AN ADDRESS DELIVERED AT THE OPENING OF THE SECTION OF PSYCHOLOGY.

*At the Annual Meeting of the British Medical Association, held
in Bournemouth, July, 1891.*

By P. MAURY DEAS, M.B.LOND.,

Medical Superintendent to the Wonford House Hospital for the Insane,
Exeter.

LUNACY LEGISLATION AND THE LUNACY ACT, 1890.

GENTLEMEN.—My first duty, which is also a pleasure, is to give you a hearty welcome to the meetings of the Section, and to express the hope that you will find the programme provided for your consideration a source of both pleasure and profit. Your Honorary Secretaries—and I may perhaps be permitted to refer more especially to my old friend and colleague, Dr. Macdonald, with whom it has been a great pleasure to me to co-operate—have worked hard to render the meetings of the Section attractive, and have succeeded both in arranging subjects for discussion which are of great interest and importance, and also in having the discussions opened by men well qualified to do justice to them. And now just one personal remark: When I was invited to take the very honourable position of President of the Psychology Section, I hesitated to accept the invitation, honestly feeling how little claim I had to the honour; and I finally only did accept as feeling myself in some way representative of the many among us who have made the practical study of insanity and the care of the insane their life's work. Circumstances have made my range of experience more varied than usual, having filled in succession the posts of medical officer in a Scottish chartered asylum, medical superintendent of an English county asylum, and medical superintendent of a registered hospital—a combination of experience, such as it is, which is, I believe, unique.

It was this sort of representative character which led me to think that there would be a certain fitness of things in devoting my introductory remarks to the latest form of legal sanctions and restrictions, under which most of us carry on our daily work. I may here point out, too, as a somewhat curious coincidence, that the five officers of the Section are representatives of the chief divisions of lunacy practice. Your President represents the registered hospitals; Mr. Manning and Dr. Nicolson, in whose support as Vice-Presidents I feel myself still further honoured, represent respectively the private licensed houses and the great national institution for the care and custody of criminal lunatics; while in our worthy secretaries, Dr. Macdonald and Dr. Habgood, we have representatives of the county and borough asylums—the former as medical superintendent, the latter as one of the now large and important body of assistant medical officers. As we hope also to have taking part in our proceedings at least one representative of the Commissioners, on whom devolve the duties of inspection and of seeing to the due carrying out of legal provisions, as well as representatives of the general body of the profession, I feel that the occasion is opportune for eliciting more formally than by means of scattered criticisms expressions of opinion as to the form into which lunacy legislation has crystallised itself at the end of the nineteenth century.

Scope of Discussion.—For myself, my desire is, as far as possible, to lead the discussion into a somewhat broad channel, by not merely considering this or that particular provision, or the practical difficulties which may arise in carrying them out, but by endeavouring to answer the questions—Are the statutory provisions as to the care of the insane sufficiently *medical* in their basis and their spirit? Do they correspond with the immense advance made during the present century in the medical view of insanity and its treatment? And have the latest changes shown any progress or otherwise in this direction?

History of Lunacy Legislation.—It is almost essential to begin this inquiry by a sketch of former lunacy legislation, and a review of the circumstances which led up to the passing of the Amendment Act of 1883, the alterations made by which

were incorporated in the Lunacy Act, 1890, which was really a Consolidation Act.

I do not wish to trouble you with much ancient history. But it is necessary to bear in mind that it is only within the last hundred years that insanity and its treatment have been practically recognised as a branch of medical science. Before that time, with few exceptions the general idea of the "treatment" of the insane, based to some extent no doubt on the demoniacal possession theory fostered by the religious teaching of the Middle Ages, consisted in confining them, and restraining them by brutally harsh means, and in applying various forms of punishment or torture. The same general treatment was accorded to the insane as to prisoners accused of or condemned for crimes; and hence, probably, in part arose a feeling of horror and aversion on the whole subject, and that tendency to regard insanity almost as a crime, the subjects of it as prisoners, and those having the care of them as gaolers, which has not yet entirely disappeared.

Under the ægis of the law itself prisoners were cruelly treated and neglected, and in their case, as in that of the insane, reform was not inaugurated by legal enactments, but the exertions of individuals gradually developed an altered public opinion on the subject, which, when strong enough, called upon the Legislature to interfere to repress abuses and encourage reform.

The closing years of the eighteenth century saw practically the first dawnings of a better state of things, and the waking up was soon signalled by efforts in various parts of the country to establish by voluntary effort hospitals for the care and treatment of the insane on more humane and enlightened principles. Pinel, in France, gave the first great impulse to the new ideas, but in this country the year 1796 must be regarded as the Hegira of the insane, when the Society of Friends, prompted by the wise and benevolent ideas of Samuel Tuke, founded their hospital for the insane at York. A few years later the hospital with which I am now connected was founded by private subscription, and on the same lines: others followed, and the older foundations for the insane were influenced more or less by the rising tide of progress. Without boasting, it may be truly said that these hospitals have kept well in the van of the great strides made during the present century; and conducted on the admirable principle that no individuals should derive any pecuniary benefit from their working, but that any surplus funds should be devoted to giving charitable assistance or to improving the institution, under local management and untrammelled by too much legislative restriction, they have gained and retained the confidence of the public.

