the intelligence and power to seek the site of injury and disease.

In reply, Mr. MORISON adhered to his opinion that there was something more than a mechanical causation in the movement of the omentum, and likened its movement to that of a jelly-fish.

A PRÉCIS OF THE CONDITIONS UNDER WHICH LUNATICS ARE RECEIVED IN CONTINENTAL ASYLUMS.

WITH A SPECIAL NOTE ON VOLUNTARY BOARDERS.

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A.—INTRODUCTORY NOTE.

IN making any comparison of English and Continental lunacy law the student must be constantly aware of two inherent characteristics of English law which distinguish it from the laws of almost every other country. First, the law of this country is a compound of Poor Law and lunacy law; and, secondly, it combines public and private law.

1. Continental lunacy law everywhere recognizes no distinction between pauper and private patients. There are differences in point of fact, but they only concern the payment of expenses. Pauper lunatics may be maintained in all institutions where private patients are received, provided that the relieving authorities are prepared to defray the expenses. (The possibility of maintaining a pauper patient in licensed houses is, of course, excluded by the risk that his maintenance might not be paid for.) Another point under this heading concerns the question whether a pauper lunatic may be received as a voluntary boarder in a public asylum, provided the asylum receives voluntary boarders at all. On this point the regulations of the various Continental States differ. In some States regulations as to the reception of voluntary boarders imply the consent of the relieving authority. When, however, such restrictions do not exist, as in certain Swiss cantons, a pauper lunatic may be received as a voluntary boarder by the medical head of the State asylum, and the relieving authority is liable for his maintenance.

2. Continental lunacy law carefully discriminates between insanity in its public aspect—that is, as a state of health which requires treatment either on the patient's account or in the interests of public order—and insanity in its relation to private law—that is, as a state of mind which debars or impedes the patient's management of his own affairs. The French Law of 1838 was expressly passed to make the commitment of lunatics independent of the "interdiction" (putting under the care of a guardian and family council) of the Code Napoléon (Art. 489 s.s.). This naturally does not prevent that law and those of Belgium, Geneva, Neuchâtel, Vaud, from settling the questions of provisional guardianship and civil ability of the confined lunatic. Wherever else the "interdiction" (Entmündigung) is confused with confinement (and we know that this actually occurs) it is the result of a misinterpretation of the law. Recent German decrees try to eliminate this character of German lunacy law.

B.—FORMS OF RECEPTION IN LUNACY INSTITUTIONS GENERALLY.

Continental laws know as a rule three distinct kinds of admission in institutions for the insane. They may be called, as in England, reception on petitions, summary reception and urgency reception. The reception after inquisition is only feasible in Belgium in the same way as in England. In France the necessity for asylum treatment has always to be proved, although Art. 510 of the Code Napoléon allows the family council to dispose of their insane. The said three methods of confinement do not, however, correspond entirely with English notions. The fourth way of reception, "der freiwillige Eintritt," the admission as a voluntary boarder, will form the special object of this paper.

I.—THE REGULAR FORM OF RECEPTION: RECEPTION ON PETITION.

a. The nearest approach to the English form of reception is met with in Holland, Spain, and Hungaria, and

also in a part of Italy.* In Hungaria this mode of confinement is only prescribed for "private asylums" (licensed houses). Whilst in Holland the justice of the peace (Kantonrechter)—that is, the same judicial authority as in England, Scotland, and some American States—decides, if possible, on the basis of one medical certificate, in Spain the proceedings take always the form of a lawsuit, in which a defendant of liberty is opposed to the petitioner, the relatives of the alleged lunatic to be heard if possible. In Holland the Court of Arrondissement (second instance or authority) can be appealed to in case of dismissal of petition. While in England and Holland the decision of the judge opens a period of provisional confinement (for one month, after which in Holland the judge decides once more upon a definite commitment for one year), the Spanish decree is the final act of a provisional confinement for observation of three or six months.

