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.

ideas of being poisoned, and so on, the jury disagreed. The judge eventually found for the medical defendant.

Another patient, sent to a county asylum under a magisterial order as a pauper case, unsuccessfully brought actions against the medical men and against others concerned in her being so placed under care. The plaintiff's screaming, rushing about the house, or into the street, in a state of nudity or nearly so, were some of the statements in evidence. It was also in evidence that she had the distressing notion that slime or dirt was on her.

Speaking irrespectively of the preceding, there is a condition, termed mysophobia, in which a morbid fear of dirt, of defilement, fills the mind, unfits the sufferers for any duty in life, agitates, distresses them, drives them to wash and rewash a thousand times, absorbed as they are in the incessant attempts to purify themselves. What at first are obsessions—besieging feelings and thoughts—finally may come to possess these sufferers as delusions and illusory sensory perversions. The thoughts and acts have an impulsive impress; and the condition belongs to the hereditary mental degenerative series. A man sent as a pauper patient to a county asylum brought an action, about six years afterwards, against the medical man who had signed the certificate. The evidence as to the mental state was clear. I mention the case because of the long interval between the signing of the certificate and the attempted action at law; and because a witness appeared in support of the complainant, although he had not examined him until more than two years after he had left the asylum, and nearly six years after the date of the impugned medical certificate.

The last case I shall mention was one of the most striking. A young lady, it is in evidence, becomes suspicious, thinks people have turned against her, takes hallucinations so it is alleged, refuses food, avoids her friends, and those in care of her fear her suicide. Two medical men, called in, sign certificates of insanity, without fee or reward; she is sent to an asylum, and thence transferred to another asylum, and, in turn, from the latter to a third one; is visited frequently by visiting committees, and less often by Commissioners, is removed from asylum care after upwards of two years; brings a lawsuit against the original medical certifiers and others a year still later; and her statement of case at first alleges, not merely negligence, but also malice and conspiracy on the part of the two medical defendants; although eventually the last two items are dropped. The verdict is for the medical defendants.

These cases exemplify the risks which medical men hitherto have been compelled to accept in relation to some of those whom they certified to be of unsound mind. Many medical men ceased to certify; and few would have certified had they been fully aware of their real position under the Lunacy Laws. This state of affairs is greatly improved by the Lunacy Act recently passed, the fifth Bill of a series, of which the preceding ones annually perished by the way. Under this Act the relations to the public and the position of certifying medical men are greatly meliorated; whereas those of private or public asylum medical officers are made worse in some respects. For much of the improvement in the provisions of the Act passed, as compared with the provisions originally proposed, our profession is indebted to the Parliamentary Bills Committee of our Association, and to those members of Parliament who supported that Committee's recommendations.

Save as in the Act otherwise expressly provided, May 1st, 1890, is the commencement of the Act, the day when it comes into operation. The more important of the two great protective clauses to certifying medical men came into force from the time of the passing of the Act, as expressly provided therein; medical men at the present moment, therefore, enjoy whatever protection that clause affords. Briefly expressed, it is to the effect (*inter alia*) that a person who signs a certificate or report under this Act, or does anything in pursuance of this Act, shall not be liable to any civil or criminal proceedings, whether on the ground of want of jurisdiction or on any other ground, if such person has acted in good faith and with reasonable care. If any proceedings are taken against any person for signing such certificate or report, such proceedings may, upon summary application to the High Court of Justice or a judge thereof, be stayed upon such terms as to costs and otherwise as the Court or judge may think fit, if the Court or judge is satisfied that there is no reasonable ground for alleging want of good faith or reasonable care.

The other protective clause to certifying medical men in the new Lunacy Act does not come into force until the "commencement of the Act," May 1st, 1890. It is that any person who makes

a wilful misstatement of any material fact in any medical or other certificate under the Lunacy Acts shall be guilty of a misdemeanour; but that no prosecution for a misdemeanour under this clause shall take place except by order of the Commissioners, or by the direction of the Attorney-General, or the Director of Public Prosecutions.

Subject to the exceptions mentioned in it, the Act further provides that a private (that is, non-pauper) patient shall not be received and detained as a lunatic in any asylum, public or private, or under single care, unless under a reception order by a judge of county courts, magistrate, or specially appointed justice of the peace; but the person making such reception order shall not be a relative of the person applying for the order, nor a relative of the lunatic, nor of the lunatic's wife or husband, as the case may be.

Save in urgency cases (to be mentioned presently), the order shall be obtained upon a private application by petition, accompanied by a statement of particulars, and by two medical certificates on separate sheets of paper, under the hands of two medical practitioners; all these documents being made in the particular forms prescribed by the Act. The petition shall, if possible, be presented by the husband or wife, or by a relative of the alleged lunatic; or, if presented by anyone else, must contain full particulars why this is the case.

One of the medical certificates, accompanying the petition for an order for reception of the alleged lunatic into an asylum, etc., shall, whenever practicable, be by the alleged lunatic's usual medical attendant; and if it is not by him the reason must be stated in the petition, and form part of it.