General progress was, however, from the very nature of the case, but slow. Prejudices, the growth of centuries, and of religious origin, had to be overcome; the temptation to unscrupulous persons to make profit out of the custody of insane, or supposed insane, persons was enormous, and neglect and cruelty could go on with impunity; secrecy and concealment being easy—indeed, often courted by the "patient's" friends.

At length, after various Parliamentary inquiries and various tentative Acts, the Act of 1845 was passed, following on the Special Report of the Commissioners in 1844; and that Act, amended as to details in subsequent Acts, constituted the law regulating the custody and care of the insane in private asylums and houses and in registered hospitals till the Amendment Act of 1889.

As regards the pauper insane, no provision of any kind was made for their care and treatment till the year 1808, when the first steps were taken towards the establishing of county and borough asylums. Before that date the only legal provision as to pauper lunatics gave power to "two justices to cause them to be apprehended, and to be locked up in some secure place, and there chained; and if the pauper's settlement should prove to be in another parish then he was to be forwarded thither, there locked up and chained by the justices of that district." Could there be any more vivid illustration of the enormous gulf which separates us by little more than a lifetime from such a state of matters?

The same gradual process of development as regards legislation took place with regard to the pauper insane, as I have indicated in the case of those possessed of means. Various inquiries were held and various Acts passed until the Act of

1853, with some subsequent amending Acts, placed the legal provisions affecting the pauper insane on what seemed, on the whole, a very solid and satisfactory basis.

Further Parliamentary Inquiries.—Since the passing of these two main Acts of 1845 and 1853, two Parliamentary inquiries by Select Committees have been held as to the working of existing provisions and the necessity or not of further legislation. The first Select Committee was appointed in 1859, and presented their report in the following year, the result of their recommendations being the Lunacy Acts Amendment Act of 1862, which, while it did not alter the main provisions of the existing Acts, introduced several new ones, the most important of which were: (1) Provision to meet the grave abuse by which the insane poor were detained in workhouses without legal authority, and at the same time deprived of the benefits of treatment in the county asylums; (2) the first provision sanctioning the reception of boarders or voluntary patients; (3) extension of the powers as to sending patients out on trial; (4) the first provision for dealing with the letters of patients. From that time no further alteration was demanded in the lunacy laws for many years; but the feeling was felt and expressed that their consolidation, on the account of the number and complexity of the statutes, and the at times conflicting nature of the enactments, was most desirable.

During these years steady progress continued to be made in the knowledge and rational treatment of insanity in its various forms. Asylums had become more and more in reality hospitals and homes for the insane, and the system of treating patients with as little restraint as possible (a system so beneficial in its spirit and so far-reaching in its results) had been carried so far in some directions as to be in danger of going to the opposite extreme.

Agitation Against the Lunacy Laws.—At the same time, however, an agitation was begun by a section of the public against what was regarded as the insufficient protection afforded by the existing law against persons being unnecessarily or wrongfully placed in asylums, and unduly detained therein. So persistent were the allegations, backed up as they were by a section of the medical press, that a feeling of uneasiness arose on the subject in the public mind, easily engendered by a recollection of old abuses, and fostered not a little by highly coloured narratives in certain works of fiction, the authors of which made out by the aid of scattered facts collected from ancient history and a good deal of imagination, that it was an everyday occurrence for perfectly sane persons to be sent to and detained in asylums, and that the latter were the scenes of all sorts of abuses. The matter was at last brought up in the House of Commons, and the result finally was the appointment of another Select Committee in 1877 "to inquire into the operation of the Lunacy Law so far as regards the security afforded by it against violation of personal liberty." The committee, after hearing a great deal of evidence, presented a report, which was of a reassuring character. Their general conclusion was that "although the present system was not free from risk, which might be lessened though not wholly removed by amendments in the existing law and practice, yet, assuming that the strongest cases against the present system were brought before them, allegations of *mala fides* or of serious abuses were not substantiated." The committee also considered that no cases of "undue detention" had been proved. The committee, while not considering any sweeping change in the existing laws necessary, made a number of more or less valuable suggestions.

While not pronouncing for or against the continuance of licensed houses, they advocated the extension of institutions of the character of the present registered hospitals. Their other suggestions included provision for placing urgent cases more speedily under treatment by means of emergency certificates; removal of restrictions on the reception of voluntary boarders; medical certificates to take the form of statutory declarations; second report to be sent to the Commissioners at the expiration of a month after the admission of a patient; and as protection against the risk of unduly prolonged detention they recommended more frequent personal visitation by the Commissioners, after the manner of the Lord Chancellor's

visitors, and more general adoption of probationary discharge. They also suggested that the duration of certificates should be limited; not to exceed three years.