b. The reception is granted by the highest administrative authority of an asylum. This form of confinement only refers to public asylums. It is applied in the Grand Duchies of Baden (where the Minister for Home Affairs grants admission to the Heidelberg Clinic) and Hesse (for Aliens, Minister; for Hessians, Provincial Governor). In the Mecklenburg and Berlin asylums the "Kuratorium" (or Board of Trustees) of the institution, and in the States of Saxe-Weimar, Bavaria, Württemberg, Russia, Servia, Geneva, and the Prussian provinces a member of the Government performs a like office. In Finland the Medical Council, and in the Canton de Vaud (Law of 1901-4) the Lunacy Commission decide the reception. The documents and formalities are, on the whole, the same as in the following group.

c. In most of the Swiss cantons (namely, Aargau, Basle, Schaffhausen, Berne, St. Gall, Grisons, Lucerne, Ticino, Thurgau, Zürich), moreover in France, Belgium (owing to its laws being derived from the French law), Denmark, Austria, Norway, Sweden, and Saxony, the head of a public establishment for the insane receives himself the alleged lunatic or lunatic when the necessary proofs have been shown to him.

The requisites under b and c are, in short, the following:

1. The Petition for Reception.

This is, naturally, always required. It is not, however, always to be addressed to the authority that decides upon the reception. Sometimes (as in Hesse) the director of an asylum gets the petition from one, the lower, authority (Kreisamt), and transfers it with his remarks to the higher authority (Provincial Government) which decides on it. (All these forms are purely bureaucratic and add nothing to the securities of liberty.) This petition can be presented by natural or collective persons. Among natural persons we note the guardian of a person "alieni juris" (Vormund, Curateur). In Mecklenburg the *Vormund* of an "entmündigter Geisteskranker" (insane person under Committee) is entitled to present the petition as the next person after the father. In Aargau, Baden, Bavaria, etc., the Vormund can act jointly with the relations or separately. In Berne he is entitled to do so only after the relations. Some legislatures empower all relations without discrimination to present the petition. Others enumerate the persons in different succession. France, Belgium, Neuchâtel, Geneva, nearly like England.

The collective persons of public law (Borough, Urban, Councils, Relief Authorities), can sometimes act jointly with the relations, elsewhere only failing these.

2. The Medical Certificate.

In Servia an alleged lunatic can only be committed to the State Asylum by decree of the Home Secretary. To ascertain the mental state of the alleged lunatic he dispatches three medical men to his house. In Spain two certificates are required even for provisional confinement. Everywhere else one medical certificate suffices.

Some laws simply speak of a medical man, "Arzt" (Swiss Cantons), others require the medical man to be a medical practitioner, "patentierter Arzt," "medecin diplômé," etc. (Berne, Belgium, Bremen, Denmark, France, St. Gall, Vaud, etc.).

*Italy has not got a common lunacy law. The laws by which the former parts of United Italy were governed are still partly valid. In some provinces there are provincial statutes; in others there are different statutes for individual establishments.

A third group speak of a doctor recognized in the country as such (Holland, Prussia, Baden). Most German States demand that the certificate be issued by a "chartered" doctor (Amts-, Kreis-, Bezirks-Arzt) as in Baden, Bavaria, Hesse, Prussia, Austria, and Württemberg. There are also, as in England, certain facts which disqualify for issuing a certificate. Forms are prescribed for certificates in some Swiss cantons and in some German States. In other States the law stipulates that the certificate must contain certain things, ranging from "stating the mental deterioration" to "qualifying the insanity" and "giving reasons for which confinement is demanded." The latter phrase in diverse wordings is, with the exception of the French law, only to be found in quite recent laws (Belgium, Zürich, 1889; Geneva, 1895; Prussia, Licensed Houses, 1901; Vaud, 1901).

3. In most laws and decrees which have been carefully thought out before they were passed it is required to establish the identity of a person about to be committed.

4. Some laws provide still further for other inquiries into the state of mind of the alleged lunatic. In Sweden and Saxe-Weimar evidence is asked from the clergyman whose parishioner the alleged lunatic is. Some German States and Swiss cantons permit certain subaltern officials to hold an inquest on the mental frame of the alleged lunatic. In Württemberg the Provincial Government is granted nearly the same power of investigation in doubtful cases as is the judicial authority in England.

5. Most laws and decrees, with the exception of a few which are in every way deficient, order that the reception be notified to some authority. In several Swiss and German States with utterly defective laws this is a mere bureaucratic form, which adds in no way to the welfare of the lunatic. In others it constitutes the means of entering the patient on the registers of the inspectorate. (For instance, Holland: notification to the Burgomaster of the patient's last domicile and to the Attorney-General.)

