lateral surfaces of the brain. Both cortex and medulla of brain were somewhat hyperæmic. There was no trace of hæmorrhage in the lateral ventricles, and nothing unusual in the appearance of the opto-striate bodies. The right hemisphere was 20 ounces; the left, 19½; the cerebellum, 5½; pons and medulla oblongata, 1¼; fluid and blood from the cranial cavity, 4½ fluid ounces.

For the rest, it need only be stated that the left *pleura* contained 20 ounces of fluid; the right, 10 ounces; that pleuritic adhesions existed on the right side. The *lungs* were moderately congested, the left weighing 19½ ounces; the right, 25½ ounces. The *heart* contained some fluid blood; the coronary arteries were moderately atheromatous; the aorta slightly so, and one of its sinuses of Valsalva was very slightly dilated aneurysmally; there was some roughening of the aortic valves; the left ventricle was somewhat hypertrophied; and the heart, with a portion of the adjacent aorta, weighed 16 ounces. The *spleen* weighed 9½ ounces; there were perisplenic adhesions, irregularity and thickening of its capsule, and a depressed cicatrix on its surface; for the most part soft and diffident, portions of it were firmer, paler, and strewn with whitish spots. The *left kidney* weighed 4 ounces; was granular; its cortex was wasted, of reddish hue; its capsule stripped fairly. The *right kidney* weighed 3½ ounces; it was in the same condition as the left, except for some paler patches, giving it a marbled appearance.

THE MEANS AT PRESENT PROVIDED BY LAW FOR THE CARE AND CURE OF NON-PAUPER LUNATICS, AND ITS SAFEGUARDS.*

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THERE is going on at present, as most here are probably aware, an agitation having reference to the lunacy laws. This subject I consider one on which there are, perhaps, none better able to give an opinion than the medical men of this country; and, as you may be referred to by your lay fellow-citizens, and your opinion, when given, must carry great weight, I have ventured to place on paper, and bring under your notice in as condensed a form as possible, that which I find few medical men know anything about—viz., the present state of these laws, and the safeguards and supervision provided by them; and I will afterwards make some very brief observations on the proposed legislation. The statements in the first division of my paper mainly relate to facts, and may be verified by reference to the Lunacy Acts.

Following the division of the subject thus sketched out, we will begin with—

A. *The Present State of Matters.*—Given an insane person above the pauper class, what courses in relation to treatment are there open for us to pursue?

1. The patient may be treated at home or elsewhere under the care of his friends, as many are—well and properly treated: a course which in many cases answers well, especially where the medical man of the family has had the time or opportunity to make the nature and treatment of brain-disease a subject of study and practice, or where he can at intervals avail himself of the advice, in consultation, of a specialist; and which always requires, to ensure success, either the assistance of male or female nurses trained to manage such cases, or friends of the patient exceptionally intelligent, reasonable, equable in temper and spirits, and, above all, who will carry out faithfully all the instructions. This is of importance more especially in suicidal cases, where the medical man, to protect himself, should give all his instructions in writing. We can all call to our recollection accidents happening through carelessness in this respect. Now, what does the law provide in the way of safeguard for the proper care and keeping of patients treated in this way? The Lord Chancellor and the Home Secretary have indeed the power, in any case where application is made to them, to inquire into the treatment of a lunatic thus taken charge of; but they have, so far as I know, no power, and are certainly not bound, to employ inspectors for the purpose of ascertaining these facts. In no asylum, public or private, have I seen straps used all over the patient's person to restrain him, or a patient tied to a bedpost by a chain or rope; but within even the past five years of this nineteenth century I have more than once seen this horrible and humiliating sight in cases treated at home, and have known many suicides of curable cases to occur from want of proper care; and yet the persons responsible are not brought to justice. And the system which allows this is the one which is lauded on all sides by certain misinformed enthusiasts, not only in lay, but in medical papers;

many of the writers being themselves ex-lunatics, who owe their recovery to a system they condemn.

2. Our supposed lunatic may be placed under certificate, as a single patient, in the unlicensed house of a medical man or layman. (No medical man can receive into his house, under payment, any non-certified lunatic, without rendering himself amenable to law.) The Commissioners in Lunacy have the power, but are not bound, to visit these patients; and the magistrates have no power of inspection, nor, in fact, any jurisdiction.

3. The non-pauper lunatic may also be sent (in most counties), under an order and medical certificates, to the pauper asylum; and, on the payment of a certain weekly sum, will receive the same accommodation, rights, and privileges as paupers, in most cases having to conform with them in dress. I have now under my care more than one patient whose friends can ill afford the reduced charge of a guinea per week which they pay me, but who shrink from the equality and fraternity (without the liberty) provided by the county asylums, who would yet be able and willing to pay from ten to fifteen shillings weekly, could wards and grounds apart from the paupers be provided for them, or special hospitals be constructed to receive them at an uniform low rate. This is the class whose wants require attention, and whom the charitably disposed should set about to relieve. The distinction would be much the same as between the sick-wards of the union and those of the borough and county infirmaries.

