Chancellor, however, has not seen fit to adopt the suggestion. Perhaps one of the medical members of Parliament, Dr. Farquharson or Sir W. Foster, may be willing to propose this extension when the Bill is passing through committee in the House of Commons.

At the Quarterly Meeting held at Bethlem Hospital in June, the subject of pensions was discussed, and to the report of this meeting we refer our readers. (See Part IV.).

Lunacy Acts Amendment Bill.

This Bill has now (June 3rd) been read a second time in the House of Commons and referred to the Standing Committee on Law. Thus it draws its weary length along, with, however, rather a better prospect of passing than has been the case for years past. It is far from perfect, and some of its worst defects are clearly set forth by the Parliamentary Committee of our Association, and in the Report of the Lunacy Bill Committee of the Royal College of Physicians, which held an extraordinary comitia on 7th May for the purpose of discussing the Report. It was adopted on the motion of Sir Edward Sieveking, and was printed in the "British Medical Journal" of 11th May. The Report is well worthy of support by the Medico-Psychological Association. The main features of this Report are embodied in the following petition by the College to the House of Commons, and presented by the First Lord of the Treasury:—

To the Honourable the Commons of the United Kingdom of Great Britain and Ireland in Parliament assembled.

THE HUMBLE PETITION OF THE ROYAL COLLEGE OF PHYSICIANS OF LONDON.

Showeth as follows (that is to say):—

The College having carefully examined the Lunacy Law Amendment Bill, 1889, recognizes the consideration which the framers of the Bill have shown for the public interest, while they have not been unmindful of the medical profession in regard to the protection afforded to persons signing certificates in lunacy, or otherwise concerned in the needful detention of lunatics, as well as in regard to the provisions of Section 59 relating to pensions. With the view to co-operate in the present effort of the Government to amend the laws regulating the custody and treatment of the insane, the College desires respectfully but earnestly to make the following

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observations and suggestions for the amendment of the said Bill:—

1. With reference to the leading feature of the Bill, the introduction of the principle of the interference of the magistrate in the sending a private patient to an asylum, the College would observe that the most important point in the curative treatment of the insane is *early removal* to a well-ordered hospital or asylum. Any statutory provisions such as those of sections 3-7 will, it fears, tend (however carefully guarded by the urgency certificate of Section 8) to delay fraught with the utmost danger to chances of recovery. It believes that the certain effect of them—especially of those which ordain that the magistrate or justice shall, if he think fit, visit the alleged lunatic, summon and examine witnesses, administer oaths, and otherwise inquire concerning him—will be most seriously to hinder, and practically to prevent, the early treatment of mental disease under suitable conditions.

2. The proposals in Section 9, that the patient shall have the right to be taken before, or visited by, a judge, magistrate, or justice, if he has not been seen by one or other before admission, is open to the very grave objection that it incurs the risk of reopening in the mind of the patient the whole question of the propriety of what has been done in placing him under control. Up to this point the medical superintendent occupies neutral ground; when, however, the inquiry which the judge, magistrate, or justice is required to hold for the purpose of legalizing the certificates, necessitates the evidence of the medical superintendent to prove the patient's insanity, he is at once made to appear hostile. It is of extreme importance that the best feelings should be cultivated between physician and patient, and anything which involves antagonism must be disadvantageous to both. Further, it cannot but place the medical superintendent in a most invidious position, in that he is required to determine whether a patient, after admission, shall or shall not exercise the right proposed to be given him of seeing a magistrate.

3. It is within the certain knowledge of the College that many educated persons prefer to send their relatives for treatment, and some of the insane themselves prefer to go, to private asylums, where the patients can receive more consideration, and a more complete personal study of their requirements. It would, therefore, not be advisable to suppress private asylums; but the College desires to express its strong disapproval of the monopoly of existing private asylums, proposed to be established by this Bill (Section 54), as being a course of procedure open to most serious objections, and obviously contrary to sound public policy.

4. With reference to single patients in the house of a medical practitioner, the College desires to express its assurance that in the extension of this form of treatment and custody great future progress and improvement may be made in the care of the insane,

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and that by the adoption of this home treatment many incurable and harmless patients will be allowed to enjoy the comforts of family life and the priceless blessing of the utmost freedom compatible with their proper care. The College urges that all "single patients" should be received into private houses on the same conditions as those applicable to the admission of patients into private asylums, and of private patients into public hospitals or asylums. It is, moreover, of opinion that, where suitable accommodation is afforded, medical practitioners should be permitted to receive, without a license, two lunatic patients into their houses instead of, as at present, being restricted to one. Better accommodation, care, and attendance could often be obtained if the necessary cost were thus divided between two patients.

