sanest variety—paranoia, epilepsy and the mental states associated with coarse brain-disease, the outcome of senility, arterial disease and syphilis.

True psychoses such as mania and melancholia and syndromes resulting in early dementia are definitely associated with physical degeneracy. Although heredity is a strong ætiological factor, probably all the conditions that lead to physical degeneracy lead also to lunacy, imbecility, feeble-mindedness, inebriety, and criminality.

I am indebted to Dr. Lord, Superintendent of Horton Asylum, for the facilities he gave me in acquiring the above data, and for his supervision and assistance.

On the Certification of Mental Defectives as proposed by the Royal Commission. By H. B. DONKIN, M.D.

THE recent Royal Commission on the Care and Control of the Feeble Minded was occupied with two main subjects of inquiry. *First*, the existing methods of dealing with idiots and epileptics, and with imbecile, feeble-minded or defective persons not certified under the Lunacy Laws. *Second*, the constitution, jurisdiction and working of the Commission in Lunacy, and other Lunacy Authorities. The Commissioners were requested also to report on any amendment of the law which should appear desirable in relation to these subjects.

Out of the many and interesting matters for discussion which this Report suggests, and after rejection of certain more alluring but more contentious subjects, I have selected one of the most important questions that arise under the first of the above-mentioned headings, *viz.*, that of the control and certification of such mentally defective persons as are not now certified under the Lunacy laws, and are generally regarded and treated as "uncertifiable." I think, indeed, that this subject is perhaps the most important in all the work of the Commission, for the chief reason of this inquiry being pressed upon the Government in 1904 was the widespread conviction among experienced men and women of the multiform evils resulting to the community from insufficient provision for the control of large numbers of persons whom the Lunacy Laws fail to reach.

In setting forth this matter of the proposed certification of the "uncertifiable," I shall mostly assume, without attempting to illustrate by many examples, the necessity for the compulsory detention of many mental defectives who are now unrecognised by the Law; and also, with a few words of present comment, the need of fresh legislation in order to compass this object.

This need appears to me now to be unquestionable. But it has been argued, and perhaps it may be still held by some tenacious disputants, that the meaning of the word "lunatic," as given in the glossary in Sec. 341 of the Lunacy Act (1890), justifies the inclusion under the term "lunatic" of all persons of unsound mind *of any description*. It will of course be observed here that by these disputants the term "unsound mind" is, for the purpose of their contention, necessarily interpreted and used in the widest and most popular and wholly untechnical sense. At the outset, indeed, of the sittings of the Royal Commission, before I had given the close and critical attention to this point which the inquiry demanded, I was myself inclined to think that the term "unsound mind" might possibly be stretched to cover all the classes of mental defect which we were desirous of bringing under the operation of the law. In a series of questions—drawn up by me on behalf of the Commission—which were circulated for answer to some leading experts in lunacy, I rather inadvertently used the term "unsound mind" in the general sense. The very disappointing result was that we received crooked answers from all these experts, including one from the linguistic purist now sitting in your Presidential chair. My question was intended specially to refer to the several grades of mental defectives—mostly of the so-called "congenital" class—who are now uncertified; but the answers all referred to cases of so-called "acquired" insanity, in which certification may be difficult, or sometimes apparently impracticable. I then realised that the term "unsound mind" has a definite and technical meaning, and that my erroneous use of it had deprived me of much of the valuable information which I had sought.

It seems, therefore, clear that in the glossarial interpretation of the word "lunatic" in the Act, which reads, "Lunatic means an idiot *or* person of unsound mind," the word "*or*" is used in its *disjunctive* sense—the terms "lunatic" and "unsound mind" are not convertible—and that the term "unsound mind"

is in very deed employed to denote generally cases of so-called acquired insanity as opposed to idiocy and other grades of "congenital" mental defect. In fact, the term "lunatic" includes the two time-honoured classes, the "natural fool," and the "madman."

It is mainly to avoid this perplexing confusion that the Commission has recommended the general term "mental defect" to denote all mental cases requiring legal recognition and treatment, and proposes to abolish the technical and official use of the term "lunatic." The criticism, therefore, in the current *Quarterly Review*, that it is not practicable to remove the word "lunatic" from the English dictionary, seems to me somewhat irrelevant. It is proposed to remove it only from the *Statute Book*, on the very practical grounds above mentioned.

In proposing the various subdivisions of mental defectives which are detailed in Recommendation iv in the Commission's Report, and commented on at length in Chapter XXVIII, the Commissioners had solely in view the practical purposes of administration and certification, and in no way aimed at a natural or scientific classification of mental disorders. They deemed it necessary to make as few terminological innovations as possible, while attempting to reduce terminological inexactitudes to the practicable minimum. And especially were they desirous of altering as little as possible the procedure of the existing Lunacy Act.

(1) Therefore, in the *first* subdivision, *i.e.*, "Persons of unsound mind," this term includes most of those who are at present certified under this act, with the exception of "idiots," who come, more properly for practical purposes, in a subdivision by themselves. "Persons of unsound mind" are thus described as persons who require care and control owing to disorder of the mind, and are consequently incapable of managing themselves and their affairs. A "person of unsound mind" thus becomes the official style of the persons popularly spoken of as "lunatic" or "insane." As a matter of fact, most of such persons *are* now certified as of unsound mind on the usual forms of certificate.

