Priestley Smith, Vulpian, Prevost, Ferrier, Horsley, Beevor, and others. We have clinical observations on ocular paralyses from disease of (1) nerve trunks, of paralyses from disease of (2) lowest motor ocular centres (ophthalmoplegia externa), of ocular paralyses (as in lateral deviations of the eyes) from lesions of (3) still higher centres ("motor region" of the cerebral cortex, or, as I call them, middle motor centres), and I hope we shall have such observations of ocular paralyses from lesions of (4) motor centres still higher—the highest motor centres, the physical basis of visual and of other mental states. I have considered this subject in the Bowman Lecture (1885).

There is no task I would rather accomplish than this, for by doing it we should do very much towards showing that the organ of mind is sensori-motor, as is the rest of the nervous system. We should thus place the study of epilepsy proper and insanity on a realistic basis. I have long urged a study of the evolution of movements, and first of all in ophthalmic journals. "If such an expression be permitted, there is a gradual increase in intelligence in movements from the lowest nerve trunks to the highest nervous centres." This, written in 1866¹³ expresses crudely what I think can be scientifically stated as a basis for investigation.

Alienist physicians, being more than any other physicians directly interested in the anatomy and physiology of the nervous system as they correspond to psychology, are of necessity interested in ophthalmology, and are in great debt to it. I hope they will be interested in the scheme of work suggested on evolution of ocular movements; but I now speak of something more definite. I do not see how any question can be more important or more fundamental in nervous physiology, as it expressly corresponds to psychology, than whether mental states do or do not occur with the "out-going" current as well as with the "in-going" current.

Now the battlefield of this question is the case of paralyses of ocular muscles when the full symptomatology of those cases, particularly "erroneous projection," is considered. There are reasons more on the surface why alienist physicians should co-operate with ophthalmologists. Much has been done in the study of ocular symptoms of cases of insanity (Westphal, Allbutt, Wigglesworth), but much remains to be done in this direction. Great good would come from investigation of such an insanity as general paralysis by skilled ophthalmic surgeons conjointly with experienced alienist physicians and other neurologists. I very much wish this joint investigation could be made.

Physicians should try to help ophthalmology by bringing forward cases little likely to come under the notice of ophthalmic surgeons. Cases of spasmus nutans with nystagmus (a variety, I think, of spinal, or rather, spinal-system chorea, a symptomatic condition akin to canine chorea) would, as "living specimens," interest all our members. I wish surgeons who see cases of so-called traumatic tetanus would settle whether the muscles of the eyeballs do or do not suffer spasm in the exacerbations of this disease. If the ocular muscles are not involved their escape is a matter of great importance and significance, especially to neurologists. Physicians and ophthalmic surgeons ought to note the motor condition of the eyes in the tetanus-like seizures sometimes occurring in cases of tumour of the middle lobe of the cerebellum. Very much more could be done by physicians in the observation of the development and the order of development of ocular movements in cases of epileptiform seizures from mid-cortical disease. I hope that Horsley's promised demonstration before the Society of the representation of ocular movements in certain parts of the monkey's cortex cerebri will be a stimulus to our medical members to note very carefully the behaviour of the eyes in the "cortical fits" of man.

I think aural surgeons could bring before us cases of great ophthalmological interest. I have published the case of a man who had ocular movements during a paroxysm of auditory vertigo,¹⁴ and that of a woman¹⁵ in whom lateral movements of the eyes were producible by pressure on a diseased ear. Mr. Laidlaw Purves gave me most important help in the investigation of the woman's case, as did also Mr. Couper. If such cases are met with by Mr. Purves, I hope he will let us see them, especially as he, having great ophthalmological knowledge, would investigate the ocular as well as the aural side of the cases thoroughly. Dr. Kipp, of Newark, New Jersey,¹⁶ has recorded several very important

cases of abnormal ocular movements in cases of ear disease. He refers to cases recorded by Bürkner, Urbantschitsch, Jacobson, Gruber, and Moos, as well as to the two I have reported. I think all ophthalmic surgeons will be interested in Dr. Kipp's researches.

