single case of fracture—I repeat, not a *single case* in a general paralytic.*

I must end here. I trust you will come to the conclusion with me that general paralysis does not in itself entail any increased fragility of the bones and that osteo-malakia when present is a purely accidental phenomenon, the result of other causes.†

Some Points in Irish Lunacy Law.‡ By CONOLLY NORMAN, F.R.C.S.I., Medical Superintendent of the Monaghan District Asylum.

At a period like the present, when lunacy legislation is attracting much attention, it is interesting to note the various peculiarities of the law as it now exists in various countries. I have no doubt that most of those who listen to me have seen the Blue Book which the Government caused to be published giving some account of the laws dealing with lunatics in several lands, but many who have not practised in Ireland are unacquainted with the very

* I subjoin for comparison the following list of fractures, the only ones I have observed since 1879:—

P—, an epileptic, fall, during a fit, on the pavement of the court yard; fracture of the forearm.

F—, maniacal, discharged cured; attempt to jump over a bench; fracture of the clavicle.

C—, the subject of melancholia; discharged cured; attempt to climb a railing; sprain of foot, and fracture of the internal malleolus.

R—, the subject of apoplectic dementia; æt., 65; fall out of arm-chair on to the floor of room; fracture of the neck of the femur.

S—, folie circulaire; fall in his room during the period of excitement; fracture of the clavicle.

Lastly, at the very moment at which I am writing this, I have under observation a maniacal patient, the subject for more than five years of locomotor ataxy. During a struggle with another patient, he was thrown down and his leg fractured. This accident happened on the 15th of June. To-day, the 10th of August, the patient has left the surgical wards, and has again come under my care, the fracture completely united.

† At the conclusion of my discourse I was fortunate enough to hear M. Ingels, of Ghent, who stated that his personal experience confirmed on all points the views just enunciated by me—that for more than 25 years during which he had had supreme charge of the Guislain Asylum he had seen very few fractures, and these scarcely ever affecting general paralytics. I attach great importance to the opinion of so experienced a physician.

M. Morel, who for 17 years has been physician to the female insane asylum at Ghent, has been so kind as to write me that during these 17 years he has not met with a single case of fractured ribs, and but three or four other fractures, of which one happened to an insane ataxic patient.

‡ Read at the Quarterly Meeting of the Medico-Psychological Association, held at Bethlem Hospital, November 17th, 1885.

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remarkable features which the lunacy law of that part of Her Majesty's dominions presents. It is true that geographical proximity, or even membership of the same kingdom, does not always connote similarity in social conditions; and the social conditions of any country are as important an element in legislation for the insane as for the sane. Nevertheless even from Ireland instruction may sometimes be obtained, though perhaps some will say that that land more often affords examples for avoidance than for imitation.

I cannot pretend to any originality in the remarks that follow, and the facts I mention will be already familiar to those who have practised in lunacy in Ireland. My observations refer almost exclusively to that branch of the law which deals with pauper lunatics.

The statute under which patients are most commonly admitted to Irish pauper lunatic asylums is the Act 30-31 Vict., cap. 118. The title of this Act declares it to be "An Act to provide for the Appointment of the Officers and Servants of District Lunatic Asylums in Ireland, and to Alter and Amend the Law relating to the Custody of Dangerous Lunatics and Dangerous Idiots in Ireland." In the preamble reference is made to former Acts which required amendment, of which the most recent was the statute 8 and 9 Vict., cap. 107 ("An Act for the Establishment of a Central Asylum for Insane Persons charged with Offences in Ireland; and to amend the Act relating to the Prevention of Offences by Insane Persons," &c.)

These titles at once suggest that the primary object of legislation is the safe custody of individuals whose insanity made them dangerous to society, and not the cure or tendance of the insane. It is abundantly evident that such was the feeling in the minds of those who framed the Acts, as the sequel will show.