No immediate attempt was made to legislate on the basis of this report; but, in spite of its generally reassuring nature, the agitation for "lunacy law reform" continued, the system of the existence of private proprietary asylums being chiefly attacked.

Private Asylums.—On this much-vexed question, while I am not prepared to say that in the abstract such a system is to be defended from a high medical point of view, or one that could be recommended if we were beginning *de novo*, the following points cannot, I think, be disputed: first, that no real evidence has ever been adduced for many years, that less care is shown as to the reception of patients into private than into public asylums, or less anxiety shown for their discharge; secondly, that there is a distinct demand for private asylums, and that for some cases they may be better adapted than public ones; and, thirdly, that whenever the public cease to have confidence in private asylums, they will cease to have recourse to them.

Actions against Medical Men.—A further impulse towards some fresh legislation came from quite another quarter—that of the general body of the medical profession—on account of the increasing frequency of actions at law against medical men for discharging the duty, practically imposed upon them by the law, of giving the certificates which the law requires before an insane person can be placed under treatment, but in the discharge of which most responsible duty the law afforded them no protection whatever.

The exaggerated ideas as to the liberty of the subject characteristic of the age, and the frequent statements in the press as to wrongful confinement in asylums gave a great impulse to these actions. They could be brought on most frivolous grounds, and even when the medical man gained his cause he had to suffer grievously from the publicity, the anxiety, and the expense.

Medical men who had signed certificates lived in a sort of nightmare, and many absolutely declined to do so at all. This natural, if not altogether praiseworthy, reluctance to discharge a public duty interfered with patients being placed under treatment, and for their sake as well as for that of the medical men protection against frivolous and vexatious actions was urgently needed.

This was one of the main reforms which, from a medical point of view, was required. Further improvement was also needed in the restriction as to detaining recent cases of insanity in workhouses, and facilities for establishing departments for private patients in connection with county and borough asylums were very desirable, but mere tinkering at the existing main provisions was to be deprecated, unless a wide and comprehensive measure could be evolved which would place the legal provisions as to the insane more on a par with medical opinion and at the same time prevent the periodical outbursts of uneasiness in the public mind.

Attempts at Legislation.—The first attempt to pass another Amendment Act was made in 1881, by a Bill introduced by Mr. Dillwyn, who had taken a prominent part in connection with the agitation, and the fate which befel it as well as other Bills introduced by the Government in succeeding sessions, of being sacrificed to the exigencies of public business and included among the slaughter of the innocents, was a fitting one. They were lukewarm Bills and received lukewarm support. They pleased no one and excited no enthusiasm. They tried to do things but just fell short of doing them, "letting 'I dare not' wait on 'I would.' " They dragged on a miserable existence for a few months and sank, regretted by no one, not even, I am inclined to think, by their authors, into an early grave.

The Lunacy Acts Amendment Act of 1889.—At length in 1889 the Lord Chancellor succeeded in getting a Bill to amend the Lunacy Acts passed into law.

Admitting freely that the intentions of the framers of this Act, from their point of view, were excellent, and that there are some good enactments in it, it is impossible, from a medical point of view, not to regard it as a disappointing and retrograde measure. The spirit in which the subject was approached was rather too plainly indicated in a speech of the Lord Chancellor in introducing the Bill of 1887, in which he

⁴ I find from the records of Wonford House Hospital that this valuable plan was practised there as early as 1803.

alluded to persons being "accused" of lunacy, and of the "supposed" examination which they underwent at the hands of medical men. A spirit of distrust and suspicion runs through the new enactments, such as was not exhibited even in the earlier Acts, when it would have been not unnatural. As it was, from the nature of the case and the circumstances leading up to the demand for legislation for the insane, there was much in these Acts that related to what one may call the prehistoric period of the medical treatment of insanity, when the chief things to be borne in mind were the checking and prevention of abuses by means of stringent provisions for legal control and supervision. But during the last forty or fifty years a great advance had been made, and surely something had been done to engender more confidence in those responsible for the management of asylums and the care of the insane. Insanity had become a distinct branch of medical science and practice, and it might fearlessly be asserted that asylum physicians regarded persons placed under their care as patients to be studied and treated just in the same way as physicians in general hospitals did their patients. The conditions are different, of course; but practically the legal aspect is put on one side as much as possible. Would not all of us act as regards our patients exactly as we do now supposing there were no legal restrictions? Would we not prefer that, like patients suffering from other maladies, they should place themselves under our care? And would we not, at the earliest moment, declare them convalescent, and remove the splints, as it were, as soon as they were sufficiently recovered? Is not that the ideal state of matters, and is it not the one which practically exists now in very many cases, and which we hope, with the growth of more enlightened ideas in the minds of the public and the gradual wearing out of old prejudices and traditions, will become more and more common? Legal restrictions are essential in the case of the insane for the safety of the public and for the protection of the individual's liberty and property. They are also necessary for the safety and proper treatment of the individual himself, inasmuch as but few, from the nature of case, recognise the nature of their malady and the need for treatment.