Your petitioners therefore humbly pray that your honourable House will be pleased, for the reasons referred to in Paragraph 1 of this petition, to make such provision in the said Bill as will be consistent with the curative treatment of the insane by means of an early removal to a well-ordered hospital or asylum.

Secondly, that when once a lunatic has been legally received as a private patient, the decision as to his rightful and necessary detention shall be confided to the judgment and left to the arbitrament of the various official visitors as by law appointed.

Thirdly, that no monopoly be granted to existing licensed houses, but that the licensing regulations be left as they now are, in the discretion of the justices at Quarter Sessions, and of the Commissioners in Lunacy, and that they should be under the healthful influence of free competition.

And fourthly, that all "single patients" should be received into private dwellings on the same conditions as those applicable to the admission of patients into private asylums and of private patients into public hospitals or asylums, and that medical practitioners having sufficient accommodation should be permitted to receive, without a license, two private patients instead of one as in the Bill provided.

We would add that the clauses in Section 43 respecting mechanical restraint appear to be utterly unnecessary so far as benefit to the lunatic is concerned, who is more likely to be the loser than the gainer by their introduction. The chief effects will probably be to deprive the lunatic of the use of mechanical restraint when it might certainly be of benefit to him, and to add to the ever-increasing clerical work and correspondence of medical officers.*

* One medical superintendent has already stated to the Lunacy Commissioners that, should the Bill be passed in its present shape, he foresees the necessity of clerical assistance to enable him to carry on the correspondence which would result from the despatch of all patients' letters to the office of the Lunacy Board.

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It is said that any mechanical restraint at present employed would be embraced in the terms of the first clause, namely, "for the purposes of the surgical or medical treatment, or to prevent the lunatic from injuring himself or others," but we distinctly object to this interference with the action of the medical superintendent.

Dr. Isaac Ashe, of the Criminal Asylum, Dundrum, in a letter in the "British Medical Journal" of 11th May, says:—"There is yet another reason for the employment of mechanical restraint in the treatment of the insane, besides those now inserted in the Lord Chancellor's Bill, namely, the necessity of keeping the patients clothed." But surely the case of denuders is already met by the terms of Section 43, for to clothe such lunatic and to keep him warm is certainly medical treatment, and prevents him injuring himself by bringing on fatal pneumonia through exposure.

Sections 64 and 65 give powers to the local authority to provide accommodation for private patients, but these powers being merely permissive, are not at all likely to be acted upon to any great extent, if at all, and will not be likely to affect good private asylums or to lead to their closure. We do not think that County Councils will be disposed to embark in a speculation with ratepayers' money for the purpose of providing accommodation for private patients, either by enlarging existing asylums, erecting new asylums, or purchasing licensed or other houses and land suitable for the purpose, as provided in Clause 2 of Section 65.

Section 83 contains, perhaps, one of the most useful and practical provisions in the whole Bill, giving power to the Lord Chancellor to amalgamate the lunacy departments. It is to be hoped that the Lord Chancellor will be able to avail himself of the excellent opportunity afforded in Clause 2, Section 83, of effecting much-needed reforms in the offices of the Lord Chancellor's Visitors of Lunatics and the Commissioners in Lunacy, by lessening the expense of visitation, facilitating more frequent inspection by abolishing the dual visit, re-arranging and more nearly equalizing the duties (the Chancery Visitors having by far the lightest share of the work under the present system), abolishing the legal and increasing the number of medical commissioners, as suggested by Dr. Farquharson this session in the House of Commons.

The Scotch and Irish Visiting Lunacy Commissioners, all of whom are medical, visit singly, and are enabled to pay two visits annually to every public asylum, whereas the

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English Commissioners visit in couples (legal and medical), and are only able to make one visit annually to county and borough asylums. There can be no doubt that the English plan is unnecessary, besides being more expensive and less efficient than the Scotch and Irish plans.

If we are not mistaken, the amalgamation of these two offices was first ably advocated in this Journal by our distinguished ex-President, Dr. Clouston.