Speaking of otology, I admit that a knowledge of this department of medicine as well as of ophthalmology is of vast importance to the neurologist. I regret very much that I did not years ago pay as close an attention to otology as I did to ophthalmology, especially as the cases just referred to show that the two are related. Let young neurologists take warning so that they may not afterwards have like regrets.

I have illustrated the relation of ophthalmology to general medicine by its bearing on neurology; it has, of course, much wider relations. I can best conclude this address by adopting the words with which Dr. James Anderson ends a paper:¹⁷ "It seems to me the best and most hopeful feature of ophthalmology that it has relations closer or more remote with every branch of medicine and surgery—indeed, with almost every branch of science."

EXTRACTS FROM THE HARVEIAN ORATION ON THE PROGRESS OF MEDICINE AND SANITATION.

Delivered before the Royal College of Physicians.

By JAMES EDWARD POLLOCK, M.D., F.R.C.P.,
Consulting Physician to the Hospital for Consumption, Brompton.

[DR. POLLOCK having quoted Harvey's two directions—"Remember your benefactors—search out Nature by experiment," observed that by benefactors were to be understood not only those who had made donations to the College, but those who had contributed to the knowledge and so added to the greatness of the profession, and then proceeded shortly to consider the state of Europe at the period when Harvey, who was teaching in London in 1619, and published his discovery in 1628, was at work. He next proceeded to review the state of knowledge as to the circulation when Harvey commenced his career.]

The structural arrangement of the heart and vessels was known both by Harvey and his predecessors. Two sets of chambers and their alternate contraction had been observed with care, the valves which separate them, and the vicinity of the lungs, each provided with a much larger vessel than was required for their nutrition. The arrival of a current of blood at one side of the heart and the means of its exit at the other were recognised, yet how the circuit was completed remained a problem. The alternate contraction of the auricles and ventricles was witnessed by Harvey, but Galen, Aretæus, and the whole Alexandrian school saw it in their vivisections, as did Silvanus in the early part of the sixteenth century, and many others to the time of Servetus, who immediately preceded Harvey; and many of these teachers had opened the living bodies of animals and seen the cardiac movements.

A remarkable investigator of Nature—the monk Sarpi, who was imprisoned for his liberal views of religion, and is well known as the historian of the Council of Trent—must here be mentioned. It has been claimed for him that he discovered the circulation before Harvey. He was, like him, a student at Padua under Fabricius; but I cannot, after a study of the most ancient record in Italian, satisfy myself that he knew the motor power of the heart, although he was aware of the valves in the veins and believed in a circular movement of the blood.

Further, we are now aware, and Harvey came to know, that the great veins did not start from the liver, although returning the used blood from that organ.

The mode by which the different arteries terminate and the whole venous system of return currents begins was not known to Harvey with distinctness, for I cannot find it in any of his statements. The vessels which we now call capillaries, and which intervene between the terminal arteries and the originating veins, were not demonstrated till some thirty years later, when Malpighi, aided by microscopic power, revealed their existence. That

¹³ *Roy. Lond. Ophth. Hosp. Rep.*, vol. v, part 4, p. 290.

¹⁴ *Brain*, April, 1879.

¹⁵ *Trans. Ophthal. Soc.*, vol. iii, 1883, p. 261.

¹⁶ *Trans. American Oological Society*.

¹⁷ "Some Ocular and Nervous Affections in Diabetes and Allied Conditions," *Ophth. Review*, February to April, 1889.

the blood did pass, and that the onward current through the arteries filled the veins, was known to Harvey without doubt, for without this his "circle" on which the blood moved was not complete; but of the capillaries themselves we have no description.

Silvius, about the end of the fifteenth century, had inspected the arteries and noticed the valves in the veins.

Vesalius was aware of the way in which the valves of the heart and great vessels opened and shut, and he pointed out that the septum ventriculorum was absolutely impermeable.

Servetus argued that the pulmonary artery was too large for the nutrition of the lung, and that, therefore, it had another office. He also noticed that in the fœtus no blood passed into the lungs, and that in the adult the pulmonary blood was crimson. In fact he may be said to have discovered the pulmonary or lesser circulation. He had his difficulties about the capillaries, but so had Harvey; and, although he spoke of a backward and forward motion of the blood, it appears to me, from a study of his statement, that he knew that the arterial system terminated in the venous.