(2) In the *second* subdivision, "persons mentally infirm," the Commissioners provide for that considerable class of persons who are now dealt with under Sec. 116 (*d*) of the Lunacy Act, but who are expressly excluded from the class of

“lunatics.” The current description is mostly retained, though slightly altered. It now runs as “persons who through mental infirmity arising from age, or from the decay of their faculties, are incapable of managing themselves or their affairs.” The existing proviso, “*arising from disease*,” is omitted as being unnecessary, since the definition—in subdivision (1)—of persons of “unsound mind,” in which the mental defect is referred to as due to “disorder of the mind,” already provides for such cases.

The next three subdivisions, *viz.*, idiots, imbeciles, and feeble-minded, include respectively the most salient groups of congenitally defective persons whose capacities and conduct are sufficiently distinctive to justify their separate classification for administrative purposes.

In recommending the classification and in adopting the more precise definitions of these terms—already in common use—which were given us at our request by the Royal College of Physicians, we have had in view the object of guiding and facilitating the practitioner and administrator in the matters of certification and ultimate location of the mentally defective. I would once more emphasise the statement that no hard and fast line is drawn, or intended to be drawn, between these conventional classes; and that there is no attempt to establish or define scientifically any distinct forms of natural disorder.

The real practical meaning of these subdivisions is further shown by the remaining four classes with which it is proposed to deal, *viz.*, “moral imbeciles,” “epileptics,” “inebriates” and “deaf, dumb or blind.” These, of course, would be palpable cross-divisions if a natural and scientific classification were aimed at. But they are introduced owing to the practical fact that many mentally defective persons are first discovered and necessarily dealt with from the point of view of the very prominent and obtrusive characters which give the names to these several groups. All mentally defective persons included in these four classes come *naturally* under one or other of the *previous* five classes. For administrative purposes, however, these classes are convenient, and more or less necessary, to the comprehensive scheme of practice advocated by the Commission.

In this context I desire to call attention to some misconceptions which have already arisen concerning the Commission’s

recommendation as to one of the practical classes just mentioned, *viz.*, the inebriate. "Inebriates" are defined for the purposes of the Commission's Report, and of practical administration, as "persons who, being inebriates, are also mentally defective." The same is the case with epileptics. In a review of the Report, however, the general statement is made that the compulsory detention of inebriates is recommended by the Commission, and it is consequently argued that as not all inebriates are mentally defective, inebriates cannot be so dealt with. But the Commission's Report disavows the view that all inebriates are mentally defective. A perusal of what is said in the body of the Report on this head will show only that the Commissioners are of opinion that mental defect is frequently associated with habitual inebriety, and that when, in an inebriate, evidence of mental defect, other than what some may infer from mere inebriety, is established, such an inebriate will properly be dealt with as a "mental defective." The explicit recommendation of the Commission runs as follows:—

"That the powers and duties of the Board of Control (*i.e.*, the Central Authority), should extend to mentally defective inebriates as well as to the other classes of the mentally defective."

This matter is treated at greater length and set forth still more clearly in the recent Report of the Departmental Committee on the Inebriates Acts. While admitting that the recommendation of the Royal Commission that I have just quoted might have been better worded, I take this incidental opportunity of repudiating any imputation on the Commission of having asserted that all inebriates are mentally defective; and, further, of disassociating myself emphatically from those who subscribe to this erroneous dogma.

I proceed now to indicate a few points and difficulties which present themselves in the matter of the certification of such persons as are at present regarded as "uncertifiable." *First*, as regards the control and certification of such cases of original mental defect as *have not been under control previously to attaining the age of 21 years*. If the recommendation of the Commission be adopted, many such persons will be brought under the jurisdiction of the Board of Control. It is proposed that in cases of this kind the same procedure should be followed as now obtains in ordinary cases of petition for a reception

order. The certifier will state on the certificate that the person in question is a mental defective, and will further state under which of the subdivisions (enumerated on the back of the certificate) he should be classed. Doubtless in cases of this kind some difficulty may arise, even as it does now in some cases of unsound mind, on filling up the "facts observed" requirements. But it is proposed to modify this requirement by making it run, "Facts indicating mental defect ascertained by myself during "observation" and "examination"; and "observation" will include any observation of the patients at times other than the examination. This modification will, it is believed, sufficiently meet both present and future difficulties in this matter.

Next, as regards cases of this kind under twenty-one years of age, the Commission recommend a procedure similar to that at present obtaining under the Idiots Act (1886). This procedure will apply to all the classes of mental defectives, except (1) and (2) (except, *i.e.*, "persons of unsound mind," and "the mentally infirm" now dealt with under Sec. 116, *d*). For details as to this procedure, I would refer you to Recommendations xlix-liv in the Report of the Commission; and, as neither time nor your patience will permit me to dwell longer on these very important details, I would say, once for all, that what is new and most essential in this matter of certification as dealt with in the Report will be found written in Chapter XXVIII thereof, and in Recommendations iv, xlix-liv, and lxx.