France: Private Asylums.

Three days after receiving the notification the Prefect of the department dispatches one or more "hommes de l'art" to the asylum, who are required to furnish a report forthwith. Similar instructions are given in Neuchâtel and Vaud.

Geneva knows only of provisional receptions as regular form of confinement. The orders expire at the end of three months, when a medical officer of the institution has to submit a circumstantial report on each case to the Lunacy Council. This Commission either discharges the patient or else confirms the reception order for another period of six months. The order must be renewed for each patient every six months.

II.—URGENCY RECEPTION ORDERS (PROVISORISCHE AUFNAHME; INTERNEMENT PROVISOIRE).

In cases of urgency, most Continental States empower the chief medical officer of an asylum to admit the alleged lunatic on petition, accompanied by one medical certificate.

In France, Hamburg, the German and Swiss University Clinics, Austria, Servia, Russia, and Württemberg (here only if the patient is brought to the asylum without previous notice) the Director may receive an alleged lunatic on sight without a medical certificate, and these laws do not contain any article to the effect that a medical man not connected with the establishment is to visit the detained person subsequently. No special proofs of the urgency are required. Some States, however—Austria, Russia, Servia—demand in such cases an immediate notification of the reception. In Holland the burgomaster of a borough can put a dangerous lunatic under provisional custody for eight days, notification to be made to the Attorney-General; the latter provides for regular commitment. A person can also put himself under the custody of the burgomaster.

In a second group, chiefly consisting of the Swiss cantons, it is laid down that a medical certificate is to be made out a short time after the reception. Any doctor not belonging to the medical staff is entitled to write the certificate. In most Swiss cantons notice is given to the chartered doctor (Bezirksarzt; to this group belongs also Belgium). Most of the other States require a certificate together with the petition for reception. Whereas the grounds on which the allegation of urgency rests have, in

the States above mentioned, to be considered by the Director on his own responsibility, the German group (Hesse, Baden, Württemberg—the latter for cases in which a patient is not brought directly to the establishment); with the exception of the university clinics, demand special proofs of urgency besides the certificate. In Prussia (exc. Owinsk) the authority of control alone is empowered to receive a lunatic even in cases of urgency. Finally, we mention the Hungarian statute empowering the relations of a person to put the same under "observation." An investigation is made by members of the Sanitary Board. If such observation be held in the State Asylum and lunacy be stated, the committed person will remain in the asylum, notification to be made to the judicial authority.

III.—SUMMARY RECEPTION ORDERS (PLACEMENTS D'OFFICE).

These do not exist in all States. Some laws only recognize such mode of reception in certain cases—neglect, danger to the public, probability of suicide, etc.—and in these the public authorities—police, borough or rural councils, Government officers—are entitled to propose the reception (Holland, the Attorney-General). In some countries the proceedings in such cases are slower than in the ordinary way.

The summary reception order is a typically Swiss institution. In some cantons the only requisite is a police report stating the circumstances of the case; other cantons demand a brief certificate. The source of these proceedings lies in the French Lunacy Law of 1838, according to which the prefect or the mayor of a borough is entitled to commit a person to an asylum if his or her state "compromettrait l'ordre public ou la sûreté des personnes," and similarly in Belgium (Authority of Commitment, Borough Council; by order, the Burgomaster). Whereas in Switzerland there are no special guarantees for a lunatic committed as above, there are special provisions for a person committed by a Maire or Préfet in France. The head of an asylum where a person is "placé d'office" is to send every six months a circumstantial report to the prefect; the latter decides on the patient's remaining in the establishment.

IV.—VOLUNTARY BOARDERS IN LUNATIC ASYLUMS (DER FREIWILLIGE EINTRITT.)

1. Where the law does not decide the contrary, licensed houses are free to receive voluntary boarders. These, of course, must be allowed to leave the house whenever they choose. They are not subject to the restrictions under which the other patients stand, unless the law decides that any such person, being a lunatic and known as such, be subject to certain restrictions.