The discoveries of Harvey were the result of a careful study of the opinions and labour of his predecessors, followed by minute experiment of his own and a determination to take nothing for granted, but to submit everything to experimental proof which is susceptible of such a mode of investigation.

If we were asked, after a careful study of his treatises and methods, which seemed to be the starting-point of his convictions, we should say that, before vital phenomena were weighed and examined, the structure of the heart and vessels furnished his first awakenings to the truth. "I see this mechanism repeated again and again in all individuals. I see a similar but single machine of like kind in certain lower animals. I remark that certain doors or valves open only in one direction. I notice in life a contractile motion alternating with another as regularly as the pendulum vibrates from side to side; and I argue that this organ so provided with motor power, and involuntary perpetual action, and guarded mechanism, is a propelling centre of motion, and is, indeed, the mechanical recipient of one current and the origin and outgiver of another."

We must here pause to notice how impossible would have been his task if he had not had recourse to numerous observations of the living body. There were few animals which he did not examine by vivisection, and it is only the truth to assert that without such method he could not have attained to certainty, nor could we have reaped the important fruits of his discovery. Our latest and perhaps our greatest pathological achievements would not have been attained without vivisection, of which Harvey was the greatest exemplar, if he were not its originator.

I will not detain you by stating the arguments in favour of this mode of investigation, without which the most brilliant and at the same time the most practical additions to our knowledge would have remained impenetrable secrets. In illustration, I would just recal to your memory the remarkable identification of certain tracts of the brain with the governing power of localised movements and sensations, and how, guided by this knowledge, our surgeons have been enabled to localise and remove morbid growths or collections of matter in the cerebral structure, and thus to save lives which must otherwise have perished from our ignorance. This knowledge—still imperfect—is, however, rapidly progressive. As regards the pitiful opposition of those who oppose vivisection, and who even charge with cruelty those who practise it, let me quote the words of Pasteur, in which he signalises the errors which, under a show of compassion, can only hinder the progress of science and compromise even the most legitimate interests of humanity. He protests against false sentimentality: "Certain credulous souls—by I know not what tales—imagine that our laboratories are chambers of torture. They ignore the fact that the rabbit or the guinea-pig is rendered insensible by chloroform before it is subjected to the most insignificant operation. As for me personally the suffering of an animal affects me so much that I would never shoot a bird, and the cry of a wounded skylark pierces me to the heart; but if the investigation of the mysteries of Nature and the acquisition of new truths be at stake, the sovereignty of the object justifies all."

Regarding the circulation and the structure of heart and vessels as a whole, it will be noticed that the discovery is that of mechanism and a power adapted to work it. As we have just seen, the vital results of blood circulation were as little known as its chemical composition; nor, indeed, could they have been known, owing to the deficiency of other knowledge.

Let us take examples from certain diseased actions as we now know them, and it will be seen how far a correct knowledge of the mechanism of the circulation is capable of explaining them, and, more important still, gives a key for their treatment and relief. Let us take the mechanical results of obstruction in the mitral valve. The vital phenomena at first are few or none, for individuals who are the subjects of this affection are pursuing the ordinary avocations of life daily. For a length of time the power of the ventricle remains sufficient to overcome the obstruction before it, and by a gradually increasing hypertrophy the balance of the circulation is maintained. But the time comes when the walls of the heart yield, and dilatation of the right chambers, which is among the first signs of weakness, occurs; a contractile cavity is over-distended, and its walls lose power to propel the contents. The result is a gradually increasing stagnation. The result of such stagnation at the centre is overflow in the periphery of the circulation; so hæmorrhage occurs in the lungs, effusions into serous cavities, and effusions into the subcutaneous tissues. The results are altogether mechanical. Vital injuries only follow in a secondary way, and indeed the case is one of mechanical obstruction and injury up to the last hour. We cannot doubt that, if we could safely repair or replace the valve, every symptom would cease, for the system is quite able to take up effusions when the pressure on venous trunks has been removed.

And how do we remedy such? No doubt by mechanically lessening the quantity of blood—as our predecessors did more frequently than we do—the pressure may be relieved for the time. Or we can deplete the blood vessels into the intestines by purgatives, or drain off fluid by punctures, or induce increased action of kidneys; or, by another mechanical mode, give digitalis to strengthen ventricular power, and so help the dilated and failing walls of the heart. I use this illustration to show how our knowledge of the mechanism of the heart leads us to adopt mechanical methods of relief.

