My principal reason in bringing this case before the Association is not so much on account of the comparative rarity of the lesion, as on account of its further example of a case in which the patient survived for a lengthened period after rupture of the heart had undoubtedly taken place.

OCCASIONAL NOTES OF THE QUARTER.

*Report on Irish Lunacy Legislation.**

This Report (for we take two Reports as practically one), signed by Sir Arthur Mitchell, Mr. R. W. A. Holmes, and Dr. F. F. MacCabe, is one of very exceptional interest. The time had come when it was the duty of the Lord Lieutenant to grasp the situation in Ireland in regard to the lunatic asylums and to obtain the best authoritative advice as to their condition and the reforms necessary to render them a credit to the Lunacy Department of that country.

The points of inquiry embraced are—the questions whether the inspection of the institutions is adequate to their requirements; whether the powers of the lunacy inspectors ought to be transferred to the Local Government Board; whether, if so, the work of inspection should be distributed among the general medical inspectors of the Board, or whether it should be assigned to inspectors with no other duties; and whether any other amendments of the Irish Lunacy Laws are desirable.

A l'outrance, the members of this Commission unhesitatingly report that fresh legislation is "beyond question necessary." Codification of the lunacy statutes is required. Far beyond this, however, it is requisite that existing provisions should in some instances be abolished, and others should be introduced. At the bottom of the difficulties by which the provision for the insane and their treatment are provided for, is the fact that the early Lunacy Laws, still in force, precede the Poor Law Acts, differing in this from the order of legislation in England and Scotland. It appears to be due to this, that the poor rate in Ireland does not embrace the necessities of the insane poor. Their maintenance comes out of the county cess, the local tax in operation when the lunacy

* First and Second Reports of the Committee appointed by the Lord Lieutenant of Ireland on Lunacy Administration (Ireland), 1891. Edinburgh, 1891.

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laws were placed on the statute book. Hence, technically speaking, there are no *pauper lunatics* in Ireland. It is true that many are in workhouses supported out of the poor rate, but they are not registered lunatics.

The opinion is expressed that although the transference of the powers of the lunacy inspectors to the Local Government Board would be an improvement, *the creation of a separate lunacy department is that which is really necessary.* We should have deeply regretted, had anything short of this fundamental change been recommended. The transference might, indeed, have been an improvement on the present muddle, but it would have been infinitely worse than the system which obtains in Great Britain. An uncertain sound on this most important preliminary question would have gone far to render the report before us nugatory. That this recommendation will be ultimately adopted we cannot for a moment doubt.

It is very properly pointed out that the duties of inspection are not restricted to the class of patients paid for by the State, but extend over the insane of the middle and higher classes. It would be a waste of time to give reasons why there is no valid argument against this course on the ground that there would be an overlapping and consequent friction between the two separate jurisdictions. Whether there might not be a saving of expense is another question, but granting that such would be the case, the argument must be unhesitatingly dismissed if, as we maintain, the present unsatisfactory condition of Irish asylums calls loudly for the creation of a separate lunacy department. It is proposed, however, in view of the time that must elapse before legislation can effect this desirable change, or even the transference to the Local Government Board, were that desirable, to revive, as a temporary expedient, the Board of Control and Correspondence, the provision for which is, it appears, still in force under the Statute 57 Geo. III., cap. 106.

It is stated that this Board of Control did not originally concern themselves about the *management* of asylums, but only in the erection of buildings, etc. The function which was not exercised by this Board was undertaken by two medical inspectors of lunatics, added to it about 1860. The revival (without a separate Act of Parliament) of a modified and strengthened Board of Control is therefore recommended, but only as a makeshift till the entirely separate Lunacy Board is created.

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It is not necessary for us to enter into many details included in the report before us—details referring to workhouses, some of which might be converted into provincial asylums, and to the transference of pauper lunatics from workhouses to private dwellings. We may, however, state that the recommendations of the Committee include the following points:—

It is proposed that the Board should consist of seven members, or if that number is considered too large, five; two of the members to be medical men, the present inspectors of lunatics being appointed. The other members are to be unpaid and not medical.

When this Board is created the code of law under which the Privy Council and the Board of Control intervene in the formation of districts, the building of asylums, the purchase of sites, and the control and the direction of asylums would be repealed.

The authors of these reports naturally indicate as a guide the way in which the Scotch Board of Lunacy proceeds. It is, however, pointed out that it would not be desirable to adopt all the provisions of the Scotch law.

