Inspectors for schools, for vaccination, for factories, for sanitation, &c. ; why, then, should we not

have such a body of men to look over that large class of insane patients who either are, or should be, living in the harmony of domestic life ?

By this compulsory licensing of individual houses for single cases we should achieve two ends.

I. The elimination of those utterly unsuitable persons, who seek to obtain an insane patient rather for their own pecuniary advantage, than for any benefit that might accrue to the patient himself.

II. Any neglect or improper conduct would entail the forfeiture of the said licence, which licence would not only be a real surety or guarantee of good behaviour, but also a fair security to the relatives of patients who were on the look out for a suitable home.

Complaints are made that the treat-

ment of mental disease is a subject almost entirely omitted from the programme of studies taught in our medical schools; but may I ask what inducements are held out, either to a lecturer to make it the subject of an especial course, or to students to attend such, when only a very few can benefit by serious attention to this department of our profession?

Once, however, let it be generally known, that this method of domestic treatment is fully recognized and under thorough supervision, and psychological medicine will become an integral part of the student's professional studies, and medical men will be moved to "make the experiment of this mode of treatment on a large scale."

CHAPTER VI.

CONCLUDING REMARKS.

WE have unfortunately never been able to obtain statistics of the percentage of recoveries in domestic treatment ; but I feel sure when the time does arrive, and this method becomes a recognized system, we shall find that the percentage of recoveries of this private treatment is far in excess of that of asylums.

“ The late Dr. Alexander Sutherland, examined by the Select Committee in 1859, said that he had had 185 patients, as single patients, under attendants in private houses, and of the first 100 patients 74 had been cured, 20 had

been uncured, and 6 had died; and of the last received 85 patients, more than 74 per cent. had been cured. The greater number of cures had been effected upon an average within the year. These patients had been of all classes, and he was sure that it was not only the most likely mode by which a cure could be effected, but that it was the kindest way of treatment. He visited these patients twice a week, and if the cases were acute, every day. Whenever he recommended such patients to be sent to an asylum, the relations were very reluctant to agree to it, as there is a very great prejudice against the name of an asylum. These patients of Dr. Sutherland's were mostly treated in lodgings in St. John's Wood. In 1878 the proportion of recoveries claimed to have taken place in licensed houses

was 9.35 per cent. of the number under treatment." ¹

Now the persons who are principally antagonistic to the increase of single patients in private dwellings are the proprietors of asylums ; and their opposition to this method, I am afraid, does not arise from the logical reasoning of unbiassed minds.

In answer to Dr. Bucknill's remarks ; advocating individual rather than the associated treatment of the insane, I find Mr. W. S. Balfour agrees that, where such a plan can be worked it is productive of great good ; but he goes on to say that "if chronic and harmless lunatics should be removed from asylums and placed under private care, you implant into the country a source of evil

¹ "The Care of the Insane." By J. C. Bucknill, M.D.

for the present and the future, which nothing will get rid of. The removal of chronic lunatics from asylums would result in the loss of one of the principal curative agents which asylum doctors possess; and increased taxation, as what is paid for chronic cases helps to balance the cost of keeping acute; and asylums becoming places where it would be impossible for sane persons to live for any length of time without reverting to the old system of treatment with chains and whips; and to numerous other ills, which only those connected with asylums can realize."

Now, as I asked in my recent article to the *Practitioner*, are these objections to individual or domestic treatment of harmless and chronic cases of lunatics the least valid? Is it because a harmless lunatic helps the cure of bad cases; or because a chronic case relieves taxa-

tion and helps to balance the cost of keeping an acute one; or again, because the presence of these two classes of cases renders the life of the sane members of the asylum endurable—that such a one should be still kept in that confinement which often is to him worse than the living death of a prison, and to whom domestic life would be far preferable? I cannot but think that such objections to this, to my mind necessary treatment of many cases of insanity, fall to the ground into nothingness at very first sight.