It is really on the certification and control of one of the classes of mental defectives enumerated in Recommendation iv and commented on at length in Chapter XXVIII, that the chief practical interest of our subject now centres. This is the class technically denominated "Feeble-minded," as differing, in several practical respects from "idiots" and "imbeciles." In thus officialising or consecrating the term "feeble-minded," it will be observed that we have adhered to the English use of the term, not altering, but only classifying, its contents. It may not be quite universally known, even in this assembly, that the prevalent meaning of this term in America is comprehensive of all grades of so-called congenital defect. No one, not even the most degraded driveller in that happy land, is ever called an idiot.

But the class for which we ask for recognition as "feeble-minded" is what our American brethren and others term "high-grade imbeciles." They are far removed from the idiot group, and, indeed, may be ranked as the very aristocracy of "natural fools." They are described as persons who may be capable of earning a living in favourable circumstances, but are incapable from mental defect existing from birth or from an early age of competing on equal terms with their normal fellows, or of managing themselves and their affairs with ordinary prudence.

Among this class are found most of the mental defectives who are criminals, or are harmful, dangerous or burdensome to the community. They abound in the prisons, the work-houses, and the streets. In many, if not most, instances their mental defect is detectable by careful observation before the period of childhood has passed; and it is clear that if they could be brought under control in early life they would not only be prevented from doing harm, but also would be cared for better than at present, and utilised in various ways for the comparative benefit of the community.

For illustrations of these statements I would refer you to Part IV, Chapter XX, of the Report, which in a small compass represents the result of a considerable amount of observation.

It is with this potentially noxious class of defectives that the difficulty of certification is the greatest. "Delusions" and "hallucinations," so dear to the mind of the would-be certifier, lend no assistance here; and it seems clear that in the bulk of these cases, especially during their minority, the existing procedure and method of certification under the 1890 Act is absolutely inappropriate. Hence it is recommended that in these youthful cases a procedure similar to that of the "Idiots" Act should be followed; and that, with due safeguards, a medical certificate, endorsed by a specially qualified medical officer under the local authority, should be the sanction for control, without the intervention of a "judicial authority."

When application for control is made for the first time in cases of this kind which have actually proved themselves to be dangerous, and have already attained the age of twenty-one, no material alteration, as we have seen, in the form of the present certificate is proposed. Doubtless, however, in such cases the facts related will bulk more largely than the facts observed; but with a slightly modified certificate, and, in consequence, a

greater allowance of time for observation, this difficulty does not appear to be insuperable.

For several years now I have had experience of marked cases of this kind, consisting of convicts with sentences of penal servitude, and therefore, as a rule, guilty of serious crime. These men either were convicted without any question raised or observations made of their mental condition until they were committed to prison; or were convicted, in spite of such defence being put forward, at the direction of the Court. But under experienced observation in the convict prison to which they are ultimately sent, they are usually soon set aside as mentally defective; and when they are brought before me I rarely find much difficulty in soon satisfying myself that they should be classed and treated accordingly. Nor should I often find difficulty in detailing in a certificate certain grounds for this opinion observed by myself during even a short interview.

Enough has now been said to indicate the chief classes of persons whose control by fresh legislation appears to be called for. The recommendations of the Commission generally have been made for the better identification and treatment of different types and degrees of mental defect, and with a view to the promotion of uniform and consistent certification. Whether this object is likely to be attained by the measures proposed is, I trust, a fruitful subject for your discussion.

DISCUSSION

At the Quarterly Meeting held at Cambridge, February, 1909.

By request of the President, Dr. DONKIN then read Recommendation No. 70 of the Report.

That the following Form be Adopted for the Certificates of a General Medical Practitioner, a Medical Officer of the Committee for the Care of the Mentally Defective, or a Certifying Medical Practitioner under the Act for the Care and Control of the Mentally Defective.

FORM.

Certificate of a medical officer of the committee for the care of the mentally defective of the council of the county or county borough, or of a certifying medical practitioner or of a general medical practitioner.

In the matter of A. B— (1) in the county or county borough (2) of (3) a person alleged to be mentally defective.

I, the undersigned, C. D—, do hereby certify as follows:

(1) I am a person registered under the Medical Act, 1858, and I am (the medical officer of the said committee) or (a certifying medical practitioner appointed by the said committee) or (in the actual practice of the medical profession).

(2) On day of , 19 , at (4) in the county or county borough (5) of (separately from any other practitioner) (6), I personally examined the said A. B— and came to the conclusion that he is mentally defective within the meaning of Section of the Act for the Care and Control of the Mentally Defective, and that he requires care and control accordingly.

(3) I formed this conclusion on the following grounds, namely:

(a) Facts indicating mental defect ascertained by myself during observation (7) and examination (8), namely:

(b) Facts communicated by others (9).

(If an urgency certificate is required it must be added here. See subjoined form.)

(4) In my opinion the said A. B— comes within the class of mental defect defined in sub-section of Section of the Act for the Care and Control of the Mentally Defective (see back).

(5) The said A. B— was (or was not), in my opinion, in a fit condition of bodily health to be admitted or removed to such a hospital, institution, registered house or home as is suitable for persons of mental defect coming under Clause of Section of the Act (10).

(6) I give this certificate, having first read the sections of the Act of Parliament printed on the back.