It is recommended that power should be given for the erection of a succursal asylum by any district or combination of districts, these asylums to be cheaply built and adapted to the wants of the incurable and tranquil class of patients. As there would be a danger of unsuitable cases being admitted, no application for a reception order ought to be made without the sanction of the General Board, this approval being submitted to the magistrate with the usual statutory form required on admission. It appears that an Act of Parliament already provided for this (8-9 Vic., cap. 107, sec. 15, 1845), but it was never carried into practice. The adoption of this course is calculated to make the district asylums assume more of an hospital character, fitted for the curable class.

We have already referred to workhouses. It is recommended that the Board of Governors of any district asylum should be permitted to purchase an unoccupied workhouse and use it for lunatics not requiring medical treatment and not dangerous. They would stand on the same footing as the succursal asylum above mentioned.

The utilization of portions of occupied workhouses is also recognized as possible, but not strongly recommended. Such licensed lunatic wards must be subject to the same

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rules as to inspection, admission, etc., as are district, succursal, and private asylums.

We regret, but are not surprised to find, that the condition of the great mass of lunatics in Irish workhouses "is highly unsatisfactory." Most of them, it must be noted, "are not allowed to discharge themselves, or to quit the workhouse as the ordinary inmates are allowed to do," and this without legal authority. It is very properly recommended by this report that it should be made illegal to keep insane persons in any workhouse which does not possess wards licensed for their reception. It is shown, as pointed out, that "the retention of lunatics, transferred to workhouses, on the asylum books is an evasive way of obtaining participation in the Government grant towards the maintenance of the insane poor." Altogether the present condition of things creates surprise that it should have been so long permitted.

It was to be expected that this report should contain strong recommendations in regard to the insane who do not require confinement in asylums and can be provided for elsewhere. We have no means of knowing how far the boarding-out system will be likely to answer as in Scotland.

A distinction is very properly made between private lunatics and lunatics under private care, maintained out of the rates, whether residing with relatives or strangers. The former class do not need to be brought under the supervision of the General Board unless they are kept for profit, or whether kept for profit or not, have been insane for upwards of a year, and are subjected to compulsory confinement, restraint, cruel treatment, or gross neglect. The latter class (the insane poor in private dwellings) must be brought under such supervision.

Private patients, even if kept for profit, should not come under the Board's jurisdiction if a medical man certifies that it is desirable to place him temporarily in a specified house. Certainly this portion of Scotch law is a very remarkable one, and we should like to see it extended not only to Ireland, but to England. This, however, is a hopeless wish, being altogether opposed to the recent mischievous restrictive legislation under which we labour. The report before us has the courage to propose that this temporary residence, free from the control of the Board, should be extended from six months, as in Scotland, to the whole year.

A point on which the reporters lay great stress, and very properly, is that the procedure for authorizing the admission

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and detention of lunatics should be identical for all classes —for the destitute and those in comfortable circumstances.

With regard to the introduction of the magistrate as authorizing the admission and detention of patients into asylums, the report is favourable to this course. It is recognized, however, that this can be carried out sufficiently without the cumbrous clauses which disfigure the English Act, which is a clumsy imitation of the law of Scotland. Simplicity and breadth ought to characterise fresh Irish legislation, and in these respects even the latter may be improved upon.

An urgency certificate without a magisterial order must be provided for in the contemplated Irish legislation.

The admission of voluntary patients into asylums is of course recommended, as is also permission for the manager of a licensed house to receive as a boarder any relative or friend of a patient as long as the assent of the Board is obtained. We should have thought that such assent was totally unnecessary.

In regard to dangerous lunatics and those who are neglected, the report recommends that provisions similar to those in force in England and Scotland should be carried out for the future in Ireland.

At the present time in Ireland medical superintendents are appointed by the Lord Lieutenant. We recommend that the General Board should have the power of vetoing the appointment of superintendents, however rarely it should be of exercising it. The position of the superintendent is clearly and properly laid down. The asylum having 200 patients should be provided with one resident assistant medical officer, and two or more according to the size of the institution.

Full power should be given as recommended to the General Board to send medical men to examine into and report upon patients in asylums where it appears to be desirable.

Access to patients should not be discouraged, although the medical superintendent should be empowered to refuse such visits, his reason being forwarded to the General Board.

On the irritating question of what letters are to be sent and what are to be detained by the superintendent, it is recommended that he should exercise his discretion unless the letters are addressed to certain official persons enumerated.

As to restraint and seclusion, the recommendation is delightfully simple and elastic—the General Board "should be empowered to do what seems to be desirable."

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