But surely we have some claim to ask that legislative restrictions should now be as light and simple as possible, and should interfere as little as possible with the desired mutual relation of patient and doctor; also that the physician's attention should not be diverted from the weightier matters of the law by having to waste his time and energies on taking title of mint and cinnamon in the shape of reports, certificates, returns, and other legal red tape. If any reconstruction and consolidation of the existing statutes should have been considered necessary, it might reasonably have been expected that it would have been in the direction of recognising more fully the medical view of insanity, of admitting some of the former restrictions to be obsolete and unnecessary, and of dropping to a great extent the attitude of distrust which lurked in many of the statutory provisions, and was often reflected in the attitude of those responsible for seeing them carried into effect. Is it not notorious that the new Act, far from showing any advance in this direction, shows distinct retrogression, so that its authors have practically addressed us in the language of Rehoboam: "Whereas ye were beaten with whips, lo, now ye shall be beaten with scorpions?" One of the professed objects of the new Act was to introduce greater safeguards against the possibility of persons being improperly placed in asylums; and this was proposed to be effected by the introduction of the "judicial authority," who is not even required to see the alleged insane person. Could anything be more ineffective for the purpose? The effective motor power for placing a person in an asylum remains, and must remain, with the medical examination and the medical opinion, and if any reform was deemed necessary, it should have begun by making these more effective and trustworthy. Indeed, through the responsibility pivot having been shifted, as it were, and the introduction of "urgency orders," the medical link in the chain is distinctly weakened. Except that the process is cumbrous and not so speedy (although the use of "urgency orders" annuls this to a great extent), I consider that it is easier to get a person placed under treatment by the new method than by the old; and though this, from a medical point of view, may in some cases be an advantage, it was not exactly what was intended.

By a curious inconsistency, once a person has been placed in an asylum and under the care of a specially experienced medical man, the presumption, from the provisions of the Act, appears to be that he is not insane and will be detained without due cause. The medical officer has to be constantly, if one may say so, proving himself innocent, and by frequent reports satisfying the Commissioners that the patient is insane; and the patient himself is encouraged to think that he is illegally detained, and that his doctor is his gaoler—witness the regulation giving right to demand to see a justice, and that by which at the end of a month he must be visited by one or more visitors or members of the committee, also the information brought before him in the printed notice as to correspondence, practically inviting him to appeal to various high authorities. The more complicated procedure before admission and the multiplication of regulations, reports, and certificates after admission will not, I believe, diminish in any way the supposed risk of improper detention; while they must tend to interfere, directly and indirectly, with treatment—directly by unsettling the patient's mind and disturbing the feeling of being a patient under medical care; indirectly by taking up with worrying and useless work a great deal of the time and attention of the medical officer which should be devoted to his patients.

Efforts to Amend the Bill.—Before the Bill of 1889 became law, and also while the abortive Bills of the previous sessions were before Parliament, strenuous efforts were made by the Parliamentary Bills Committee of the Association, through the Lunacy Subcommittee, to have some of the more obnoxious provisions modified, and the Bill brought more into harmony with medical opinion; the Lunacy Bill Committee of the Royal College of Physicians, and the Parliamentary Committee of the Medico-Psychological Association also using their influence in the same direction. These efforts were, however, only attended with very partial success; and it cannot but be regretted that those responsible for the Bill showed so little inclination to be guided by such weighty and combined representations of medical opinion. It was also an open secret that many of the provisions were not in accordance with the views of the Commissioners in Lunacy, and the determination to press the introduction of orders by justices for the admission of private patients had been the cause of the resignation of their venerable Chairman, Lord Shaftesbury.

Whatever opinion may be formed as to the provisions of the Amendment Act of 1889, there can only be one opinion in regard to the usefulness of the Consolidation Act of 1890, with which the new provisions of the former Act were incorporated. The unification of the numerous complex, and in some respects conflicting, Lunacy Statutes had long been recognised as a great desideratum, and it cannot be denied that this difficult work has been, on the whole, admirably carried out.

Alleged Difficulties in Working.—Since the new Act came into operation, on May 1st, 1890, criticism has been mainly devoted to alleged defects in some of the enactments, leading to serious practical difficulty and inconvenience in many cases. While fully admitting that such difficulties have been experienced, especially in connection with large centres of population and large institutions (and Dr. Percy Smith has drawn forcible attention to them in connection with Bethlem Hospital, where the number of admissions of private patients is very large), I think too much has been made of them. A short Amendment Act would easily remove most of them, and with any new measure there must be at first a certain amount of difficulty and friction, more or less according to particular circumstances not easily foreseen. Much of this will, however, disappear with more experience. While reserving the right fully to criticise and object to any of the new provisions, the only wise and dignified course seems to be to endeavour to carry them out loyally, and to minimise rather than exaggerate any difficulties which may arise. That is a duty which we owe to ourselves, to our patients, and to the law. For the purpose of discussion, I propose now to attempt to classify the new enactments, as they present themselves to my judgment, into: 1. Those which seem good and useful. 2. Those which seem unnecessary or useless. 3. Those which seem positively hurtful and objectionable.