Dated

(Signed) C. D—, of (11).

The schedule printed on the back would be as follows:

(1) Extract from Section 317 of the Lunacy Act, 1890, incorporated in the Acts for the Care and Control of the Mentally Defective.

Any person who makes a wilful mis-statement of any material fact in any medical or other certificate, or in any statement or report of bodily or mental condition under this Act, shall be guilty of a misdemeanour.

(2) Section of the Act for the Care and Control of the Mentally Defective containing the definitions of classes of mental defect (as defined in Recommendation iv).

FORM.

Statement accompanying Urgency Order.

I certify that it is expedient for the welfare of the said A. B— (or for the public safety, as the case may be) that the said A. B— should be forthwith placed under care and control.

My reasons for this conclusion are as follows (state them):

(1) Insert residence of patient.

(2) County or county borough, as the case may be.

(3) Insert profession or occupation, if any.

(4) Insert place of examination, giving name of street, with number or name of house, or should there be no number the christian and surname of occupier.

(5) County or county borough, as the case may be.

(6) Omit this where only one certificate is required.

(7) "Observations" include any observation of the patients at times other than the examination, for instance, at a receiving house or reception ward.

(8) If the same or other facts were observed previous to the time of examination, the certifier is at liberty to subjoin them in a separate paragraph.

(9) The names and christian names (if known) of informants to be given, with their addresses and descriptions.

(10) Strike out this clause in case of a private patient whose removal is not proposed.

(11) Insert full postal address.

The PRESIDENT: Does that apply to every case, both persons of unsound mind and others?

Dr. DONKIN: Yes.

The PRESIDENT: To all cases, of all kinds?

Dr. DONKIN: Yes, except those whom we recommend should be dealt with under a procedure similar to the Inebriates Act.

The PRESIDENT said those present had heard that exceedingly interesting and

important communication on that particular point in the Report on the Care and Control of the Feeble-minded, namely, that dealing with the manner of certifying. It was one of the points which came most closely home to all of them, because many of the members had to give certificates, and those who had not to give them had to see that they were in proper form. The certificate suggested by the Royal Commission was one which was manifestly more comprehensive, and might include—and was, indeed, intended to include—a much larger group of persons under its scope than the certificate now in use. Those present had heard its terms, and the matter was now open for discussion by the Association.

Dr. GEORGE H. SAVAGE said that he had had an opportunity of saturating himself with the Report of the Commission which was now under consideration, and he had felt the very greatest interest in it. Since its issue, also, he had been responsible for a 25-page article in the *Quarterly Review* on the whole subject. It would thus be evident that he had considered the matter very carefully, and since then he had been in communication with many of those in authority who were connected, directly or indirectly, with it. On the previous day he was talking with a legal friend, who held strong views on the subject. That gentleman recognised, as they all did, the very important class which had been referred to as "feeble-minded," but he thought it would be a long time before the English people could be persuaded to legislate in such a way as to cover all those groups. The gentleman he had just referred to criticised adversely the proposal to have only one certificate. Dr. Savage considered that one of the faults of the 1890 Lunacy Act was the fact of magisterial interference, but his legal friend said that if one was going to commit people as feeble-minded on one certificate without legal interference, it would be a tyranny which was sure to be abused. Dr. Savage felt very strongly that the certificate should be modified in the direction suggested. His view was that the certificate as at present filled up was altogether insufficient and inefficient. Many of those present had seen people whom they knew to be insane, but whom they could not prove to be insane by interview after interview. Yet their history was conclusive that they were suffering from progressive mental disorder which might be going to end fatally. Despite that, however, at the time of the interview the facts observed by themselves might be insufficient, he felt that, in treating the insane and weak-minded who were criminal, whether weak-minded or morally defective, one would have to depend on facts communicated by others, which in the existing procedure are not of much assistance. It had been pointed out by Dr. Donkin that a great deal of misunderstanding had arisen, and still continued, in reference to the term "unsoundness of mind." The Commissioners certainly, in former years, maintained that "unsound mind" and "lunatic" were equivalent. He thought the Commissioners had got to fully understand that alienists could not accept that; that there was much unsoundness of mind which could not be looked upon as lunacy. It was interesting to find that it was now generally appreciated that the term "unsound mind" really referred to an acquired disorder of mind; that "unsound mind" as referred to in the certificates of lunacy did not cover feeble-mindedness. With regard to the suggestion that the 116th clause should be extended, he thought all who had experience of the practical working of the Lunacy Act would feel that it could very well and satisfactorily be extended. But, of course, it was chiefly for the control of the property of the persons, not the control of the persons themselves—those who, from senile or other mental changes, were unfit to manage their affairs. In certain cases he had tried whether the authorities would accept some of those feeble-minded inebriates under that clause, but they declined to do so. In the same way he had attempted to get some of the morally defective individuals included under it—persons who, as soon as they got their liberty and the control of their affairs, at once went to ruin. But at present the Court of Chancery said they could not accept those cases; and he felt it to be of great importance that the recommendation of the Commission with reference to Clause 116 should be carried out. All must agree with what Dr. Donkin said as to the importance of early consideration of mentally defective persons. In nearly every clause the Report said that if good was going to be done, not only to the individual, but to society, those individuals must be isolated and segregated early; and the earlier that could be done the better. He supposed that one of the greatest difficulties was the provision which would have to be made for the various groups of feeble-