Again, there is no doubt that the phenomena and dangers of aortic regurgitation are entirely mechanical. For a time the left ventricle, by increasing its power, often resulting in enormous thickening of its structure, is able to maintain the outward current of blood, which is ever falling back at every stroke of the pump, till at last, owing to failure of power, often sudden, the systemic and especially the cerebral vessels remain unfilled, the nutrient vessels of the heart are themselves unsupplied, and nature succumbs for want of quantity of blood. Our knowledge of the mechanism of the circulation indicates the reason.

Again, another class of cardiac ailments is caused by failure of heart power, due to degeneration of the muscular fibres. I need not describe the symptoms, but the remedies are addressed to strengthening the mechanical force of the contraction. And we have most valuable agents for our use in digitalis and caffeine, which strengthen the ventricular power and lessen the number of beats.

There are also conditions of a mechanical nature in which agents producing dilatation of the arterioles may support a failing heart power. Such conditions occur when the vascular tension is high and the ventricular power weak, as in Bright's disease. In such cases dilatation of the peripheral circulation would relieve the labouring heart, and this result may be obtained by the nitrites.

The phenomena resulting from embolism, or the carriage of a clot of blood in the arterial current cannot fail to strike us as being entirely unintelligible without a knowledge of the circulation and its results. They are so essentially mechanical that, as in the discoveries of Harvey himself, we can only wonder that it is in comparatively very modern times that they have been understood. A clot of blood dislodged from a thickened valve and deposited in the lung or brain has given rise to all the symptoms of apoplexy or lung disease which were formerly attributed to quite other causes.

Again, a consideration of the circulation in the brain will recall to our minds how alterations cutting off small tracts of cerebral structure from a supply of blood will give rise to phenomena of paralysis, as aphasia, which is often of a temporary nature, or to more serious lesions, as multiple aneurysms, or to rupture of vessels with effusions, which were formerly supposed to be the sole sources of apoplexy. Indeed, all visceral disease is only intelligible when we consider its blood supply and the phenomena dependent on it.

The whole pathology of aneurysm, from that of the smallest size in a branch of the pulmonary artery or in a cerebral vessel to the largest in the aorta, can only be appreciated from considerations

of the mechanical powers of the circulation. As an illustration of the practical uses of our knowledge, we can point to the modern use of medicines introduced into the blood by the hypodermic method, and the possibility by transfusion of replacing the volume of the circulating fluid which may have been lost by hæmorrhages or diseases of exhaustion. Some late studies of the process have revealed to us the peculiar vitality and offices of the different blood constituents, and demonstrated how only certain results can be obtained by thus replacing blood which has been lost or impoverished.

The enumeration of the results to medical science which have been gained by our knowledge of the lesser or pulmonary circulation would in itself occupy the time of many lectures, and such details would be unfitted to our present occasion. But I may be permitted to point out a few of the more obvious.

All the phenomena of respiration, oxygenation of the blood, the sources of animal heat, and every disease affecting the pulmonary structures, would be unintelligible were we ignorant of the nature and results of the contact of air with the blood in the lungs.

The discoveries of Laennec and those who have developed his system of auscultation in this country, by which every structural alteration has been rendered evident to the senses; the advances made by Stokes, Corrigan, by Latham and Williams, would have been impossible, and accuracy of diagnosis, which has now attained to such great precision, could not have been effected. To these great names I would attach that of a most careful experimenter after the Harveian method. I allude to Hutchinson, who has perfected our knowledge, and been almost single in the study of the vital capacity of the lungs.

Now, Sir, it has been asked, and it is a question which we should put to ourselves, What effect have all our discoveries and improvements in medical science had on the general health of the country? Are we a healthier nation? Is there a diminution of disease? And do fewer die? Above all, do more individuals survive through the working and useful periods of life? for, if so, this is a national gain of power. And here I venture to detain you for a few moments over the replies which have been given to these questions by those whose profession it is to study as actuaries the varying duration of life at different periods, and I am about to quote from Mr. Noel Humphreys's calculation figures.