Good and Useful Enactments.—In the first category I should

include (a) Section 330, which gives protection to medical men against actions at law for carrying out their duties under the Act, if they have acted in good faith and with reasonable care. It would appear, however, that the view is taken that upon summary application to the High Court or a judge thereof to stay any proceedings, the *onus probandi* as to having acted in good faith and with reasonable care rests with the defendant. If this be so the protection is insufficient, for frivolous or vexatious actions would be much less likely to be laid if the burden of proof lay with the plaintiff that the defendant had not acted in good faith and with reasonable care. Section 331, limiting the period within which such actions can be brought to twelve months, is also a valuable provision.

(b) Section 241. This is one of the shortest and most valuable sections of the Act, under which "a local authority may provide asylum accommodation for pauper and private patients, together or in separate asylums, and may provide separate asylums for idiots or patients suffering from any particular class of mental disorder." Section 271 also gives full powers to asylum committees to receive private patients without any restriction as to terms and accommodation. Twenty years ago I proved by experience the practicability and the value of wards for private patients in a county asylum. The Act of 1853 only permitted private patients to be admitted into county asylums provided they received "the same accommodation in all respects as the pauper lunatics." To receive private patients and not give them something different in the way of accommodation, diet, etc., seemed to me unfair, and I got over the little difficulty by putting some of the pauper patients of a superior class (paupers only through their insanity) into the private wards. The system worked well for both classes of patients. It is to be hoped that before long many county and borough asylum committees will avail themselves of these provisions, for the demand for such accommodation and treatment is great for persons above the class of pauper patients, who cannot pay the charges in private asylums, and who are often not eligible for the assistance afforded by the registered hospitals.

(c) Sections 20, 21, 24, 25 and 26, regulating and restricting the reception of insane persons into workhouses, are evidently drawn with a full perception of the needs for such restrictions, and are a decided advance on the provisions of Section 20 of the Lunacy Amendment Act, 1862. These were notoriously evaded, especially before the plan was begun of repaying to the unions from the Consolidated Fund a portion of the cost of maintenance for all pauper lunatics in asylums.

In many parts of the country great harm and injustice resulted from the detention of recent cases of insanity in workhouses; and I gave evidence on this subject before the Select Committee in 1877. But the provisions in the present Act are very complicated, and do not go far enough. They still leave the door open for the old abuse of the workhouse being practically used as an asylum to which recent and urgent cases of insanity may be sent and, under Sections 20 and 24 taken together, detained there for at least twenty-eight days. Section 20 is also very unsatisfactory, in that it allows a constable, relieving officer, or overseer to decide at his own discretion, without any medical opinion, if it is necessary that the alleged lunatic should be placed at once under care and control, and, if so, to remove him, not to an asylum, but to the workhouse. To meet such cases, why should the benefit of "urgency orders" not be extended to pauper as well as to private patients? The only completely satisfactory provision would be that all paupers deemed to be lunatic and proper persons to be placed under treatment should be sent direct to an asylum in the first instance; Sections 25 and 26 giving the necessary facilities for transferring from the asylum to the workhouse patients who no longer require or can benefit by treatment in an asylum, the decision on that point then resting with the proper authorities—namely, the medical superintendent and the committee of visitors of the asylum.

(d) Section 11, making provision for private patients being placed without any delay, in urgent cases, under treatment, is an unqualified boon. The only drawback is that it inevitably throws a good deal of responsibility in regard to the future proceedings on the medical superintendent, who is compelled in many cases to take a more active part in them than is in the abstract desirable. There seems to be an omission in the

Act as to how patients are to be dealt with who have been admitted on an urgency order, but for whom at the end of seven days a reception order has not been obtained, nor a petition presented. No provision is made as to the mode of discharge, and it is quite conceivable that serious difficulty might arise, as the patient might be in a most unfit condition to be discharged.

(e) Section 229, this is a valuable improvement, giving increased facilities to persons desirous of placing themselves voluntarily under treatment; but the previous consent required of two commissioners or two justices detracts from its usefulness and seems quite unnecessary.

Unnecessary or Useless Enactments.—Let us now consider, secondly, those enactments which seem unnecessary or useless.