mind persons. It was interesting and proper that Dr. Donkin should make it clear by his paper that the Commissioners, in reporting, did not refer to inebriates as inebriates, but only to insane inebriates. Nor did they apply it to simple epileptics. One could not say that every epileptic would or would not be dangerous sooner or later. There were many other interesting points in the report, to which, however, he would not then refer. The question of heredity was strongly brought out in the report. One of the most striking features of the report and its recommendations was, that the whole of the feeble-minded, whether epileptic, or criminal, or inebriate, or other, should be all under one head; that one lot should not be under the Poor Law, another under the Criminal Department, and another under the Education Department, but that it should be a uniform grouping. He knew that those of their brethren who were connected with idiot asylums and institutions of that kind objected strongly to some of the recommendations in reference to certification and isolation of the weak-minded; they preferred to remain outside the lunacy grouping, to be a law unto themselves. The next most important thing which he thought the Commission had impressed upon them, and which Dr. Donkin felt, was the importance of getting those people certified and isolated as soon as possible, and completely. For, as the report pointed out, though there might be a certain amount of danger of transmission from the insane to their offspring, the danger of transmission of feeble-mindedness was even more striking. Most alienists recognised that it was the smaller deviations, as represented by feebleness of mind, which were more likely to be transmitted than the graver ones. He felt that members of the Association must be very grateful to Dr. Donkin for coming there that day and addressing them. Dr. Donkin had not only most patiently sat on the Commission, but—he could say it as one who had submitted to cross-examination by the Commissioners—he was a most patient inquirer after the truth, and he saw that medical witnesses were not overborne. Dr. Donkin had had experience not only as a Commissioner, but a large knowledge about criminally feeble-minded persons. Dr. Savage therefore wished to personally thank Dr. Donkin for what he had done.

Dr. GEORGE E. SHUTTLEWORTH said that it gave him very great satisfaction to hear from the mouth of so distinguished a member of the Commission as Dr. Donkin a very careful, succinct, and intelligible summary of the practical issues of the Report. Probably other members had had the eight volumes of the Report lying on their study table, and for himself he might say he had taken them to bed sometimes and read a little occasionally. But it was almost beyond the power of most ordinary men who had work to do to read through the whole eight volumes. If, therefore, in his few remarks he showed lack of acquaintance with the Report, he hoped he would be forgiven. The first point he wished to discuss concerned the adoption of the comprehensive term "mentally defective" as covering the whole class of mental infirmity, ranging from what it was nowadays customary to call "lunacy," to mild degrees of weak-mindedness. He feared that would be productive of a certain amount of confusion. At any rate it went counter to what they had been accustomed to for the last ten years or so. He was himself a member of the Departmental Committee, whose sittings eventuated in the Act of 1899, dealing with "mentally defective" children. Since the passing of that Act "mentally defective" had attained a technical and statutory meaning. On that ground he regarded it as a mistake to make it a comprehensive term for every class of mental infirmity. Moreover, it did not seem to be etymologically correct, for "defect" implied a lack of finish; not something which had been lost, but the absence of something which had never existed. Mental defect was not strictly a breakdown, but a mentality which had never been complete. He thought it was rather straining language to apply the term to all acquired insanities which were met with in later life. He knew what mental derangement was, but he could not quite accept the view that a maniac was a mentally defective person; neither did he think the public would. Derangement and disturbance of mind were essentially different conditions from those of a mind which had been defective from the beginning. He thought there was another reason why those who had to do with mentally defective children objected to all being included under one class of mental abnormality, namely, that it was not administratively desirable. The institutions for imbeciles, with which he was connected for many years, were, up to 1886, under the general provisions of the Lunacy Law, *i.e.*, they were all