Many oppose the question of private treatment or care of insane cases, on the ground of the cost of such a method. Strange to say, some of the men who do so are proprietors of asylums into which no person is admitted unless able to pay a very substantial sum indeed.

I should like to ask some of these asylum proprietors, what is the great difference in the attention, care, and luxuries afforded to those patients who pay say 1000*l.* a-year, and those who possibly are not able to pay more than 300*l.* or 350*l.* ?

It is of course very difficult to obtain statistics of the ratio of payments in private asylums ; but even according to the payments made in some of the large insane hospitals, there are many cases in those places, whose payments could admit of their living in the family circle of sane persons.

“ It is quite a mistake to suppose that the domestic care and treatment of the insane is necessarily costly. No doubt money removes difficulties ; and many patients who are not tranquil or trustworthy enough for domestic life in a

cottage, could be thoroughly well taken care of, with good attendants, in the house of a doctor, or in an establishment of their own. But the experience of the Lord Chancellor's Visitors proves that the judiciously selected cases of tranquil lunacy may be made more comfortable and happy in very homely places of residence, and at a very moderate cost ; therefore the development of this system is not for the advantage of the rich alone, but for that of all lunatics who are easily manageable and are not dangerous ; and it is in the development of this system of domestic treatment that the greatest promise lies of the largest possible amelioration of the unhappy lot of those afflicted with mental disease." ²

I may here state my conviction that

² "The Care of the Insane." By J. C. Bucknill, M.D.

the licensing of houses for the reception of a few quiet and harmless cases, is a plan that should be greatly encouraged; and I cannot understand why the Commissioners place obstacles in the way of persons who desire to start such establishments. That they do not encourage their existence is a well-known fact, and it would be very interesting to know the reasons of their objections to such houses.

In concluding this little book, I can only earnestly hope that the views I have laid before my readers on this important subject, backed up as they are by the great and varied experiences of men, whose names are held in the highest estimation by the general public, may have some weight, and be the means of inducing others more able and powerful than myself to take up this

question, and by serious attention to its great advantages, secure such lunacy reforms as would place this method of treatment in its proper position.

APPENDIX.

THE LUNACY LAW AS TO SINGLE PATIENTS.

THE laws concerning the management and care of the insane are many, and the Commissioners enforce most stringently the carrying out of these laws, and will not accept ignorance of them as an excuse for non-compliance with the same. No one can deny that this is as it should be. I have therefore thought that an epitome of the law regarding the reception and care of single patients, would not be out of place in a book of this sort; and might prove

useful to many desirous of receiving any person of unsound mind into their house.

From the Commissioners' last Report we find—

“The following tabular statement shows the number of Single Private Patients registered in our office, and the changes which have occurred since the commencement of the year:—

	Males.	Females	Total.
Number, January 1, 1880	186	282	468
Registered during the year	60	94	154
Discharged and removed	56	89	145
„ of whom recovered	5	21	26
Died	15	14	29
Remaining, January 1, 1881	175	273	448

Of those patients remaining on the 1st of January, 1881, 135, namely, 55 of the male sex, and 80 of the female sex, were lunatics so found by inquisition, placed by order of their committees in unlicensed houses, whose reception is notified to us under the provisions of the Act 25 and 26 Vict., c. iii., s. 22. This

leaves as patients to be regularly visited by members of this Board, 313; namely, 120 males and 193 females.

Besides, these there are 224 other lunatics so found by inquisition, who are understood to be residing with their committees.

Thus in all there were on the 1st of January 1881, 359 lunatics (so found) resident elsewhere than in asylums, registered hospitals, and licensed houses."

The following provisions of the law as to single patients are sent out, to any person receiving a single person of unsound mind into his or her house, by the Commissioners in Lunacy. I have thought it expedient, however, to make a few additions to these directions, which I think may in many cases prove useful.