a. The primary and radical change made by Section 4, under which a reception order by a justice is required in the case of private patients, I feel bound to pronounce unnecessary and useless. The patient is not benefited by it, and the patient's friends certainly are not, more trouble and more publicity being involved. This fear of publicity may, indeed, in some cases have a very injurious effect, perhaps turning the scale in deciding whether a patient should or should not be placed under treatment. The reason adduced for the change is that it will afford greater security against the possibility of a person being sent to an asylum improperly or unnecessarily. No one who has the slightest practical experience could ever suppose that the intervention of a judicial authority would give any additional security. Especially so in this case, as the justice is not obliged to see the alleged lunatic; and if he does not do so his function is then purely ministerial, and he is practically bound to be guided by the medical certificates. I imagine that a return of the number of petitions dismissed since the Act came into operation would be found to be a very small one. At the same time no great objection (beyond the fear of publicity) can be urged against the orders being signed by a justice, acting ministerially. It relieves relatives of the patient from the burden of signing the order, and to a certain extent it relieves medical men of responsibility. The system has worked well in Scotland for many years, where actions for unlawful detention are less frequent than in England. In any case, it seems to me that if the justice is to act, he should be responsible for all the papers being in proper and legal form, and that for any amendments, verbal or otherwise, the Commissioners in Lunacy should deal directly with the judicial authority, not with the medical superintendent of the asylum. Such a procedure would relieve the latter from a good deal of work quite outside his proper sphere. As regards the justice seeing the patient, there should be no option: he should either be required to do so before granting the order, or not required to do so at all.

b. Section 39, as to reports after reception, may fitly be described as a masterpiece of useless and unnecessary circumlocution; and is in itself a perfect embodiment of the spirit of distrust and suspicion, which I alluded to before as running through the Act. I will only ask one question, How can one or more members of the committee of an asylum possibly decide from a visit to a patient at the end of a month after admission, whether his detention is or is not proper? They must be guided by the opinion of their medical officer. The latter has already sent two medical reports to the Commissioners, a copy of the second of which has been sent by the Commissioners to the Committee for their consideration; and the Committee must then, no matter what the nature of the medical report has been, appoint one or more of their number to visit the patient, when they will be enabled to decide whether the patient's detention is proper or not, by obtaining from their medical officer the same information which the latter had already furnished to the Commissioners, and a copy of which the latter had forwarded to the Committee.

c. Section 38, as to the duration of reception orders, is another instance of the want of confidence in the *bona fides* and integrity of medical officers of asylums; for if it means anything it means that they regard their duties as to the discharge of patients in a most perfunctory spirit. The state of mind which could regard the provisions of this section as of the smallest practical value is almost inconceivable.

Is it not the fact that the question as to the fitness for discharge of any of his patients is one that is daily demanding the best attention of the asylum physician, and often one of the most difficult and delicate which he has to decide? And yet the presumption of this section is that he will only be driven to consider this question by the fear that the reception order will lapse unless at the end of certain irregular periods he sends a special report and certificate that the patient is still of unsound mind and a proper person to be detained under care and treatment. Especially in regard to the medical officers of private asylums the obligation thus thrown on them is most invidious and anomalous, for it practically makes them the medical certifiers of their own patients and also the authority by which they are in future to be detained in the asylum. It would be interesting to have a return of the number of patients who have been discharged through lapse of the reception order in consequence of the renewal certificate not having been signed, save where this has been accidentally overlooked.

This accidental omission must have happened in many cases, for this section is a veritable trap for the unwary and one which has probably caused more trouble and waste of energy to the medical officers of asylums than any other.

As in the section as to urgency orders, no provision is made as to how a patient discharged under this section by accidental omission is to be dealt with. The position in which the medical officer may thus be placed in relation to the friends of a patient is one calculated to cause much trouble and difficulty. It is a matter indeed, I think, for grave consideration whether medical officers of asylums ought not to take an opinion as to how far they are compelled to carry out the provisions of this section and on whom the responsibility would rest for the compulsory discharge of a large number of patients dangerous to themselves or others, failing these special reports and certificates being sent.

Practically this section must be a dead letter. If at the expiry of one of the prescribed periods a medical officer could not give the necessary certificate he would probably report the patient as convalescent and shortly to be discharged, and if there should be a case of want of *bona fides* it is not likely that the having to sign this certificate would prove an obstacle.

This section is also calculated to interfere with the very valuable plan of probationary discharge.

d. Section 207, subsection 6, practically prohibiting the licensing of any new private asylums, seems unnecessary, and is the result of a compromise which can give no satisfaction to anyone but the present licensees of private asylums, who are thus established in a most valuable monopoly. Any supposed feeling of uneasiness as to private asylums cannot be allayed by preserving all the existing ones; and to prevent new ones being established does away with the certain amount of good which results from free trade and competition.

e. Section 32, subsection 3, prohibits a member of the managing committee of a registered hospital from presenting a petition for the reception of a patient into the said hospital. This restriction seems most unnecessary, and contrary to justice and common sense. Why should the members of the managing committee be prevented from placing relations of their own for treatment in the institution with which they are most familiar, and in which they have confidence?

f. Sections 230 to 237. These also relate to registered hospitals, and contain provisions of which some seem quite unnecessary, while others are distinctly objectionable. I have alluded before to the development of these institutions; to the valuable part which they played in providing, by voluntary effort, improved treatment for the insane; to the steady progress which, under local government, has characterised them, and to the general efficiency with which they have been conducted. In former Acts of Parliament they were not subjected to undue restriction; their semi-independent position was respected, and they were wisely left to the local management which had been so successful hitherto.