included, as was wished by the Royal Commissioners now, under one authority common to lunatics, and also they had—what the Royal Commissioners did not now recommend—uniformity of certificate and administration. Inasmuch as many of their cases were mere children, six, seven, or eight years of age, it appeared to him to be the height of absurdity that they should have been required to be submitted to the judgment of two medical men, who would certify them as persons of unsound mind in the same form as if they were adult lunatics. "Unsound mind" was an expression used before the passing of the Act of 1886 to a considerable extent in the certification of defective children, and, as far as he knew, it was never objected to by the Commissioners. In 1886 the Idiots Act was passed, and then, for the first time, "imbecile" became a statutory term. In 1899 the expression "mentally defective" was first legally used, and there was some difficulty in knowing where "mentally defectives" left off, and "imbeciles" began. The line of demarcation necessarily differed very much with the ideal of the examiner. Dr. Donkin had said that in using the term "feeble-minded" they followed the English plan, and he, Dr. Shuttleworth, was very glad that that had been the case rather than the adoption of the American plan of including among the feeble-minded the whole class of congenital mental defectives and those dating from early life. He feared that whatever term was adopted there would be the same attempt to extenuate, so as not to injure the feelings of parents. It was in that way that the idiots in America became, ultimately, the "feeble-minded," and if all those children were to be classed as "mentally-defective" some other name would have to be found for the condition, or else the American style would have to be followed, or the subterfuge adopted, as a medical friend had remarked was likely, of calling the higher-grade cases "non-expert members of society." Another practical difficulty occurred to him. One had to do, perhaps, with the child of a gentleman in high position, the child being six or seven years of age. He was examined, but the examiner could not make up his mind whether he was an absolute mentally defective child, or whether he had only some degree of mental backwardness. Perhaps the point could only be made clear with the progress of a few years. To have to put such a child down as mentally defective, and class him among the heterogeneous mass of lunatics in the country, seemed far from natural or scientific. And he would like to ask Dr. Donkin what the compulsory notification of all cases received for special instruction would probably lead to? If every child unfit for the ordinary school curriculum had to be notified, registered, and possibly certified later on, how were those gradations to come in? His own opinion was that such a process would defeat the very object which the inquiry seemed to have in view, namely, to draw up and keep an official record of the children who were defective in mind. Such was parental affection, and such the dread of the stigma attaching, or supposed to be attached, to the offspring, that a stringent regulation like this would deter many parents from seeking advice from those best able to give it, and it would drive them, he would not say to quacks, but to persons who had not the same expert knowledge, and so the process of training would fall into hands far inferior to those which ought to be entrusted with it. He could only say, with regard to large institutions for idiots and imbeciles, that he believed it was the opinion of those responsible for those places, that it was not desirable that all those grades—idiots, imbeciles, feeble-minded, etc.—should be tarred with the same brush as lunatics, persons of unsound mind, and persons mentally infirm. It was not that those connected with the institutions he had named did not want to be under a central authority, but there was a certain objection, and a very natural one, to the use of terms which would give the guardians of such children the idea that they were at once to be merged into the mass of incurable lunatics.

Dr. CARSWELL (Glasgow) said it was very gratifying to find that the Report of the Commission on the Feeble-minded had not been taken up in a haphazard way by the British public, and that they had then proceeded to go to sleep over it. He was somewhat alarmed to hear Dr. Shuttleworth say he had taken the volumes of the Report to bed with him, as he feared that might be a portent of what might happen in reality. He had already begun to fear that the Report might be dealt with by the British legislature in that manner. It was, however, gratifying to hear Dr. Donkin bring the subject forward in the way he had. He trusted he might,

without offence, ask the members of the Association really to apply their minds to a consideration of the question of the certification of the feeble-minded, because he regarded that as the crux of the whole question. It was a comparatively simple matter to get the British public to build an institution into which people could be put; one half of the public was willing to lock up the other half. The difficulty was to get expert medical and legal opinion to agree upon some basis of action for segregating persons of manifestly defective mind who required care and control, and could be placed under such care and control. He was not at all satisfied that the question which Dr. Donkin had raised in its practical bearing had been adequately considered at all. He thought the real reason was that there were so few of them engaged in the really practical position of having to decide what to do with people in the way of certification. Most of the members of the Association were more concerned to get rid of the people who had been planted upon them than to get any more in, and that made all the difference. He spoke feelingly on the matter, as he sometimes found, to his mortification, that a person whom he thought should properly be sent to an institution and detained there was, as promptly as decency would permit, discharged "recovered." Dr. Donkin alluded to the misapprehension which had existed and had been expressed as to the recommendation of the Royal Commission regarding the mentally defective inebriate. Personally, Dr. Carswell could not imagine anybody reading the Report of the Royal Commission and falling into the error to which Dr. Donkin had alluded. That there were a certain number of mentally defective or lunatic inebriates was, of course, the experience of all who had to do with any institutions for inebriates. He confessed, however, that the longer he considered the subject, and the closer to bed-rock facts one got, the fewer actually insane inebriates there seemed to be. He believed that Dr. Branthwaite, in his table as given by the Report, put the actual insane among inebriates as something like 17 *per cent.* He reached the total of 70 *per cent.* of more or less mentally defective persons by adding a second class of people partially defective. That left 30 *per cent.* who could not be called defective or insane in any sense at all. He did not propose to discuss that great problem, but he referred to it in order to allude to the first class, that which Dr. Branthwaite put at 17 *per cent.* He had seen a large number of those people, officially and otherwise, and he was bound to say that they fell into two classes; he spoke of those whom all who had had to do with inebriates would agree to call "mentally defective." The first class were those who suffered from delusions and other forms of paranoia, who had manifest degenerative insanity. To anyone accustomed to the recognition of insane states there never was any great difficulty in the certification of those people. But the other class was a group of persons who, he believed, ought properly to be considered lunatic, and of whose condition no adequate description appeared in the text-books—persons who periodically became excited, violent in their behaviour, morbidly suspicious, making false accusations about the persons under whose care they were, who became very explosive, dangerous, troublesome, who lied and were unreliable. At times the excitement of such persons almost equalled that of mania. He regarded those persons as lunatics, but the difficulty was that that class of person had never yet been properly described. Once they were described in the class text-books, he thought there would be no difficulty in certifying them also. The only difficulty was that they had intervals during which they acted apparently rationally, and at all times they were free from actual delusions. Therefore, with regard to inebriates who were mentally defective, he feared that the Board of Control, to whose care it was proposed to commit such people, would find that under any amended Lunacy Act, or Feeble-minded Act, they would not have the addition of any tangible number of persons from the class of inebriates. Reference had been made to the class of moral imbeciles who were mentally defective. He believed those were really the same persons as Dr. Donkin referred to later in his paper as the persons whom he met with in prison, who had been committed for long periods of imprisonment or to penal servitude, and whom he had no difficulty in classifying and saying they should be treated as mentally defectives. What were the characteristics of those persons? They had begun in early life by lying, by petty larcenies, by sleeping out at nights perhaps, or by wandering habits, by breaking all the traditions of home life, by what was called getting into bad company later on, by stealing and getting into gaol, and disregarding all the social conventions. It was not to be