The tenth section of the Act 30-31 Vict., cap. 118, runs as follows:—

> 10. From and after the First Day of *January* One thousand eight hundred and sixty-eight whenever any Person shall be brought before any Two Justices of any County, County of a City, County of a Town, City or Town, and it shall be proved to their Satisfaction that such Person was discovered and apprehended under Circumstances denoting a Derangement of Mind, and a Purpose of committing some Crime for which, if committed, such Person would be liable to be indicted, the said Justices shall call to their Assistance the Medical Officer, or, if there be more than One, the nearest available Medical

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Officer of the Dispensary District in which they shall be at the Time, and if there shall not be any such Medical Officer available, then the nearest available Medical Officer of any neighbouring Dispensary District, who shall examine such Person without Fee or Reward; and if such Medical Officer shall certify that such Person is a dangerous Lunatic or a dangerous Idiot, it shall be lawful for the said Justices, by Warrant under their Hands and Seals, to direct that such Person shall be taken to the Lunatic Asylum established either wholly or in part for the County, County of a City, or County of a Town in which he shall have been apprehended; and every such Person shall remain under Confinement in such Asylum, and be there maintained, in like Manner and subject to the same Conditions as if such Person had been removed from any Gaol to such Asylum by virtue of the Warrant of the Lord Lieutenant under the Provisions of the recited Act of the First Year of Her present Majesty, Chapter Twenty-seven: Provided always, that nothing herein contained shall be construed to restrain or prevent any Relation or Friend from taking such Person under his own Care and Protection if he shall enter into sufficient Recognizance for his or her peaceable Behaviour or safe Custody before Two Justices of the Peace, or the Chairman of the Court of Quarter Sessions of the County in which such Person shall be confined, or One of the Judges of Her Majesty's Superior Courts at *Dublin*.

The first part of this section is merely a modification of the older laws, giving the justices the power of committing a dangerous lunatic or dangerous idiot to gaol, "there to be kept in strict custody." At the time when there were no lunatic asylums in the country it was, doubtless, absolutely necessary to send unmanageable lunatics to gaols. When the Act before us was passed (1867) it became illegal to send lunatics to gaol as such (section 9). Unfortunately no other means of dealing with the necessities of the case appear to have occurred to the framers of this Act than simply to adopt the old mode of procedure so far as to direct that lunatics be sent to asylums instead of prisons, altering nothing but the destination of the lunatic. The old way of disposing of a troublesome lunatic had been found in practice ready and expeditious, and its calamitous influence on the insane, if it was ever observed, was confounded with the effects of the still more objectionable incarceration which followed. Besides, when people were to be imprisoned in a common gaol it seemed only right that they should have at least a form of trial, however summary.

As the law now stands we find that the great bulk of the patients received into an Irish asylum (in some districts

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all) go through the following process: They are first apprehended by a couple of policemen. They are then brought either to the Petty Sessions Court, if it happens to be sitting at the time, or frequently to the residence of a magistrate, or perhaps most commonly to the police barracks, where two magistrates have been hastily summoned. Then a deposition is sworn, generally by a near relative of the lunatic, setting forth what acts he has been guilty of, denoting a derangement of mind and a purpose of committing an indictable offence. The medical officer of the dispensary district (who answers to the English parish doctor) examines and certifies. The magistrates issue a warrant ordering the patient's admission to the asylum, where he is then conveyed by two policemen. To those who are not familiar with these functionaries it may be mentioned that policemen in Ireland usually go about fully armed, and are more like riflemen than English constables. It often happens when two magistrates are not at once procurable, or when the distance to the asylum is great, that the patient is kept overnight in the police barracks.

It does not need to be pointed out how injurious to the unfortunate lunatic all this show of force and parade of legal terrors may be, nor how it must hurt his feelings if they are not entirely blunted by disease. These faults lie, as it were, on the surface, but the system has the radical fault of confounding lunacy and crime, though the tendency of all other modern legislation is to distinguish between the criminal and the lunatic. It is not a metaphysical subtilty to say that in many cases an unhappy lunatic is sworn to have exhibited derangement of mind and a purpose of committing an indictable offence, when in truth his derangement of mind was such that he acted quite without any purpose. Insanity, taking any form except that of complete dementia, may manifest itself by an apparent purpose of committing an indictable offence of some sort, and instead of providing a pardon for acts done or purposed to be done under the influence of insanity, the statute we are considering constitutes a new crime, that of being a "dangerous lunatic."

Magistrates take very various views of their duties and responsibilities under the provisions of this Act. I have known magistrates refuse to commit in cases where most medical men, and certainly any specialist, would unhesitatingly have borne testimony to the danger that would follow

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if the patient remained at large—for example, cases in which assaults had been committed prompted by auditory hallucinations. But in the generality of cases the magistrates are very easily satisfied. It is recognised that the procedure under this Act gives a ready means of sending a lunatic to an asylum, and accordingly arrest, deposition and committal are looked on as simply the usual and proper steps in the process of sending an insane man or woman to a place where he or she will be safe and will be kindly treated. It is a curious preliminary for a course of non-restraint; but such it generally is. Of course the real object of any magisterial inquiry there may be is to discover first of all whether the individual apprehended is insane, and most magistrates are content if this point seems evident; but the form gone through makes the purpose of committing an offence appear the most essential part of the prisoner's crime. Herein the Irish proceedings differ entirely from those of some other countries, the State of Illinois for example, where trial by jury precedes the confinement of any patient in an asylum. There is a superficial resemblance, and in both cases, as most people in England will think, there is too much publicity, and too much show of legal intervention. But in Illinois it would appear that the plain issue of the patient's sanity or insanity is the only point left to the jury.