The general object of the new enactments is to bring the hospitals as regards general management under the authority and control of the Commissioners in Lunacy to an extent in excess even of other institutions. It is well known that this has long been the wish and aim of the Commissioners themselves.

Section 237 in particular is of a most objectionable and in-

quisitorial character. By it, "The Commissioners may require the superintendent or any other officer of a registered hospital to give them such information as the Commissioners think fit as to the mode in which the regulations of the hospital are carried out;" and the Commissioners have further power to order the closing of the hospital if, in their opinion, the regulations are in any particulars not properly carried out.

Hurtful and Objectionable Enactments.—(3) In the third category—enactments that seem positively hurtful and objectionable—I would include the following:—

(a) I would first mention what may seem a small point, namely, the use of the word "manager" to designate the medical superintendent of an asylum. Such a term, however, is very objectionable; it has never been used before; it is retrograde in spirit, and seems to carry with it a distinct lowering and ignoring of his professional position.

(b) Section 8, as to the right of a patient to be examined by a justice, is distinctly objectionable in several respects. It is calculated to have an injurious and unsettling effect upon the patient. It is objectionable, as regards the medical officer, to force upon him, on the one hand, the duty of giving the patient notice of his right under this section and of ascertaining whether he desires to exercise the right, and, on the other hand, the invidious duty of signing a certificate, preventing the patient being visited by a justice. In regard to subsection 4, there seems no adequate reason why the justice who made the reception order should be specially prohibited from being chosen to visit the patient. On the contrary, he having had all the circumstances already before him, seems the most proper person to do so.

(c) Section 42, as to notices being posted in asylums as to the correspondence of patients, is calculated to be hurtful and disturbing to the patients, inducing feelings of distrust and suspicion as to those under whose care they have been placed. In connection with this the question might be asked why pauper patients should be excluded from the benefits which the provision is supposed to confer.

(d) Sections 47 and 49 are distinctly hurtful and objectionable. The former gives power to any one Commissioner to give an order for the admission to any patient of any relation or friend, or of any medical or other person whom any relation or friend, desires to be admitted to him, and, either for a single visit for a limited number of times, or for admission generally, at all reasonable times and with or without any restrictions as to the presence of an attendant or otherwise; and the latter section gives power to the Commissioners, upon the application of any person, whether a relative or friend, or not, to give an order for the examination of the patient by two medical practitioners.

Nothing can be more damaging to public confidence in those having the responsible medical care of the insane than that two such enactments should find a place in the Act. The responsible medical officer should have the sole discretionary power to deal with the question of visits by friends or of calling in further medical opinion. Should he prove himself unworthy of trust in these respects there are ample means for dealing with such a contingency. The provisions, it is true, are permissive only, but that might not prevent harm being done, and the real grievance is their existence in the Act at all.

(e) Section 46, giving power under certain circumstances (vaguely defined) for more than one patient to be received into a house as a "single patient" must, I think, be considered objectionable as well as illogical, as it seems to open the door to a system which is neither one thing nor another. A single patient is a single patient; a house containing more than one constitutes by law a private asylum, and needs a licence, and it might be argued that the power to license any more houses is taken away from local authorities with one hand and given to the Commissioners with the other. The clause, too, mentions no limit as to number.

(f) Section 40, as to mechanical restraint, must be considered both hurtful and objectionable, and mainly on the same general grounds on which I have objected to Sections 47 and 49. If mechanical restraint is admitted to be a legitimate means of treatment, necessary and advisable in certain cases, the use of it should be left to the judgment of the medical man having charge of the patient, acting with a full

sense of his responsibility to his patient to do the best in his power for him, and of his responsibility to the law, which has entrusted the patient to his care. From this point of view I can see no real difference between mechanical restraint and any other form of restraint which he constantly employs in his treatment of his patients, or the use of powerful drugs and other means of treatment. Under such circumstances I maintain strongly that at this time of day regulation by statute of a particular form of treatment is undesirable. In the earlier lunacy statutes, when the abuses of restraint were much nearer, no attempt was made to restrict it by statute; the matter was left as it should be—to the general progress of medical opinion. If it is maintained, on the other hand, that no right should be allowed ever to use mechanical restraint, that it should be absolutely forbidden by statute, that would be an intelligible position to take up, but one which, I think, any legislator would refuse to assume. I do not wish to enter into a discussion as to the use of mechanical restraint: for my purpose it is sufficient that I think we are nearly all agreed that it is in certain cases a justifiable method of treatment. Then all I plead for is freedom—freedom to use it as we use other means of treatment, without being branded with doing something which it needs an Act of Parliament to restrict, and which is associated in the public mind with all sorts of abuses and horrors.

The modern mild forms of mechanical restraint and the medical uses to which they are put are as distinct from the old forms of "coercion" as a modern hospital for the insane is from the old "madhouse"; and it is much to be regretted that this section, which gives colour to confounding the two and to perpetuating old ideas and prejudices, should have found a place in the latest Act of Parliament as to the care of the insane.