The Registrar-General's mortality statistics prove beyond doubt that a marked decline has occurred in the national death-rate in recent years. They embrace the forty-five years, 1838-82, and constitute the only trustworthy basis for calculations as to the duration of life in England.

Early in the most recent decade, 1871-80, the Public Health Act of 1872 became law. This marked an eventful epoch in the history of sanitary progress in England, and it appears impossible to doubt that the operation of these Acts, themselves due to the awakening of national interest in health matters, has proved a powerful factor in the recent marked decline in the English death-rate. The method is, as you are aware, to determine the number of annual deaths at each age which take place among a given number of the living at the same age.

The death-rate between the years 1838 and 1870 may be said to have averaged 22.5. In the first five years of the Act it fell to 22, and in the following [five to 20.8; while in the two following years, 1881 and 1882, it only reached 18.9 and 19.6.

Thus the mean death-rate in the two first years of the current decade implied that more than 150,000 persons survived those two years whose deaths would have been recorded had the mean rate of mortality that prevailed in the thirty years, 1841-70, been maintained. It is worthy of notice that the decline in the death-rate of males was 4.7 per cent., while in females it was equal to a decline of 9.7 per cent.

Among males under 5 years the decline was 7 per cent.

"	"	from 5-10	"	"	30	"
"	"	"	10-15	"	32	"
"	"	"	15-20	"	30	"
"	"	"	20-25	"	28	"

But an actual increase of the death-rate occurred at the more advanced ages, thus:

From 35-45 years of age an increase of 5 per cent.

"	45-55	"	"	"	4	"
"	55-65	"	"	"	9	"
"	65-75	"	"	"	1	"

The great decrease in mortality was, therefore, between 5 and 35 years of age, while an increase was noted in more advanced life. On the whole, however, the expectation at birth of males is

greater now by rather two years than it was in 1838-54, and in females there is a gain of nearly three and a half years to the lifetime.

Now a writer in the *Spectator* some time ago, under the heading "Improvement of Human Health," asked, with reference to the decline in the death-rate, "What is the kind of life which is increasing? Is it young life, or mature life, or aged life which is being enlarged? Are we young longer? or mature longer? or old longer? or, in fuller words, do we gain from all our costly and troublesome hygienic devices a longer period during which we retain the full energy of youth, or a longer duration of the period of wisdom (such as wisdom is), or a greater stretch of old age? Do we live longer, in fact, or are we only a little slower in dying?"

Now the answer to these pungent questions is, of course, to be found by considering the increase in the number of survivors at different ages due to the recent decline in the death-rate. Of each 1,000 males born, 44 more attain the age of 35 according to the life-table of 1876-80 than by the previous life-table of 1838-54.

Now, notwithstanding the slight increase of mortality among males at 35 and upwards, a large proportion of these additional 44 survivors live to the higher ages. Of the 1,000 born, the additional number of survivors is 35 at age 45, 26 at age 55, 9 at age 65, 3 at age 75, 1 at age 85. This clearly proves that the gain to human life is not confined to childhood and youth. Although males over 35 years die at a somewhat higher rate than formerly, the marked decline in the death-rates up to that age causes such an addition to the number of survivors above that age as materially to increase the number of years lived at all the subsequent ages.

The *Spectator* asked, "Are we young longer, or mature longer, or old longer?" In order to find an answer we need to know at what periods of life these additional years are lived. On the whole, we shall not be far wrong in classing the 40 years from 20 to 60 as the useful period of man's life. It has been shown that out of the 2,000 years added to the lives of 1,000 males by reduction of the death-rate of 1876-80, no less than 1,407, or 70 per cent., are lived at the useful ages between 20 and 60. Of the remainder of the increase 445, or 22 per cent., are lived under 20 years, and 157, or 8 per cent., above 60 years. Thus, of the total increase 70 per cent. is added to the useful, and 30 per cent. to what may be called the dependent age-periods. It is thus shown that by far the largest proportions of the years added to human life in England, both of male and female, are lived at those ages when the value of life to the community is greatest, and it thus becomes possible to realise how vast will be the national effects of this reduction of the death-rate, which has added an average of two years to the life of each male born in England and Wales, and nearly three years and a half to the lifetime of every female born. Through the kindness of Dr. William Ogle I am also enabled to state that in the decennial period not yet completed, but just approaching completion, there is a marked diminution in the death-rate of aged lives. The diminution in the mortality of infants and young people has more than counterbalanced the increase in adult life.