The article on "Lunatics as Patients, not Prisoners," by Dr. Batty Tuke, in the "Nineteenth Century" for April, is much more applicable to successive Governments, Lord Chancellors, County Councils, and asylum authorities, than to medical officers, for the whole tendency of legislation of late years has been to ignore, or at least minimize, the medical treatment of lunatics, to neglect medical advice, and to weight asylum medical officers, already overburdened, with clerical and administrative work.

At present there seems to be a very questionable competition or rivalry between pauper asylums with regard to the lowness of the maintenance rate. No proper or fair comparison can be made with regard to the maintenance charge in various pauper asylums, for the charge is sometimes reduced by an accumulated surplus and otherwise, this surplus amounting in some cases to several thousand pounds. In one case the surplus amount of between two and three thousand pounds, being profit on out-county patients, has been handed over to the County Council instead of being appropriated to a "Building and Repairs Fund." This surplus amount, if applied to a reduction of the weekly maintenance charge, a practice recently followed in various asylums, would have the effect of reducing the maintenance charge two shillings or two shillings and twopence weekly per patient. In various asylums the maintenance charge to the unions is considerably less than the actual cost! In two or three years, when County Councils have settled down to fair working order, and asylum accounts have been examined by the Local Government Board, it is probable there will be greater uniformity in asylum accounts, and a greater facility for making a fair comparison between the maintenance cost of one county asylum and another. When this takes place, a general rise in the maintenance charge for pauper lunatics may be expected rather than a reduction.

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Asylum Attendants.

No one familiar with the conditions upon which the successful management of asylums for the insane depends, will deny the extreme importance of securing and retaining a good class of attendants, nor will anyone deny that the post occupied by an attendant is as onerous as it is responsible. The monotony is often extremely wearisome, and when it is broken, the cause is too often of a disagreeable character, such as the irritating language of patients or dangerous assaults. Sympathy with those who are from day to day, and often from night to night, subjected to this strain, ought to be, and no doubt sometimes is, felt and shown by medical superintendents and committees.

Feeling strongly as we do on this subject, we rejoice to read the sensible remarks made by Mr. Rooke Ley, in regard to attendants, in the last Annual Report of the Prestwich Asylum, the condition of which is recognized by all acquainted with it, as highly satisfactory. He notices that during the last 25 years, hospital nursing has become a fashionable occupation for the poorer middle classes, but he fears that asylum work has not the same attractions.

". . . . No doubt much of the unrest among attendants is due to causes, some of which are to a certain extent removable. Apart from the nature of the duties which they have to perform, and which must always be arduous, trying, and often disagreeable, the hours of work are long; living night and day in wards with the insane, their rest is apt to be disturbed, and the calls made upon their physical and mental energies are greater than many can bear. To remedy these drawbacks, and to lighten as much as possible the labours of the attendants, as well as to ensure to them all reasonable comfort and relaxation, the night nursing staff in this asylum has of late years been largely extended, and made sufficiently numerous to allow of a better division of labour, by which means the services of the day attendants can be dispensed with after a certain hour in the evening; and in order to afford relief from the strain of constant intercourse with the insane the Committee of Visitors decided to provide in each division a home where the attendants could retire after the work of the day was over, or at other times when off duty, thus enabling them to obtain that relaxation by day and that rest at night so essential to the proper

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performance of their duties. In 1887 these buildings were commenced, and are now furnished and occupied, the one on the female side to its fullest capacity. They afford accommodation on the male side for seventy-six and on the female side for eighty-six, day and night attendants, with a large proportion of superior officers. The night attendants' accommodation is completely shut off from that of the day attendants. The apartments are roomy, well furnished, and well adapted to secure the personal comfort of those for whom they were designed. There can be no doubt that these additions have accomplished the object the Committee had in view, and they meet a demand for a long time urgently felt, but hitherto only imperfectly satisfied. The accommodation provided, and the arrangements made for the relaxation and comfort of the attendants, are now quite equal to what persons in the same position obtain in other public institutions, and there is no doubt these advantages will greatly contribute towards inducing a higher grade of applicants to embrace this calling, and will enable the institution to retain their services."