(g). Section 338, subsection 1, empowering the Commissioners in Lunacy to make rules is objectionable as being very dangerously wide in its terms, and opens the door (indeed, has already opened it, as is evident from the rules issued by the Commissioners, on the Act coming into operation) to the Commissioners under the head of rules, making enactments which in no sense differ from statutory ones, and have equal force. Throughout the Act, indeed, there is a distinct tendency to increase the powers and authority of the Commissioners, and to draw more tightly the reins of official control, a tendency which, in my humble opinion, is in the wrong direction as regards the influence of medical ideas, especially if we bear in mind the great preponderance of the legal and lay element in the composition of the Board, and the growing tendency to appoint as medical commissioners men who, however eminent and distinguished, have had no special experience of insanity and its treatment, or of the practical questions and difficulties connected with the management of asylums.

I have now, gentlemen, finished my task of criticism. It is for you to say whether I have or have not substantiated the general opinion which I ventured to express, that the latest form which lunacy legislation has assumed is, on the whole, retrograde and disappointing.

I should like, before I close this address, which has already run to a greater length than I intended or than I fear is acceptable to you, to say a very few words as to the future. It may be hoped that in time amendment will be obtained to some of the more objectionable provisions; but medical effort should be devoted to laying the foundations for a wider and sounder scheme of lunacy legislation when the time comes that the Lunacy Act, 1890, will, in its turn, be found wanting. I would venture, with diffidence, but still, with some confidence, to predict that in future legislation, if the medical profession is true to itself and the best interests of the insane, medical opinion and medical influence will have far more weight than they have at present. The following rough heads are indications of the directions in which I think reform should go:—

1. Insanity and its treatment ought to form an integral part of medical education and of medical examination.
2. No one should be allowed to grant a lunacy certificate without being possessed of satisfactory evidence of competency.
3. The same should apply, in a higher degree, to all seeking appointments as medical officers of asylums.

4. The appointment of district medical inspectors, and of official certifiers, who should act in consultation with the medical attendant.

5. Inspection should take more the form of provision being made for more frequent visitation of individual patients by independent medical authority, and less of mere inspection of the asylum itself.

6. Diminution of the bureaucratic character of the Board of Commissioners, and restriction of their powers, which are now extraordinary and unparalleled; and the Commissioners to form more a medical board, composed of men of special experience in the treatment of the insane, who should assume more responsibility in dealing with individual cases.

8. Great simplification in legal formalities, a vast number of which at present arise practically from doubt as to the efficiency of medical opinion and medical care. Medical officers of asylums ought to be relieved from all responsibility as to the correctness of certificates, orders, etc.

9. The cumbrous and costly method of finding a person insane by inquisition to be done away with or much simplified, and the visitation of those so found to be secured by the same means as are provided for the insane generally.

These ideas may seem very Utopian and more adapted for 1991, but, after all, even now, the medical opinion is the motor power, without which the most complicated legal machinery is practically a dead letter; and I feel satisfied that for the sake of the insane themselves, as well as for the more effectual protection of their friends and the public generally against the consequences of insane conduct and impulses, the proper course is to rely less on legal forms and restrictions, and more on the careful competent medical examination of the patient before admission, and the judgment and experience of the medical man to whose care he is entrusted, supplemented by the visitation of and opportunity of consultation with an independent medical authority.

The diagnosis of insanity, and the proper treatment needed for its varying forms are medical questions, although they must be carried on under legal restrictions. May we not hope that the time will come when these legal restrictions will become more sanctions and helps to proper treatment, and not, as they too often are now, hindrances and obstacles?

AN ADDRESS

DELIVERED AT THE OPENING OF

THE SECTION OF PATHOLOGY.

At the Annual Meeting of the British Medical Association, held in Bournemouth, July, 1891.

By W. HOWSHIP DICKINSON, M.D.,

Senior Physician, and Lecturer on Medicine St. George's Hospital.

ON THE USES AND PROSPECTS OF PATHOLOGY.

THE science before us, that of pathology, must be regarded in its widest sense, not as concerning only the results of disease, but also its processes. In times not very remote, little was known of pathology but rough morbid anatomy, and very little of that. A few of the larger facts—the nature of empyema, for example—were known to the ancients, but I cannot find that conditions to us so obvious as hepatisation of the lung and cerebral hæmorrhage were recognised before the 17th century, though the symptoms in connection with them had long been known. Large morbid anatomy has advanced so much, especially during the last hundred years, that it may be believed that there are now few changes obvious to the naked eye which have escaped notice. This line of research may be thought to be nearly exhausted, but let us not neglect the old in the interest which attaches to the new. Rough morbid anatomy is the groundwork of medicine, and must ever be essential to the physician as presenting results in a compendious form. It may even happen that results thus broadly presented may be evident to the practised eye which the microscope might fail to make equally clear. Giving, therefore, full value to simple modes and broad results, let us briefly estimate what has been accomplished in other ways; see what has been done, and what we may reasonably hope for.