fail. A medical County Councillor, who listened to the discourse, informed us that he was thankful to the President for observations which are by no means calculated to encourage the crude notions and wild hopes recently created, and still current, in regard to the brilliant results likely to be obtained by the treatment of the insane in a sort of general hospital, having the benefit of the services of non-alienist physicians, including gynæcologists, some of whom are in danger of doing more harm than good by forgetting, as Wilson Fox once said, that "woman is not all womb." What Dr. Newington proposes is altogether different, namely, an auxiliary institution in the neighbourhood of our large asylums, but not within sight, in which curable cases should be treated for a limited period. The establishment of curable and incurable asylums is, of course, nothing new, and in Germany has been adopted with doubtful success; but the plan, as proposed by Dr. Newington, is worked out in a more definite and detailed manner than has hitherto been elaborated.

The New Lunacy Act.

The Lunacy Acts Amendment Bill, the passing of which even this year was at one time doubtful, received the Royal assent at the close of the Session, and became an Act of Parliament—to come into force May, 1890—which for good or for evil, probably both, will undoubtedly have far-reaching effects. The reference of the Bill to the Standing Committee on Law was the means of securing a calmer consideration of certain objectionable features, with the result that in some instances they were somewhat modified or entirely withdrawn. The essential principle of the Bill remained, however, unchanged. The most important concession had reference to the monstrous restrictions placed upon the admission of Single Patients into the houses of medical men, these restrictions being removed. The Medico-Psychological Association has, through its Parliamentary Committee, opposed from first to last the clause introducing these restrictions, which originally went so far as to forbid medical men to have insane patients of any description whatever in their houses. It remains to be seen how far medical men will avail themselves of the permission to have two patients in the house subject to the sanction of the Commissioners in Lunacy. As there are to be no fresh licenses for Private Asylums granted, there may in the future

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be a notable increase in the number of single and, as we must now say, double, patients. In fact, there may be "more than one other." It is not a little amusing, and is surely the very irony of fate, that a Bill brought in with the avowed purpose of abolishing Private Asylums should deliberately introduce a clause, at the last moment, and under no pressure whatever from without, which restores Private Asylums to all intents and purposes, without a license, and, more important still, without the supervisory visitation required in the case of Licensed Houses. As we give in this number of the Journal an elaborate analysis of the new Act, it is unnecessary to do more than enumerate a few of its most important provisions.

A private patient is not to be confined as a lunatic without the sanction of a County Court Judge, Stipendiary Magistrate, or Justice specially appointed to grant an order. This order is obtained on petition from a relation of the alleged lunatic, accompanied by two medical certificates. If one of the above legal functionaries is satisfied, the order will be issued forthwith, but if not, he must appoint a time, not more than seven days after the presentation of the petition, for further consideration thereof. He may visit the alleged lunatic. He will have the same powers as regards summoning witnesses, etc., as if acting in the exercise of his ordinary jurisdiction. The petition is to be considered in private, and no one except the petitioner and alleged lunatic can be present without the order or permission of the judge, magistrate, or justice. These functionaries and those present are bound to keep secret all matters and documents which may come to their knowledge.

The clause relative to an urgency order enacts that a patient may be received into an asylum or as a single patient upon an order made by a relative of the alleged lunatic, accompanied by the certificate of one medical man who has examined the patient not more than two clear days previously to his admission. This order remains in force seven days.

If a magistrate has not personally examined the patient, then within 24 hours after admission, the person having charge of him must acquaint him in writing that he has a right to be examined by a magistrate other than the one who made the order, unless such person in charge states to the Lunacy Commissioners that it would be prejudicial to the patient. There will be very few instances in which it would not be prejudicial to the patient, but whether the person in charge will incur the invidious responsibility of coming between the magistrate and the patient's rights is very doubtful. It is an unfortunate provision, but is in keeping with many other objectionable

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clauses which will seriously interfere with the sequestration of the patient when he requires rest and treatment.

The appointment of justices to make orders for the reception of lunatics is an important feature of the Act. These are to be appointed out of their own body and will exercise their powers for the ensuing year.

The protection of persons signing and carrying out orders, reports, and certificates is as great as could fairly be expected.

It is an obvious gain to have had it enacted that such persons shall not be liable to any civil or criminal proceedings, whether on the ground of want of jurisdiction, or on any other ground, if such persons have acted in good faith and with reasonable care.

In case an action is brought against such persons or person, such action may, upon summary application to the High Court of Justice or a Judge thereof, be stayed upon such terms as to costs and otherwise as they may think fit, provided they are satisfied there is no reasonable ground for alleging want of good faith or reasonable care.