The charge or detention of a lunatic (which expression includes an Idiot and a person of unsound mind) as a Single Patient in a Private House, not *licensed* for the reception

of Lunatics, is permitted by law on the following conditions :—

1. The procuring of an *Order for reception* signed by some person requesting the Superintendent or Proprietor of the House, or the person who is to take the charge, to receive the Patient ; and of Two *Certificates*, each signed by a Registered Medical Practitioner, stating that he has separately examined the Patient, and on such examination found him to be of unsound mind.

N.B.—Where a Patient already under Certificates is removed with consent of the Commissioners in Lunacy, fresh Certificates are not required by the persons taking charge.

2. The transmission to the Commissioners in Lunacy at their Office, 19, Whitehall Place, London (S.W.), of notice of the reception of the Patient, together with copies of the Order and Certificates, or in case of a Patient transferred from other care, copies of the transfer Order and the Commissioners' consent thereto.

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3. The Visitation of the Patient at short stated intervals by a Registered Medical Practitioner (appointed by the friends of the Patient,) *who did not sign either of the Certificates of insanity, or the Order for reception,* and who derives no profit from the *care or charge* of the Patient, and who is not a partner, father, son, or brother of any person deriving profit from such care or charge. He is called "*The Medical Attendant.*"

N.B.—This condition is not necessarily affected by the circumstance that the person taking the charge is himself a Medical Man.

4. The Visitation of the Patient at any reasonable time or times by one or more of the Commissioners in Lunacy.

EXCEPTIONS.

These conditions do not apply to cases where a Committee of the Person has been appointed by the Lord Chancellor, nor where payment is not made on account of nor profit derived from the charge of the Lunatic.

OF THE ORDER AND CERTIFICATES, &c.

The forms are prescribed by Act of Parliament, and must be strictly adhered to.

[The following are the instructions for filling up the Medical Certificates, in conformity with the law, which the Commissioners have issued from their office.

Every Medical Certificate must, in order to its validity, be according to the subjoined form, prescribed by the "Lunatics' Care and Treatment" and "Lunatic Asylum's" Acts, 1853.

In filling up the Certificate the Medical Practitioner signing is requested especially to observe the following *essential* particulars, viz. :—

1. After the words "being a" he is required to insert, not the word "Physician," "Surgeon," or "Apothecary," but the legal qualification, diploma, or licence entitling him to practise as such within the United Kingdom. The words of the interpretation clause are as follows : " ' Physician,' ' Surgeon,' or ' Apothecary ' shall respectively mean a Physician, Surgeon, or Apothecary, duly authorized or

licensed to practise as such by or as a member of some College, University, Company, or Institution legally established and qualified to grant such authority or licence in some part of the United Kingdom, or having been in practice as an Apothecary in England or Wales on or before the 15th day of August, 1815, and being in actual practice as a Physician, Surgeon, or Apothecary, and registered under the Medical Act.”

2. He is required to insert—1. The date of examination. 2. The place, with “the *street and number of the house (if any), or other like particulars,*” where the Patient was examined. 3. The Patient’s ordinary place of residence. 4. The Patient’s profession or occupation, if any.

3. In any case where more than one Medical Certificate is required by the Act he should insert before “personally examined” the words, “separately from any other Medical Practitioner.”

4. He is required, in order that his Certificate may have any validity in law, to set forth some fact or facts, or symptoms,

indicating insanity, *observed by himself* at date of examination.

5. The Certificate need not be drawn up or dated on the day of examination, but the Patient *must be examined within seven clear days prior to admission.*

6. Every Certificate should be an independent and complete document, and no reference should be made therein to another.

7. In case of a private Patient, the Medical Practitioners certifying may not be in partnership, or in the position of principal and assistant.

Note.—Medical Officers of Unions or Parishes are no longer prohibited from signing Certificates in the cases of pauper lunatics belonging thereto.

The following persons are prohibited from signing Certificates in Lunacy :—

1. The Medical Certificates cannot be signed by the father, brother, son, partner, or assistant of the person having the care or charge of the Patient.