4. The non-pauper lunatic may, again, be sent to what are called "hospitals for the insane". These, if properly conducted, would afford accommodation for the large class just above the pauper to which I have above referred; but at present their charges are quite as high as, in many cases higher than, those made in private asylums; although the proprietors of these latter have to pay rent for a suitable house and grounds, buy furniture, etc.; and this without the help of endowments and charitable subscriptions, such as hospitals have. Hospitals do not require a licence; are not in any way under the control of the magistrates; have only to be inspected once a year by the commissioners; and have a constitution which nominally compels them to spend all money received on expenses, salaries, etc., and the remainder to be applied to the reduction of the rates charged for their less wealthy patients. This constitution, which on paper is everything that is charitable and proper, does not, however, prevent, in some at least of the largest and otherwise perhaps the most admirably conducted of them, the space—originally intended by pious founders and benefactors for the poorer classes—from being taken up by patients paying £300, £400, or £500, and in some cases even as much as £1,000 a year; the profits from these patients having accumulated, instead of being applied to the reduction of the boards paid by the poorer patients, who are often unable to gain admission.

Beyond the fact—certainly not an unimportant fact—of their having only one inspection instead of eight each year, they are subject to much the same regulations as to the admission, detention, and discharge of patients, as the next class.

5. Our patient may be sent to a "licensed house", otherwise a private asylum; and, as I am interested in these, I will, after the next few sentences, confine myself strictly to statements of facts rather than opinions.

A certain set of agitators obtained, in 1877, a Parliamentary Commission to inquire into alleged abuses, which mainly consisted in allegations of the detention of sane patients; but, although that Commission sat long, and heard much evidence, the chairman being Mr. Dillwyn, the great opponent of private asylums, it was unable to prove that one sane person had been confined in a private asylum, although the lunacy reformers tried hard to do so. I believe the illegal detention of a patient in a private asylum to be absolutely impossible in the present state of the law, which is as follows.

Within one day of the admission of a patient, copies of the order and medical certificates on the authority of which he is detained have to be forwarded to the commissioners (and to the local magistrates, if in the provinces); and if these be defective in the slightest particular, they are returned at once. Before the expiry of seven days, the medical officer of the asylum must send to the same quarters certificates as to the patient's mental and bodily health, and write a full account of the same in the case-book. The commissioners, moreover, require a return stating the amount paid on behalf of each patient. They are obliged to visit and inspect each private asylum at least twice a year, in each case a lawyer and a medical man being present, and *this entirely without notice*; and they may make their visits at any time in the day or night. On such occasions, their duty is to examine the certificates, case-books, journals, etc.; to inspect the whole house, and to see and converse with all the patients, hearing and inquiring into any complaints; and, finally, to make a report in writing before they leave the

* Read before the South Midland Branch.

house. A similar duty is performed by a committee of magistrates, who, accompanied by their medical and legal advisers, "visit and inspect", also *without notice*, at least four times a year; in addition to which, it is compulsory that visits of inspection be made twice a year at least by single justices; and most private asylums are also inspected by the Chancery visitors. Thus all private asylums are subject to *eight compulsory inspections* each year—the metropolitan asylums excepted, which have six visits a year by the commissioners, and are not in any way under the jurisdiction of the justices of the peace.

The Lunacy Acts pronounce heavy penalties on anyone who may be concerned in the illegal incarceration of a patient, his detention after recovery, or his maltreatment whilst under care. The Act prohibits anyone having an interest in the asylum, or being a partner, etc., from signing the certificates of admission; and further, as an additional safeguard, all letters written by patients are compelled to be sent to their respective addresses, or produced to the commissioners, and some very good reason must be put forward for not having so sent them.

Beyond the safeguards provided by the Lunacy Acts, the patient or his friends have a very easy remedy against illegal detention at Common Law.

The numbers in private asylums are fewer than in public asylums, and thus admit of a greater amount of that personal attention to individual cases on the part of the medical superintendent, so necessary for the proper conduct of a case of brain-disease, and which is impossible to be obtained where lunatics are herded together in hundreds and thousands.

B. And now a very few words on the Lunacy Bill before the present Parliament. Of its seventeen clauses, I give my unqualified approval to eleven, a qualified approval to three, and the remaining three I consider unjust either to the patient, to the community, or to those members of our profession who have devoted their lives to, and sunk their capital in, this work—not the least anxious, and certainly not the most pleasant, department of the profession.

Clause 1. "To enable justices to raise money to build additional asylums, or to buy private asylums, for the accommodation of non-pauper lunatics." This ought, I think, to be done for patients unable to pay more than from ten to fifteen shillings per week; but I think the ratepayers ought not to be called upon to provide accommodation for the classes above that, any more than they should be called upon to pay for the medical attendance of patients suffering from phthisis, or their maintenance at health-resorts or sanatoria.

Clause 2 is, I think, iniquitous, as it fixes the rate of compensation for goodwill and the loss of a means of living at one year's purchase only, and that profits merely, not receipts.

Clause 3 places the metropolitan houses on the same footing as regards licensing, supervision by magistrates, etc., as the provincial—a course to which I make no special objection, and which would conduce to uniformity.