The two certifying medical men must examine the alleged lunatic separately; and for their certificates to be valid this examination, on which their certificates are based, must take place not more than seven clear days prior to the presentation of the petition.

On presentation of the petition, the judge, magistrate, or justice may make a reception order forthwith, or may delay consideration of the petition for seven days or any less space of time; whereupon he may adjourn further consideration of it for any period not exceeding fourteen days; and, if not satisfied with the evidence of lunacy in the medical certificates, may visit the alleged lunatic. The petition shall be considered in private, and among the few persons who will have a right to be present (irrespective of the discretion of the justice, etc.) will be the medical men who signed the certificates accompanying the petition. There is a provision as to secrecy imposed, concerning these proceedings (Section 4, Subsection 6), but it is useless, as it does not apply to the alleged lunatic, or to the person whom he or she can appoint to be present at the consideration of the petition.

In non-pauper cases of urgency, where it is expedient for the alleged lunatic's welfare, or for the public safety, that he or she shall be forthwith placed under care and treatment in an asylum, etc., he or she may be so placed and kept by authority of an urgency order, signed, if possible, by his or her wife or husband or by a relative, accompanied by a medical certificate of lunacy by one medical man, who must have examined such alleged lunatic not more than two clear days previously to the reception of the alleged lunatic under such care and treatment; and such certificate shall state, with reasons, that it is expedient for the alleged lunatic's welfare, or for the public safety, that he should be placed under care forthwith.

If the urgency order be not signed by the alleged lunatic's husband or wife, or by a relative, the order must fully explain why this is so.

The urgency order holds good for seven days after its date. Further detention of the lunatic can only be carried out under a reception order, obtained by petition in the manner already described.

A medical certificate accompanying a petition for a reception order, or accompanying an urgency order, shall not be signed by the petitioner or person signing the urgency order, or by the husband or wife, father or father-in-law, mother or mother-in-law, son or son-in-law, daughter or daughter-in-law, brother or brother-in-law, sister or sister-in-law, partner or assistant of such petitioner or person. Half of these relationships, therefore, refer to medical women signing certificates.

When a non-pauper lunatic has been received under care and control, who has not been personally seen by the justice making the order for his reception, he shall have the right to be seen by another justice, unless the medical or other person in charge of him certifies to the Commissioners, within twenty-four hours, that

this course would be prejudicial to the patient. Otherwise the patient can, within seven days, exercise this right; and the fresh justice is to see the patient and report to the Commissioners, thus reopening the whole question of his insanity, disturbingly, in the mind of the lunatic, and placing the certifying medical men in a position liable to misunderstanding and unduly vulnerable.

A constable, relieving officer, or overseer of a parish, knowing of a non-pauper and non-wandering alleged lunatic, but one who is not under proper care and control, or who is cruelly treated or neglected by those in charge of him, shall, on oath, inform the justice specially appointed under the new Act, who may visit the alleged lunatic if he thinks well to do so, and, whether he visit him or not, shall direct two medical men to visit him and certify their opinion as to his mental state; and the justice, if satisfied that the alleged lunatic is a proper person to be placed under care, may order his removal to an asylum, etc., or may detain him and suspend execution of the order of removal for fourteen days, or may allow a friend to take care of him. But the removal cannot take place in opposition to a medical certificate of unfitness of the alleged lunatic for removal. The reception order holds good for fourteen days, or, if its execution is suspended by a medical certificate, as just stated, it becomes renewed in effect for three days after a reversing medical certificate of fitness for removal has been obtained.

The certificates accompanying the reception order under which patients are to be received under care are not to be signed by persons in any way interested in the payment to be made for these patients, or by the near relatives of such persons.

Neither of the persons signing the medical certificates in support of a petition for a reception order shall be the father or father-in-law, mother or mother-in-law, son or son-in-law, daughter or daughter-in-law, brother or brother-in-law, sister or sister-in-law, or the partner or assistant, of the other of them.

Every medical certificate shall be evidence of the facts therein appearing, and of the judgment therein stated to have been formed by the certifying medical men on such facts, as if the matters therein appearing had been verified on oath.

Hitherto medical men have had the right, under definite statutory regulations, to receive one insane patient ("single patient") into their private houses without obtaining a licence for the reception of lunatics. It is now enacted that the Commissioners may, under some circumstances, allow this number to be increased; this, however, if carried into effect, may bear unfairly on medical men who have gone to the trouble and expense of obtaining a licence for the reception of two or three lunatics into their private houses, and probably of altering those houses as required by the licensing authority.

After May 1st next, no pauper can be sent to an asylum, etc., under order of a clergyman and relieving officer, a method which has hitherto been in use.

Where a pauper lunatic is taken charge of by relatives, with an allowance for his maintenance, the district medical officer shall visit and report on him, quarterly, at a fee of 2s. 6d., in addition to the fees now paid under 16 and 17 Vict., c. 97, s. 66.

A medical visitor of private asylums shall receive such remuneration as the justices for the county or borough for which he is a visitor may approve.