2. No Physician, Surgeon, or Apothecary, who, or whose father, brother, son, partner, or assistant shall have signed the Order for Admission can sign the Certificate.

3. The person who is to be Medical Attendant of the Patient cannot sign either of the Certificates.

4. No persons receiving any percentage on or otherwise interested in, the payments to be made by or on account of any Patient received into a licensed or other house, can sign either of the Medical Certificates.

5. The Medical Men who sign the Certificates must not be professionally connected, must not be in partnership, nor may the one be the assistant of the other.]

OF MEDICAL VISITATION.

1. After two days and before the expiration of seven clear days from the day of reception the Medical Attendant is to forward to the Office of the Commissioners, on a prescribed form, a Report or Statement of the mental and bodily condition of the Patient.

[The following is the form of Statement to be made by the Medical Attendant.

STATEMENT.

I have this day (*some day not less than two clear days after the admission of the Patient*) seen and examined _____, the Patient mentioned in the above Notice, and hereby certify, that with respect to mental state, he (*or she*), _____, and that with respect to bodily health and condition he (*or she*)

(Signed)

Medical Proprietor (*or Superintendent or Attendant*) of _____

Dated the _____ day of _____, one thousand eight hundred and _____

2. The person taking charge is bound to cause the Patient to be visited at least once in every two weeks by the Medical Attendant.

3. The Medical Attendant must at each visit enter in a book to be kept at the House, according to the subjoined form, the Date of each of his Visits, and a statement of the

several particulars required as to the condition and circumstances of the Patient and of the house.

4. These visits may, by special permission of the Commissioners,¹ be made less frequently than once every two weeks ; but in such case, where the Patient is under the care or charge of a Medical Man, such Medical Man must himself make an entry once at the least in every two weeks in a book to be called the "Medical Journal."²

5. Every Medical Man who visits a single Patient, or under whose care a single Patient may be, must, on the 10th of January, or within seven days thereof, in every year, report in writing to the Commissioners the state of health, mental and bodily, of the Patient, and such other circumstances as he may deem necessary to be communicated. Each Annual Report should give all these

¹ This permission is not (as a rule) accorded until the Patient has been visited once by a Commissioner.

² N.B.—*These Books, or Book, and the original Order and Certificates and the Transfer Order, if any, must be so kept that they may be accessible to any Commissioner in Lunacy visiting the Patient at any time.*

particulars fully, even although no change may have occurred since the previous report.

MISCELLANEOUS PROVISIONS.

The Regulations of the Commissioners, made under the powers of Act 25 and 26 Vict. c. 111, s. 42, require that treatment of the Patient by Restraint or by Seclusion should be recorded in the Medical Journal or Visitation Book.

By Restraint is meant Mechanical Restraint, as for instance, the use of a "strait-jacket," or the tying down of the Patient to a chair or securing him in his bed or by gloves.

Seclusion is defined by the Board as "compulsory isolation in the day-time," as by locking up the Patient in a room alone.

In order that a proper record of such treatment (if resorted to) may be kept, the person in charge of the Patient, if not himself a Medical Man keeping the journal, must keep a note of the days on which either Restraint or Seclusion is resorted to, and of the length of time on each occasion, and must produce

such note to the Medical Attendant on his next visit.

When the person in charge of a Single Patient proposes to change his residence, and to remove the Patient with him, seven clear days' notice of the proposed change, with the exact address and designation of the new residence, must be sent to the Commissioners and to the person who signed the Order for Reception of Patient.

If it is proposed to remove the Patient to the care or charge of another person, the consent to an order of transfer should previously be obtained from the Commissioners, otherwise a fresh Order and Certificates will be necessary.

If it should be desired to give the Patient liberty of absence anywhere, for a definite time, for improvement of his health, or for a trial of his powers of self-control, the consent of the Commissioners must first be obtained; the written consent of the person who signed the order must accompany the application, as well as a statement by the Medical Attendant showing the fitness of the Patient for such absence or trial.