wondered at that those people were called "lunatics" by the general practitioner; their whole life was marked by incorrigibility, by opposition to reasonable discipline. The futility of their views and their conduct marked them off as persons of unsound mind. And if the Royal Commission on the Care and Control of the Feeble-minded results in giving a method of certification whereby those people can be placed under prolonged if not permanent control, it will do a great service to the community. But he wished to ask Dr. Donkin precisely what he meant when he said "treating them as persons who were mentally defective." What treatment? Was it, after all, the same treatment as one would give to vicious people? Was it not discipline? Was there any possible suggestion of treating those people as one would treat lunatics—with a large measure of comfort, and as much freedom as their mental condition would allow? Was it possible to imagine treating those people who had such explosive tempers and rebellious dispositions, and who had no sense of social obligation, otherwise than by disciplinary methods. There was only one other point to which he desired to allude, that which had already been referred to by Dr. Donkin, Dr. Savage, and Dr. Shuttleworth. All alienists said how desirable it would be to segregate the feeble-minded early. He wished somebody would say how that was to be done. He had been engaged in certifying large numbers of feeble-minded children for special classes conducted by the Glasgow School Board, where there were 500 or 600 children. And as a result of that experience he said there was no difficulty about the future control, provided there was the machinery for controlling them; there was no difficulty from the point of view of certification, and the recognition of their mental defect of persons who, when still in school life, manifested that mental defect. The difficulty arose with another class altogether. He thought the difficulty was where the defect existed but did not show itself in school life; where the child could get tolerably well through school up to about the fourth standard, but could get no further, manifestations of backwardness then beginning to show themselves, namely, in adolescence and after puberty. That was the class in regard to which there was real difficulty, and he was not sure that that class of case had been in the minds of the Commissioners when they made their recommendations. He particularly wished to ask his colleagues who were engaged in mental practice to apply their minds to observing cases who had no such defect as would mark them off as defectives in early school life, but who at or before adolescence began to show proclivities which justified their inclusion as persons of feeble intellect. He believed the Royal Commission went as far as to say that the care of the defective child in special classes was simply custodial—a view with which he felt concurrence.

Dr. BOWER said he was in agreement with what every other speaker said about the service which Dr. Donkin had rendered by reading his present paper, and thus initiating the important discussion. He had read a good deal of the Report of the Commission. Possibly he was somewhat dense, but he had not been able to make up his mind what the Commissioners meant by adult mentally defective. So far as he knew, there was no definition of it in the Report. No doubt a definition of it could be arrived at by excluding the other headings, but he would be very glad indeed if Dr. Donkin would enlighten him on that point. Again, the title of Dr. Donkin's paper was the certification of mental defectives, and he had told the meeting how that was to be done. Would he kindly add to the service he had rendered by giving a specimen of a certificate for a mental defective—not a lunatic—filled in. If he would do that, it would at once give an idea of the class of persons the Commissioners intended to certify in that way.

Dr. DONKIN replied that "mental defective" was proposed explicitly in the Report as a comprehensive term to include every form of mental defect whatever. It was not a definition, and did not require a definition. With the best will in the world, he did not see his way to filling up a certificate as an example at that moment.

Dr. TURNER said he had hoped that Dr. Donkin's paper would perhaps deal more widely with the subject of the Royal Commission than just the subject of certification. Those present had heard what the inside idea of the Royal Commission was with regard to definitions, etc., and with regard to voluntary schools. But in regard to the latter, the Commissioners suggested that they should be continued in some way or other. He was the only representative present of the

voluntary institutions which provided for something like 2,000 cases, and the opinion of those in charge of those schools was that the recommendations of the Report would crush the voluntary schools out of existence. It might act as a bridge for a few years, but there was a strong feeling that extinction would be the ultimate result. He quite endorsed the point which Dr. Shuttleworth put so ably, namely, that the voluntary institutions did object to the definitions which the Commissioners had promulgated, and to the inclusion of all grades, from definite lunacy to feeble-mindedness, under the one term "mentally defective." He admitted that those having charge of backward children were dealing with only one branch of the subject, and therefore were probably biassed on that side. But his view, and that of his colleagues, was that while lunatics might be regarded as persons mentally affected, feeble-minded folk were mentally defective. His belief was that "defective" had come to indicate the class of imbecile or feeble-minded. As Dr. Shuttleworth had ably pointed out, the term "feeble-minded" was brought in twenty years ago, and that "idiot" and "imbecile" were thought to be the only terms applicable. "Feeble-minded" had been brought in to meet persons' susceptibilities, and he supposed that twenty years hence there would have to be another Commission to take certain children out of the scope of the present Act.