Mr. Noel Humphreys, from whom I have borrowed much of this statement, is well justified in saying that it may be hoped that these conclusions will tend to the formation of a sounder and fuller appreciation of the national value of the recent decline of the death-rate, and, by showing the effect of recent sanitary progress, serve to strengthen the hands of sanitary authorities and of medical officers of health against the vast amount of apathy still existing in health matters.

In the face of these remarkable facts it is, I hope, legitimate to occupy a few minutes of your time by an inquiry into the causes of this steadily diminishing mortality of the whole population, and in this place it is fair to claim for ourselves that it is due to increased medical knowledge, and to the greater recognition of natural laws of health and disease which have been taught by our teaching and enforced with such authority as we possess. But although the principles of hygiene are now taught in our schools, and enter into our examinations, it is obvious that the great sanitary measures which have been, and are, adopted throughout the country, have their origin in the increased and improved education of the people.

There is still much ignorance of the structure and functions of the human body, but natural laws, with their chemical, mechanical, and vital import, are more and more understood, and as such knowledge advances we shall have less disease, fewer hot-

beds out of which germs may be grown, and a still further lessened mortality of the population.

Sydenham has said that "chronic diseases arise from our own errors," and we know that zymotic affections are the natural fruit of seed sowing in a soil suitable for their reproduction.

We have seen the important decrease in the mortality of early life, and it seems to me that it may be attributed to a lessened amount of zymotic diseases, caused by our improved method of dealing with such; the more perfect ventilation of our dwellings, greater personal cleanliness, isolation of infectious cases, the improved drainage of the subsoil, the removal and disinfection of excreta, and the increased purity of water and milk. We have but to add to these the recently established compulsory notification of every case of infectious disorder to the sanitary authority, and we shall soon see a further diminution.

But, sir, I must, however briefly, remark on the greatly lessened mortality from phthisis since the passing of the Health Acts. I quote from the Government returns made by Dr. Buchanan that this has amounted in different towns and districts to a percentage varying from 15 to 43. Further, this has occurred in places most widely differing from each other, as Bristol and Rugby for example. Dr. Buchanan notes that this diminution of mortality is referable to subsoil drainage rather than to the larger system of general drainage. In fact, he found that where the dwelling was placed on a damp subsoil, polluted by accumulated organic impurities in a moist state, there was found the home of consumption, and the soil by which its germs were multiplied and disseminated. As we know that phthisis is most prevalent in the earlier periods of life, say from 15 to 25, it is plain that the lessened mortality we are considering has been largely due to a removal of these causes of disease. I would also state as a matter of my own experience, which is somewhat large, that the duration of life in those suffering from phthisis has become distinctly prolonged, which is probably due to our improved methods of treating the consumptive by more exposure to fresh air, and the invigorating influences of a change of climate, while medicinal remedies have been more of the nutritive and sustaining class than in former times.

Shall we not say a word or two on the increase in mortality at the more mature and advanced periods of life? It is true that this is small, and that it is becoming less, and it is true that it is counteracted by the increasing number of the younger who now arrive at adult life. It is recruited as it were, but there is still a balance against us. How is this? Are the cares and worries of a higher civilisation; the struggles to obtain wealth, position, fame; the sacrifice of the night's rest, the abandonment of the necessary repose, the devotion of all powers to the ignoble present as compared with the infinite future—to continue to shorten life? to cut off the noblest in their prime? to dash from the lip the highly treasured cup of success just as the prize had seemed achieved?

I need not say to such an audience as this that work—the due exercise of every function given to us—kills no man, and shortens no life. The causes are to be found in what is called our extended civilisation. We are no longer traders to one country, nor for one or two commodities, but the telegraph has introduced us into a widened sphere; and our merchants have investments in every climate, and enter on risks of a kind so varied, that the knowledge of no one man is sufficient to grasp it. Hence there are the anxieties of extended speculation, and a necessary want of the perfect understanding of each. The knowledge of one kind of trade was formerly "power," and led to prosperity; now we are playing games with all the world. Those who are present know well what part of the organism it is which generally fails under such pressure. The public say it is brain, but we know that it is heart—the motor power which Harvey studied—although, perhaps, he did not foresee to what pressure a modern civilisation and struggle would subject it.