2. Where the law does not state explicitly that lunatics may be received as boarders in public asylums, the directors of such asylums cannot receive boarders under any condition. All Continental laws and decrees state that asylums are provided for lunatics, and that a lunatic can only enter them under certain conditions. The conditions (forms of reception) enumerated after such declarations are the only ones possible. The people who have passed some of those laws have not always been aware of this. Hence it happens that a section of the Belgian decree of 1874 (Règlement organique) speaks of boarders, whereas the same decree in a previous section, as well as the law of 1873 upon which it is based, enumerate limitatively the persons to be received in asylums, without ever speaking of boarders.

3. Not all Prussian asylums, but only those of Rhenish Prussia, are permitted to take boarders. Hamburg, and several (probably most) German university clinics admit boarders; so do the Cantons of Aargau, Berne, Grisons, Ticino, Thurgau, and Zürich. In Geneva and Vaud the person who wishes to submit to treatment voluntarily is especially mentioned as one who may form a petition. The proceedings of reception are, however, the same as with other patients. The same state of things results implicitly from the Dutch and Swedish laws.

4. Several States admit boarders to asylums upon oral or written declarations alone that they submit voluntarily to treatment. Some of them require information establishing the identity of the patient. To this group belong Belgium, Berne, Thurgau, Ticino, Württemberg, Zürich.

A second group of laws require a medical certificate

even for boarders—Thurgau (for licensed houses), Aargau, Grisons, Hamburg, Prussia, Saxony. In Rhenish Prussia each case has to be submitted to the consent of the Provincial Governor. The medical certificate in Rhenish Prussia and Saxony must prove the utility for the patient of asylum treatment.

For Prussian licensed houses a certificate is required showing (a) that the person about to be received understands the meaning of his step, and (b) that he is a person fit to enter the house (considering that he must be released on his own application).

There are sometimes special guarantees of liberty in the form of notification to the authorities. It is noteworthy that in Prussia the reception is to be notified confidentially (*vertraulich*) to the police, which means that the patient is not a lunatic in the strict sense of the word. As Prussia, however, is lacking in an efficient control in lunacy, this fact has not the importance that it would have elsewhere.

Discharge of Voluntary Boarders.

1. Where the law does not say anything to the contrary, it is necessary that a voluntary boarder be discharged on his simple request. Theoretically he must be set free even if he be dangerous to himself or to others. Once at liberty he can be brought back to the asylum by summary order. In fact, however, there are only two Swiss cantons (Berne and Aargau) where a boarder must be set at liberty on his simple request. In Germany it is only in Saxony where such an imperative order is given. In Thurgau and Zürich the boarder can be detained, if his state has deteriorated, until his relations or friends are informed. The latter may, if necessary, proceed at once to the ordinary petition of reception.

2. *Aargau, Grisons, Thurgau, Ticino* say that boarders must be discharged on request, provided they are not dangerous. The law does not say explicitly, but implies, that the State authorities who can bring about compulsory confinement should be informed. Würtemberg stipulates that if a boarder become dangerous his friends must be asked to give their consent to the regular confinement. If they refuse it, and also in all doubtful cases, the decision of the Medical Council (*Medizinal Kollegium*) is to be called for.

3. *Prussia (Licensed Houses).*—If the patient become dangerous, he can only be set at liberty on petition of his legal representative (father, guardian). The decree seems not to take into consideration cases of patients in their own right. Yet it certainly speaks of them *sub voce* reception of boarders. If, according to the medical officer of the establishment, the patient's state requires asylum treatment, it is necessary to bring about the provisional reception. Similarly, in Zürich (licensed houses). The Canton de Vaud allows a boarder to leave the establishment at any time (*en tout temps*). But if his state has so deteriorated "*qu'il ne peut sortir sans inconvenient pour lui-même ou pour autrui*" (that he cannot leave without inconvenience for himself or others), the Lunacy Commission provides for his reception in another public or private asylum (*Loi 1901, Art. 23*). This ingenious idea seems to be a nearly perfect solution of a great theoretical difficulty. The submission to a voluntary treatment for a time implies that the person who has consented to it must be discharged after the expiration of the time. But if the person aforesaid has become a lunatic requiring care something must be done. The removal to another asylum under new conditions (as ordinary patient) seems to be (theoretically) the best solution.*

To Dr. R. Cunyngham Brown, who suggested to me the writing of this essay, I beg to make acknowledgement of my indebtedness both for his interest in it and for his help to make my English somewhat more readable.