Clause 4, compelling London alone to build a private asylum at the public cost, is a violation of that principle of uniformity, and quite unnecessary, as there the accommodation exceeds the demand, and the expense of building a new and unnecessary asylum would be a great injustice to the community.

Clause 5, providing that profits made from private patients go to reduce the expense of keeping paupers, is unjust to the unfortunate private patient, who not only—from being insane himself—has extra expenses for his own treatment, but, like the willing horse, is to be saddled with the burdens rightfully appertaining to other people.

Clause 6—to provide for the government and management of the new class of asylums in the same way as in the public asylums—is satisfactory.

Clause 7—"To continue the medical visitor"—is also satisfactory.

Clause 8, "providing for superior accommodation for private patients sent to pauper asylums", is good so far as it goes; but, as I have already said, this ought to be taken in hand by the hospitals.

Clause 9 I specially approve of, as, in requiring before admission the "order" of a justice of the peace—in limiting the number of persons who may sign an order for committal in any given case—in making it compulsory for one of the medical certificates to be given by a man having special knowledge of the subject, and in making provision for the detention of a patient for two days on one medical certificate of emergency—it gives a more judicial character to the proceedings, provides further safeguards for the liberty of the subject, and allows the prompt treatment of a dangerous or actively suicidal lunatic.

Clause 10 arises out of, and is a prudent safeguard of, the emergency provision in Clause 9.

Clause 11 provides for the annual examination and recertification of all patients, and is admirable.

Clause 12, like the three preceding clauses, attempts to graft some

of the provisions of the Scotch lunacy laws on our English practice; and, having had experience of both, I think the change would be salutary. This clause provides for the admission of patients, merely on a request to be placed under treatment in their own handwriting, and ratified by the consent of the commissioners.

Clause 13 provides an easy means of inquiry into any case of alleged illegal detention; which, with some alteration of detail, in order to make it consistent with the provision as to one medical examiner being specially qualified (mentioned in Clause 9), and to prevent vexatious litigation on the part of discharged lunatics and other busybodies, would have the approval of all men in the specialty.

Clause 14 aims commendably at uniformity, in that it orders the biennial visitation by the Commissioners of Public Asylums and Hospitals, in the same manner as now obtains in regard to private asylums.

Clause 15—enabling the commissioners to order the removal of any patient from a private to a public asylum, if they see fit—is unobjectionable, as they, being in a judicial position, may be trusted to act without prejudice or bias.

Clause 16, providing for a paid chairman of the Board of Lunacy, and of additional commissioners, is very necessary, in view of the additional duties this Bill would impose on that already sufficiently occupied and highly respected board.

Clause 17, and last, is merely technical, and relates to the construing of certain words used.

This Bill might fitly order the compulsory licensing and inspection of houses where single patients (on account of whose maintenance money is paid) are detained, whose case it entirely overlooks, and which, being unlicensed and practically uninspected, remain open to abuse; and it might empower the Lord Chancellor to appoint deputy or assistant-commissioners to undertake that duty, as is at present done in Scotland, with the best results.

It would also be very desirable that some more efficient regulations should be placed on the finance of those hospitals, which, from their so-called charitable constitution, are exempt from many of the restrictions imposed on private asylums—restrictions which (I will conclude this already too long paper by saying) would be cheerfully borne—nay, even if doubly strict—by the members of your as well as my profession, who are proprietors or superintendents of private asylums, and who court the utmost inspection and inquiry by any properly constituted authority, did each extra inspection and inquiry only afford them some little relief from the groundless abuse launched at them.

TRANSFUSION IN PROFUSE MENORRHAGIA.

By T. WHITESIDE HIME, B.A., M.B.,

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THE following case is chiefly of interest in showing the great advantages afforded by transfusion to a patient suffering from extreme anæmia and chronic hæmorrhage. Indeed, the patient in question has, since the operation, returned as it were to life from the very valley of the shadow of death.

On November 22nd, 1878, I was asked by Dr. Robertson of Hart-hill to see a patient of his, Mrs. G. The woman was thirty-five years of age, was fifteen years married, and had never been pregnant. She had always been healthy until five years before my visit, when her husband was savagely attacked by poachers, and almost murdered. She was menstruating at the time, and suffered much in attending on her wounded husband by night and day. The catamenia, which previously had been normal, became very profuse, and the periods lasted longer and longer as time elapsed. At the end of two years, she used to continue menstruating for about two weeks, parting with a great quantity of blood, and generally also with large clots. She became so debilitated that, for three years previous to my visit, she was totally unable to take exercise, or even to do her household work; but she was not obliged to keep to bed. Towards the beginning of November 1878, she continued menstruating profusely for four weeks, none of the numerous remedies employed having the slightest effect in checking the hæmorrhage. She had been under treatment at various times for the menorrhagia, and had been under the care of an eminent specialist in Dublin, who applied a number of leeches to relieve what he described as "ovarian derangement".

At the time of my first visit, her face was perfectly blanched and pallid, her lips colourless, and her skin generally corpse-like in appearance. She was confined to bed, and too weak even to lie on her side. She was drowsy and listless, and pulsation was little more than audible over the region of the heart. In fact, the patient's condition was very critical.