When the two questions are raised of insanity on the one hand, and violence, &c., on the other, we might expect to find much more stress laid on violence than on insanity, as the former is so much more easy to definitely prove than the latter. Accordingly it is the commonest thing in the world to read a committal warrant, in which some such statement occurs as this: "A. B. was arrested under circumstances denoting derangement of mind and a purpose of committing an indictable offence, viz., he threatened to beat his wife, and said he would take the life of his mother-in-law." I have no doubt in such a case the magistrates are perfectly convinced that A. B. *is* insane. They have, however, the same difficulty in stating *why* they have come to this conclusion which is generally experienced by those not accustomed to analysing the symptoms of insanity. It is true that before committing an individual they must "see" him, "examine" him and be "satisfied that" he "is a dangerous lunatic," (such is the language of the warrant), but they are not bound to give any reasons for the decision

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at which they arrive further than those mentioned in the deposition. The deposition is often, if possible, even more trivial and irrelevant than that which I have described.

With reference to the medical certificate, all that the Act requires is that the doctor shall certify that the person apprehended is a dangerous lunatic or idiot; but in the forms attached to the warrant there is appended to the medical certificate a "statement of particulars of case" which is also signed and certified by the medical man. The meagreness of the information conveyed by this statement is a frequent source of complaint among superintendents, who receive no help from a brief recapitulation of the facts mentioned in the deposition. There are six columns in the statement: (1) Species of Insanity; (2) Probable Cause of Derangement; (3) Prominent Symptoms; (4) Whether Affected with Bodily Disease; (5) Whether Idiotic or Epileptic; (6) Facts Indicating that the Patient is a Dangerous Lunatic or Idiot. In my experience the column for Prominent Symptoms is most commonly filled up in one word, thus, "Violence," and the column for Facts Indicating that the Patient is a Dangerous Lunatic thus, "Has committed assaults." The bias of the constable, which characterizes the whole business, affects even the doctor. It is the rarest thing possible to obtain from any portion of these warrants and forms any information, unless that of an attempt at suicide, which can be of the slightest value in endeavouring to form an idea of the case.

It is to be observed that the facts indicating insanity are not necessarily facts observed by the medical man. The distinction existing under the English Lunacy Law between facts which one has one's self observed and facts reported by others is ignored, and consequently the "facts" in the Irish certificate are mostly quite worthless, even if they are given in any detail.

As might be expected, where no classificatory or other hint is given, and the matter is merely left to the taste and fancy of the certifying medical man, the column for form of insanity is valueless. I have frequently seen certificates in which the form of insanity is stated to be "Idiocy," though the duration of illness, as stated in another portion of the form by the patient's son or other relative, may not exceed a week. In short, since the medical man is not required to say on what grounds he has formed his opinion of the patient's insanity, the whole statement of particulars is

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needless, and appears to be regarded by the signatory as a mere idle form. The Act, as above-mentioned, absolutely requires only a certificate that the person is a dangerous lunatic or idiot.

The concluding portion of the section with which we have dealt contains a very remarkable provision, whereby any relation or friend of an individual committed to an asylum as a dangerous lunatic or idiot has the power to take such person under his own care on giving bail for the patient's peaceable behaviour or safe custody. This passage is very much on a par with the rest of the section in its mode of regarding the lunatic. If the person committed to a lunatic asylum is an ordinary criminal, the fact that his friends give bail for him may well prevent a repetition of his offence, but it is an amusing puzzle to try and understand the point of view from which those law-givers looked at insanity who could fancy that any amount of recognizances of relatives or friends would be to a homicidal or suicidal lunatic an adequate deterrent from acts arising out of his unhappy mental condition. It may be said that the person entering into recognizances is responsible, and that it will be his decided interest to restrain the individual for whom he has gone bail. But if it was necessary to remove a lunatic from his home and commit him to an asylum with all the legal formality that has been described, this in itself is surely a sufficient proof that his relatives and friends have felt themselves unable to restrain him.