I have spoken but of the trading class and the speculative class, but all classes of society should learn to counteract in themselves the depressing agents of excessive worry, and to beware of the race which, once entered on, may exceed the best of our powers and ruin the machine.

THE latest project before the charitable in the metropolis is the proposition by an alienist physician to establish a British Hospital for Mental Disorders, for the treatment of out-patients. The hospital is established with a view to help all mentally afflicted who choose to apply (!), and the indigent poor especially.

THE POSITION AND RELATIONS OF PRIVATE MEDICAL PRACTITIONERS UNDER THE PRESENT AND COMING LUNACY LAWS.¹

By W. JULIUS MICKLE, M.D., F.R.C.P.LOND.,
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HITHERTO medical men in England have been unfairly placed in respect to lunatics certified by them. The facility with which the latter have been enabled to bring actions at law, and to frustrate the statutory limitations of time during which such actions may be brought, the delays, quibbles, false issues raised, insistence upon irrelevant points, the absurd popular notion of insanity, and the difficulty, often impossibility, in persuading judge and jury to accept clear evidence of insanity as being such, the support some ill-founded cases have received in the witness-box and elsewhere from other medical men whose boldness of assertion has been more conspicuous than their knowledge, all together have formed grave difficulties for some of our medical brethren, defendants in actions of the kind.

The persons most likely to bring actions on account of alleged illegality in reference to their being placed under care and control are examples of paranoia or monomania, or of others of the often, and inappropriately, so-called partial insanities, all being members of the hereditary mental degenerative group. Those are they who are most apt to leave no means untried to obtain a trial of their suit, and to secure a favourable verdict; and these are the forms of insanity with respect to which medical men should be more than usually circumspect, fortified, and prepared as concerns litigation.

Moreover, there is a variety of paranoia, or sometimes a form intermediate between either it or simple hereditary and moral insanity, in which the egotistic and delusive way in which the subjects of it view themselves, and others in relation to themselves, leads them to believe that they are unjustly dealt with, conspired against, and illegally treated by those who in any way curtail their liberty or thwart their wishes; and these morbid ideas seek satisfaction and obtain expression in litigation. To this variety even a special name has been applied by the Germans—litigation insanity, or monomania (*Querulanten-Wahnsinn*). Such persons are one of the pests of modern society; what they cannot do, in carrying out their lawsuits, by the assistance of speculative lawyers, they do in person, devoting their whole time to a study of the statutes and to a pertinacious pursuit of the litigation, in which they appear as their own advocates; and, whilst they may lose case after case, no one can recover from them his costs, nor can he recover from them any compensation for his loss of time and of peace of mind.

Although we have a new Lunacy Act, yet legislation will not alter the tendencies and disposition of those who will be, or who have been, or who have been alleged to be, insane; and I will briefly touch upon a few instances of comparatively recent litigation as examples of the attacks medical men have hitherto been compelled or liable to meet, and in a less degree will be so in the future.

In one case, after being in an institution for the insane, the patient brought actions at law against the medical men who signed the certificates of insanity under which he was admitted, against the medical officers of the institution, and against everyone in any way connected with his being placed under care and control. Defeated on one ground, he sought to bring actions on other grounds, and a series of lawsuits placed the medical men on their defence over and over again.

Another plaintiff, who had been on and off in asylums for many years, brought an action against a medical man who had certified that she was insane on the last occasion of her reception into an asylum a number of years previously, where, within a few days, she had been seen by visiting Commissioners, who had made an entry that she was then, in their opinion, of unsound mind. In defence, the Statute of Limitations was pleaded in vain. Falsely, maliciously, and negligently, so it was asserted, had the medical certificate been signed; and its contents were alleged to be a libel. Notwithstanding strong evidence as to the mental state of the plaintiff at the time of certification, as to extreme suspicion,

¹ Read before the East Surrey District of the South-Eastern Branch.