If a definite place is named in the written consent of the Commissioners, the removal of the Patient to any other place, without first obtaining a fresh consent, will operate as a Discharge, and will entail the necessity of fresh Order and Certificates. This will also be the case if the Patient is not brought back before the expiration of the leave of absence, or of any extension thereof.

The death of the person to whom the Order is addressed likewise operates as a discharge, and renders fresh Certificates necessary. Should the person in charge therefore become dangerously ill, the friends of the Patient should at once be communicated with in order that arrangements for a transfer may be made.

Every letter written by a single Patient, and addressed to the Commissioners in Lunacy, must by law be forwarded unopened, unless special directions to the contrary have been given by the Commissioners.

Every letter written by a single Patient, and addressed to any person other than the Commissioners, must be forwarded to the

person to whom it is addressed, unless the person in charge of the single Patient prohibit the forwarding of such letter, by endorsement to that effect under his hand on the letter, in which case he must lay all letters so endorsed before the Commissioner who next visits the Patient.

Immediate notice must be forwarded to the Office of the Commissioners in case of the Discharge, Removal, Escape, and Recapture of a Patient.

DEATH.

Notice of death in the subjoined form must be sent to the Commissioners within 48 hours of the death.

The Medical Man who attended the Patient during the illness which terminated in death is to prepare and sign a Statement setting forth the Time and Cause of the Death, and the Duration of the Disease of which the Patient died. Such statement should be entered in the Medical Journal or Visitation Book, and a copy of such Statement, certified by the Person in charge of the Patient, must

be transmitted by him to the Coroner for the County or Borough within two days after the death.

PENALTIES.

The following Acts or Defaults are declared by the Lunacy Acts to be Misdemeanours punishable by Fine, Imprisonment, or both :

1. The reception into an Unlicensed House or the taking the care or charge of any person therein as a Lunatic, without having the Order and Certificates prescribed by law. [Except in the case of a person deriving no profit from the charge, or a Committee appointed by the Lord Chancellor.]
2. The neglect to transmit copies of the Order and Certificates (when obtained), and the Statement of Condition to the Commissioners in Lunacy.

Failure in causing the Patient to be visited Fortnightly by a medical man unless such Fortnightly visits have been permitted by the Commissioners to be paid less frequently.

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4. The making of an untrue entry in the Medical Visitation Book, or Medical Journal, by the Medical Man keeping the same.
 5. Neglect to send notice of Discharge or Death to the Commissioners, or Statement of Cause of Death, &c. to the Coroner.

The neglect to deal with a patient's letters as above directed is punishable by a penalty of 20*l.*; the neglect to send notice to the Commissioners of escape and retaking by a penalty of 10*l.*; and the failure to comply with regulations as to entries in Medical Visitation Book by a penalty of 5*l.*

To keep two or more Lunatics in a House a licence is required.

By order of the Board,

C. S. PERCEVAL,

Secretary.

January 1st, 1880.

FORM OF NOTICE OF DISCHARGE.

I HEREBY GIVE YOU NOTICE, That
 Private Patient received into this house on the _____ day of _____ 188 _____,
 was discharged therefrom (a) _____ by the Authority of _____
 on the _____ day of _____ 188 _____.

SIGNED _____
 _____ Proprietor (or Superintendent) of _____ House.

DATED this _____ day _____ 188 _____.

To the Commissioners in Lunacy.

(a) Recovered, or relieved, or not improved.

FORM OF NOTICE OF DEATH.

I HEREBY GIVE YOU NOTICE, That
Private Patient received in this house on the day of 188 ,
died therein on the day of 188 .

SIGNED _____

_____ Proprietor (or Superintendent) of House.

DATED this day 188 .

AND I FURTHER CERTIFY, That was
present at the Death of the said and that
the apparent Cause of Death of the said .
[ascertained by *post mortem* examination (*if so*)], was

SIGNED _____

_____ Medical Attendant of the said

To the Commissioners in Lunacy.