* A complete enumeration of the text of the laws on which this précis is based is to be found in the *Psychiatrisch-Neurologische Wochenschrift*. (Halle: Marhold. 1905, No. 2. Seite 24.) A copy has been placed in the library of the British Medical Association.

THE Sleeping Car Company announce that they have arranged to run the Calais-Mediterranean train de luxe daily in connexion with the 11 a.m. train from Victoria, and direct carriages in connexion with the same train from Calais to Avignon, Port Bou and Barcelona on Wednesdays and Saturdays.

MEMORANDA: MEDICAL, SURGICAL, OBSTETRICAL.

ARGYROL IN ULCERATIVE COLITIS.

D. S., aged 27 years, an anaemic girl leading a sedentary life, had a first attack of ulcerative colitis in November, 1903. It was apparently the result of a cold caught through standing some hours in a damp garden. She was laid up for four months, and was treated with salol and boracic injections, and finally recovered. A second attack occurred in the middle of last August, and was accompanied by free haemorrhage, vomiting, nausea, and sleeplessness. The same treatment was followed, but the patient was unable to take much food owing to the vomiting and nausea, and steadily lost ground. I then tried argyrol, as suggested by Dr. W. Murrell in the *Medical Annual*, 1905—that is, after first washing out with boracic lotion, injected by tube and funnel 1½ pint of a 1 per cent. solution of argyrol at a temperature of 80° F. This was retained for about one hour, and the result was beyond all expectation. There has been no haemorrhage since except a little slightly-stained mucus thirteen days later with a constipated evacuation. All symptoms of vomiting and nausea ceased, the patient ate and slept well, and now, three weeks later, is downstairs.

Haslemere.

WILLIAM A. ARDAGH, M.D.

IMPACTION OF A HAT-PIN IN THE MALE URETHRA.

By a curious coincidence, I yesterday, at the Swansea Hospital, removed a hat-pin from a male urethra, and to-day the first thing I notice, on opening this week's *BRITISH MEDICAL JOURNAL*, is an account of a similar case by Dr. C. Hamilton Whiteford. The little manoeuvre which was so successful in his case apparently does not always come off, especially if oedema be present or the point embedded in the roof of the urethra. In case of failure, however, removal can be effected by an even simpler procedure, so that the necessity for so comparatively severe an operation as external urethrotomy should rarely, if ever, occur.

The patient, a man aged 50—probably at the time more or less under the influence of drink—introduced the pin at 8 p.m. on January 4th, to ascertain, he states, the cause of an obstruction. When seen yesterday, January 6th, at 11.30, the spherical glass head was readily detected well to the back of the perineum, while the point could be felt embedded in the upper wall of the urethra at the level of the corona. The fore part of the penis was becoming oedematous, and the whole organ was in a semi-erect condition. Under an anaesthetic, by forcibly depressing the glans, the point was made to emerge at its posterior border. The shaft was then withdrawn; but owing to the obliquity of its entrance into the roof of the urethra, and the density of the tissue in which it lay, it was found impossible to reverse its direction without severely lacerating the urethra. The pin, which measured 7 in. in length, was therefore broken off short, and after the protruding fractured end had been rounded off, by means of the serrated surface of the blade of a Spencer-Wells forceps used as a file, was manipulated back into the urethra, whence it was at once removed with a fine pair of forceps introduced into the meatus.

Swansea, Jan. 7th.

W. F. BROOK, F.R.C.S.

FOOD POISONING AND COMA.

C. P., aged 22, a waiter, after having eaten a hearty supper, consisting of fish, meat, wine, etc., and a quantity of ices, complained of headache, and half an hour after he vomited and fell down unconscious. This occurred at about 11 p.m., and he was admitted to this hospital at 8 o'clock the next morning.

State on Admission.—He was quite comatose and breathing stertorously, and his friends reported he had been in the same condition all night. All the reflexes, including the conjunctival reflex, were absent. The pupils were contracted; pulse 120, very weak; temperature normal, extremities cold; the bladder was distended, and dullness could be elicited as high up as the umbilicus.