Yes, that is the whole secret. Medical superintendents are chiefly to blame for most of the difficulties connected with attendants. They have not acted as the advocates of the attendants, they have not pushed their claims for more consideration and more liberal treatment, but have rather kept them down socially and officially, seldom failing to report what an unsatisfactory class of people they are. Had medical superintendents acted differently towards attendants, had they studied their comfort, interests, and well-being generally, the difficulties now complained of would have mostly disappeared by this time. It is full of hope to find that in some asylums much is being done to ameliorate the lot of this hitherto much abused, shamefully over-worked, and disgracefully under-paid class of persons.

It is with much satisfaction that we reproduce the following paragraphs from the Report of the Committee of the Hanwell Asylum:—

"The Committee observe with pleasure that year by year there appears to be a growing inclination on the part of the attendants (manifested by the diminishing frequency of breaches of discipline and of resignations) to regard their employment in the light rather of a permanent vocation than as a temporary *modus vivendi*. Liberal wages and attention to their comforts and recreation have probably

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much to do with this, but it should be added that of late years the class of candidates for the post of attendants has greatly improved, and that the inducement of becoming in due course eligible for superannuation allowance has operated most strongly in retaining the services of experienced and consequently valuable servants."

Again referring to attendants, the Committee say :—

"Amongst much that is necessarily painful in an asylum, one of the pleasantest features in going round the wards is to observe the good understanding and the strong personal attachment which exist between many a patient and many an attendant. This forms one of the few returns that an attendant receives for years of anxious, disagreeable, and harassing work."

We were gratified to find not long since, while visiting the Morpeth County Asylum, that the Medical Superintendent, Dr. MacDowall, had recently adopted a course in regard to his attendants calculated to increase their comfort. He refers to this in the following remarks in his report to the Committee:—

"On several previous occasions I have brought under your notice the hardships of an attendant's life, the long hours, the harassing nature of the work, the small pay, especially for married men, and the insufficiency of leave. I am glad to say that by making the necessary arrangements, it has been possible to allow every attendant and nurse to be relieved from duty after 5.30 p.m. once every week. This is in addition to leave previously enjoyed. Although apparently a small boon, it has been much appreciated, and is one step in the direction I have often urged as constituting one of the pressing reforms required in public asylums."

We commend the following observations of the long-experienced Superintendent of the Cornwall County Asylum, although we should doubt the necessity of rejecting the application of a good attendant because one of his ancestors had had an attack of insanity:—

"The inducements hitherto offered to attendants in this asylum have clearly not been in excess of the requirements. The duties are irksome, trying, disagreeable, and often dangerous. Constant association with the insane has certainly a deteriorating influence, and promotion to the higher posts is necessarily often slow. I am, therefore, pleased when promotions to more lucrative posts in other

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institutions take place from this, for though I think many changes in an asylum staff bad and dangerous, yet too stagnant a staff prevents progression. To secure the best treatment in a large asylum, one should have a staff composed of very varied qualities—the grave and cautious, the resolute and gay, the thinker, the worker, and the person who delights in amusement, as well as the strong and swift. All should, however, be healthy and free from hereditary tendency to insanity, and a medical examination should be required on admission to the service."

In conclusion, we invite communications from the members of the Association on the best means of promoting the well-being without lessening the efficiency of asylum attendants, convinced that there is no subject connected with our institutions of greater practical importance.

PART II.—REVIEWS.

Hypnotisme en Suggestie en hunne Therapeutische beteekenis. Dr. B. H. Stephan. Amsterdam, 1888.

Dr. Stephan's publication is more a critical review of the past history and present aspect of Hypnotism than a contribution to the study of its phenomena. The Pythian oracles at Delphi, the supernatural influence exerted by the Brahmins and Buddhists, and the magic and faith cures of the middle ages are all attributed to a hypnotic or suggestive influence. Hypnotism is therefore in no sense of the word a latter day discovery, nor is the controversy as to its *bonâ fides* or its therapeutic signification at all novel. Mesmer's career is dealt with particularly, and the influence of de Puységur, in propagating the doctrines of clairvoyance, remarked. With the unfavourable report of the Commission appointed in Paris, in 1784, to investigate Mesmer's method of treatment, Mesmerism and Somnambulism lapsed into oblivion, and it was not until 1840 that Braid, of Manchester, resuscitated this defunct science. He, however, placed the question on a fresh footing, that of scientific observation and experimental investigation, and he must be regarded as the veritable founder of our present knowledge; it was he who originated the term "Hypnotism," and who first demonstrated the fact, one of great importance, since by it Hypnotism was for

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