Under the new Act the duties of medical officers of workhouses will be somewhat complicated, and no doubt a full code of instructions will be issued for their use before next May. There is not time to state the provisions of the Act on these points here. They are given at p. 745 of the JOURNAL of September 28th.

EBBW VALE (Population, 17,000).—*Epidemic of Measles: High Infant Mortality: Ambulance and Disinfectors Needed.*—A severe epidemic of measles during the whole of 1888 had the effect of raising the excessive zymotic rate of the previous year from 5.23 to 6.7 per 1,000. The epidemics of scarlatina and diphtheria, which were the chief causes of zymotic mortality in 1887, died out in the early part of 1888, and the cases which followed were sporadic in character and the mortality comparatively small. There was, however, an abnormal mortality among children under 5 years of age, no less than 180 deaths out of a total of 365 being of such children. Mr. John W. Davies describes this state of things as deplorable, when it is considered that, with ordinary care and suitable food, the mortality might be considerably reduced. With the exception of the preventable diseases, there was a record of fewer deaths in other classes, and the general death-rate was 21.46 per 1,000. An ambulance waggon and a steam disinfecting apparatus are much needed in the district.

A SUCCESSFUL CASE OF TREPHINING FOR EPILEPSY, WITH SUBSEQUENT RESECTION OF TREPHINE OPENING.

By DR. WILLIAMSON,
Physician to Latchford Hospital;

AND

ROBERT JONES, M.R.C.S.,
Honorary Surgeon to Liverpool Stanley Hospital.

THE patient was a young man engaged as a striker at one of the forges on the Manchester Ship Canal Works. Two years ago, while under the influence of alcohol, he fell against the corner of a brick wall and cut his head over the left Rolandic area. The bleeding was profuse, and he was insensible for a short time. He rested for a week, when, feeling better, he went out with some friends, drank, and in consequence got an attack of erysipelas. His head was very much swollen, and he had his first epileptiform seizure. Sixteen fits occurred the same day. He remained unconscious for a few days, and his right leg and arm were paralysed for three weeks. He spoke slowly, and at first incoherently, but this defect wore off in a week. The paralysis of limb disappeared, commencing in the leg. He was treated as an out-patient at one of our large hospitals, but trephining was not suggested to any of the family. The wound in the head soon healed, but has on more than one occasion discharged a little pus. The last occasion was February, 1888. The patient returned to his work in twenty-one days.

Family History.—Both father and mother alive and heavy drinkers. Patient is the eldest of a family of four children, all living. His eldest sister, now 20 years of age, is an epileptic, her fits dating from her first dentition. She is now a helpless imbecile, and averages five fits a week, and is worst at full moon.

Present Condition, two Years after Primary Injury.—Patient considers that stooping may have induced present attack. There is no history of an injury. Has had a bronchial attack for some days past. There is a small triangular depression over the Rolandic area on the left side, marking the position of the old injury. On the night of October 31st, 1888, he was seized with two epileptic attacks, and on Thursday came for treatment to Dr. Williamson. Aperient pills were prescribed, and no fits occurred until November 2nd. On November 3rd he went to bed at 1.30, and was seized with a fit, which constantly recurred, and from which the patient did not recover consciousness until after operation. The fits were short in duration, but recurred every ten minutes. Dr. Eugene Byrne, the resident physician at Latchford Hospital, who had an opportunity of noting the succession of symptoms, describes them in the following words: "They began with groaning and slight movements of right limbs; then tremors of right limbs; then tetanic rigidity of right limbs, accompanied by jerking of the head round to right side, the mouth being also drawn to the right. So soon as the rigidity of the limbs and jerking of the head subsided, the right eye commenced to blink violently. In the afternoon the blinking was followed by rapid nystagmus; but in the evening, when seen before the operation, no nystagmus was noticed between the blinking and relapse into coma." Mr. Robert Jones was sent for in the evening. On arrival he found the patient very low; pulse 95; breathing shallow and accompanied by rales, 25 in the minute; extremities cold and bluish; fits recurring every ten minutes, unconsciousness having lasted eighteen hours. Mr. Jones determined to trephine without delay.

The Operation.—This was performed in a little room in Warington. The operator was assisted by Dr. Byrne and later by Dr. Williamson. The head around the scar was shaved and washed with terebinth, and a subcutaneous injection of morphia and ether administered. A semicircular incision was made down to the periosteum over the scar, the convexity of the curve being upwards. A flap of periosteum was then shaped, and the whole mass reflected, exposing the old depression. A $\frac{3}{4}$ inch trephine was then placed below the site of the cicatrix; the circle of bone so removed had attached to its internal surface a triangular piece of bone diving into the brain at right angles to the cranium to a length of $\frac{3}{4}$ inch. This is shown in Figures 1, 2, 3. The trephine was introduced at the junction of the middle with the lower third of the Rolandic fissure, the largest diameter being opposite the ascending frontal convolution. The widest diameter of the bone lay horizontal to the cortex it pierced. The measurements were