There is no doubt that this Act will entail a considerable increase in the amount of work performed by the superintendent of asylums and the medical attendant of single patients. Thus, at the expiration of one month after the reception of a private patient, he will have to prepare and send to the Commissioners a report of such patient's mental and bodily condition, and in the case of houses licensed by justices, he will have to send a copy of this report to the Clerk of the Visitors of licensed houses in the county. Again, any reception order, whether relating to a pauper or private patient, will expire (subject to the opinion of the person in charge) at the end of one year from its date. Thereafter, if the superintendent or medical attendant certifies that the patient is still of unsound mind, his certificate remains in force for two years, and thereafter for three years, and subsequently for successive periods of five years. A superintendent will have to remember that if he detains a patient after he knows the order for reception has expired, he will be guilty of a misdemeanour.

Of the more important provisions of the Act, is one of more than doubtful wisdom, that, namely, which enacts that any person, whether a relative or not, may obtain from the Commissioners an order for the examination by two medical practitioners of any patient in an asylum or detained as a single patient. If they certify after two separate examinations with an interval of seven days between them, that he

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may without risk or injury to himself or to the public be discharged, the Commissioners may order him to be discharged at the end of ten days from the date of the order. We can only hope that the reference to the Commissioners and the latitude allowed them in taking action may lessen the evil likely to be done by this clause. It is noteworthy that the discharge does not depend upon whether the patient has recovered, but upon whether he may be safely set at liberty in regard to others and himself.

Let it not escape observation that for the first time in the history of lunacy, mechanical restraint has been formally recognized by an Act of Parliament. The medical superintendents of asylums will now have legal authority for applying "*instruments and appliances*" in the treatment of patients without the doubts and misgivings they have long suffered from as to whether mechanical restraint is or is not a legitimate form of treatment. The question is now decided in the affirmative by the highest authority. A full record of every case is, of course, to be kept. Dr. Robertson, of Glasgow, has, in this Journal, commented on the painful astonishment which would have been experienced if on the occasion of the presentation of the bust of Conolly to the College of Physicians, it could have been foreseen that further experience would favour a return to a moderate use of restraint. How much greater would have been the shock if it could have been revealed to those who took part in the ceremony, that in 1889 an Act of Parliament would, at the instance of the Lord Chancellor, endorse, by legislating for, the resort to "the instruments and appliances" of mechanical restraint. To what extent this authorization of their employment will lead to their abuse, remains to be seen. Much irritation has been caused by those clauses of the Act which have reference to the letters written by patients and the notices required to be posted up in every asylum as to their rights. The former clause enacts that an asylum-superintendent and the person having charge of a single patient shall forward unopened all letters written to the Lord Chancellor, any Judge in Lunacy, a Secretary of State, a Lunacy Commissioner, the person on whose petition the order of reception was made, the person who made such order, and any visitor of the asylum, in which the patient may be. Other letters are to be forwarded at the "discretion" of the superintendent. It is not stated what he is to do with the letters which he holds back.

The clause which enacts that notices informing patients

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of certain rights to which they are entitled shall be posted up in asylums receiving private patients, "so that every private patient may be able to see the same," was deleted in the Standing Committee, but restored by a large majority in the House, with, however, the neutralizing proviso that this shall be done "whenever the Commissioners in Lunacy shall so direct." The impotence of this clause is apparent when it is well known that the Commissioners do not think any such proceeding in asylums called for.

The power to deal with property of small amount is one of the good features of the Act (see Sec. 54).

So is, also, the provision for the commitment of the estate only of an alleged lunatic who is capable of managing himself, but is incapable of managing his affairs. We sincerely trust this innovation will be found to be a very useful one.

The proprietors of existing private asylums have reason to congratulate themselves, after the jeopardy in which the original Bill placed them, that they are not only left in undisturbed possession of their rights, but may have their licenses renewed to "their successors in business from time to time." No new license will be granted and no house can be licensed for a greater number of patients.

After this Act comes into operation, private patients may be received into county asylums upon such terms as the Visitors may think fit. Power is given to the Committee of Visitors of an asylum to make alterations and additions required for the accommodation of private patients—subject to the approval of a Secretary of State. Private patients may be provided with a distinct separate asylum. Asylums may be provided for idiots also. Licensed houses may be purchased, and placed under local authority.

The power to amalgamate the two lunacy departments will, we presume, be carried into effect before long.

Everyone who has the interests of the insane at heart must hope that the Act, the more important provisions of which we have briefly indicated, will prove a protection and lasting advantage to them, and that the prophecy of the late Earl of Shaftesbury as to its injurious effects will not be fulfilled. A few years' experience of the Act will determine whether the balance of results is good or bad.

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