It is a curious fact that the law does not require that the person who has sworn the deposition in reference to the lunatic should be the bailsman, nor the lunatic's nearest relative, nor his legal guardian, but merely says "any relation or friend." In fact, anybody may remove a dangerous lunatic from an asylum on giving bail.

The amount of bail is not fixed, and therefore rests with the discretion of the magistrates.

Very untoward consequences have occasionally resulted from the action of this law, and seeing the kind of patients frequently discharged under its provisions, one can only wonder that disasters are not more common.

Happily the very summary mode of committing a patient assists in the prevention of mishaps. Patients are often removed on bail and recommitted as dangerous lunatics within a very short period. I presume the recognizances of the bailsman could be forfeited in such a case, but I have never

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known this to be done. No doubt the magistrates are unwilling to put any obstacles in the way of the speedy readmission of patients believed to be dangerous.

What change, then, is suggested to remedy this unfortunate condition of affairs?

Should legislation in lunacy not take a form that will assimilate the rules as to admission, &c., in the three kingdoms, still an improvement in the Irish law would be peculiarly easy. For there is another method of admission of pauper patients—unhappily little used—which could be readily modified in such a way as to do away with any necessity, or supposed necessity, for the Act 30 and 31 Vict., cap. 118, and to simplify legislation considerably. I refer to the procedure under the provisions of Nos. XI., XV., and XVI. of the "General Rules and Regulations for the Management of District Lunatic Asylums in Ireland," issued by the Lord Lieutenant and Privy Council. These Rules have in Ireland the force of statute. They provide that a lunatic may be admitted on the authority of the Board of Governors when an application shall have been duly made for his admission in accordance with the prescribed form. The form includes a stamped declaration made before a magistrate, to the effect that the individual to be admitted is insane and destitute, together with a certificate signed by a magistrate and clergyman, or poor law guardian, stating that they have inquired into the individual's case, and that they believe him to be a lunatic in destitute circumstances. A medical certificate is also required stating that the individual is insane, and that, "from the nature of his malady, he is a fit subject for speedy admission into the district asylum." Appended to these is an "engagement to remove" (the lunatic) "to be entered into by the applicant for the lunatic's admission;" a very useful instrument, whereby the applicant binds himself to remove the patient whenever the Inspectors of Lunatic Asylums or the Board of Governors shall call upon him to do so. To avoid delay, the Governors only meeting once a month, the resident physician has power to admit at once should he deem the case urgent, reporting to the Governors subsequently and obtaining their sanction.

It appears to have been the intention of the persons who suggested these rules that the mode by application to the Board of Governors should be the ordinary way of admission. Unfortunately, permissive regulations were not sufficiently strong in face of the fatal facilities afforded by the Act 30

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and 31 Vict., cap. 118. Besides, admission is compulsory under the provisions of that statute, whereas when an asylum has attained its full limit of numbers, the Governors properly refuse to entertain applications for further admissions. Accordingly, the great bulk of our patients come to us as "dangerous lunatics."

The procedure by means of application to the Board of Governors for admission—so far as circumstances have permitted it to operate at all—has worked perfectly well. It fails in not providing an absolute authority for immediate admission of dangerous cases. I would suggest that the magistrate who signs the certificate endorsing the statement of the applicant should have it in his power to order the superintendent of the asylum to admit the patient, and retain him till the application shall have been laid before the Governors. The magistrate might be empowered to administer an oath to the applicant, and also to the certifying physician; these powers not to be exercised unless in case where the patient is affirmed to have shown tendencies decidedly dangerous to himself or others. At present the magistrate witnessing the declaration may be the same magistrate who certifies that he believes the declaration is true. It might, perhaps, be well that this were altered, or that, in cases where a magisterial order is necessary, this order should be signed by two magistrates. So far from permitting dangerous lunatics (and dangerous lunatics only) to be removed on bail, as the present law does, an amended enactment might, perhaps, allow the removal of any lunatic who had not been admitted on a special magistrate's order as dangerous, in case his relatives or guardian became responsible for his safe keeping. (Of course, discharges under such circumstances occur constantly now). On the other hand, in case of patients admitted on order as dangerous, the order being afterwards confirmed by the Board of Governors, it would, I apprehend, be no injustice to enact that such patients be not discharged uncured, except for the purpose of transfer to another asylum, unless the Board of Governors are satisfied that they have ceased to be dangerous.

The tenth section of 30 and 31 Vict., cap. 118, could be repealed by the same statute that would amend the present regulation in reference to applications.

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