Dr. WOLSELEY-LEWIS said that Dr. Donkin's interpretation of certification had been very instructive, but it seemed to him that there was one class of case which it did not help one in regard to, namely, the relapsing case. It was well known that in county asylums there were large numbers of cases which had to be discharged because their insanity appeared to have been cured, but which the alienist knew were likely to relapse, and he asked Dr. Donkin whether there was any method by which those cases—which were almost certain to relapse—could be permanently certified. Such people had intervals of such sound mental health that it was impossible to say at those times that they were of unsound mind. Yet it seemed practically certain that those people were going to break down again, and it was equally certain that if they went back to their families they would go on breeding degenerates and criminally insane, which it was the aim of the Commission to prevent. His own view was that after such cases had been in the asylum twice there should be some regulation by which they could be detained under permanent control. One of the recommendations of the Commissioners was that such persons should be kept under control, but he did not know how it was to be done. Perhaps Dr. Donkin would be good enough to say.

Dr. DIXON desired to ask Dr. Donkin with reference to the ordinary certificates for the admission of patients at present. He thought the first part of the certificate was generally considered to be the more important, namely, the facts observed by oneself at the time of the examination, the second part, consisting of facts communicated by others, being of secondary importance. Sometimes the latter part, he thought, was not filled up at all. He took it that it was the opposite state of affairs which would obtain in regard to the proposed certificate for the mentally defective, because he thought that, in that particular class of persons, there would be a great number of people of whom it would be most difficult, if not impossible, to find facts at the time of examination, and the certificate would probably almost altogether depend upon the facts communicated by others. He assumed, therefore, that the second part of the feeble-minded certificate would be the more important, and would be accepted as such.

Dr. DONKIN replied that it was intended to give plenty of scope and opportunity to anyone laying great stress on the facts communicated, and also to allow opportunity for observation to extend over several times, and not depend only on the one examination at which, or based upon which, the certificate was written.

The PRESIDENT said the certificate was one of the most important things which they could have to discuss. He supposed members knew—he had stated it often enough—his opinion that insanity was not a disorder of mind, and should not be so characterised. He thought the term "mentally defective" was really unsound; "unsound in mind," "mental infirmity," and so forth were misnomers. A certificate ought to certify that a person was disordered in his conduct, not in his mind; that was what really mattered, and that was why he had been put under control. What was in his mind did not matter a straw to the alienist; whether the mind was deluded or whether it was not. Their concern was with what he was and did and said, not with what he felt and thought, which were things they could only

infer. He believed that was the reason the cases referred to by Dr. Carswell were not certifiable. They were persons of ungovernable temper, and that was especially so among inebriates, who periodically burst out into fits of ungovernable fury and destructiveness, smashing and tearing, and being guilty of the grossest insubordination. He would prefer to call such insane on account of their tempers. If conduct was regarded as the criterion, and not mind, then those people were clearly certifiable, because their conduct was grossly disordered from time to time. He believed such people were certifiable, and that they could be certified under the present law, but he thought they would be much more easily certified if the certificate meant a certification of disorder of conduct, and not of disorder of mind. The Report of the Commission for the Care of the Feeble-minded was important in many respects, and in particular for its definition of certain terms which had been floating about in their minds, and had never received any specific definition. There was, for instance, the definition of "idiot." They all knew what, approximately, was meant by an idiot, namely, a person who held opinions on the fiscal question different from one's own. That was the common meaning of the term, but it was the meaning which could not very well be introduced into a certificate. Again, an imbecile was a person of the opposite political complexion to one's own. But in this Report those terms were, for the first time, defined with some approach to scientific accuracy, and on that account he thought the document was to be welcomed. It was impossible for him to go over all the points which had been raised that afternoon, and so summarise the debate; he would only refer to one or two of considerable importance. The first was that which had been referred to several times by other speakers, that of the difficulty of obtaining sufficient control over the life of the person who had been defective in childhood, but who was now of adult age, and who had merged from childhood into the dangerous age of life. At present the child who was of feeble mind could be kept under control until he was sixteen years of age, when puberty was complete. When the young woman was nubile she was turned into the streets, literally so in more senses than one. School could no longer control her, and in a short time she found herself in the maternity ward of the workhouse, to which she had recourse again and again to bring forth her illegitimate children. Those were the cases which legislation, on the grounds of this Report, would do away with for ever. At the same time he strongly believed that even under the present law such persons could be certified and were certified, and could be placed and kept in institutions, who were now suffered to remain at large, although it was well known that they were not fit to be at large. He thought that perhaps the very holding of the Commission, the fact that all the Commissioners in Lunacy had given evidence before it, and that they were conversant with its views, had produced a certain relaxation in the minds of the Commissioners in Lunacy concerning the former rigidity of the lunacy certificate. For instance, in regard to the morally imbecile, it had been hitherto regarded as an essential to the completion of a certificate in lunacy that the person should be intellectually insane; moral imbecility was not considered to be a ground for certification. Not long ago he sent a patient to an asylum under a certificate of moral imbecility. It was necessary to occupy with his certificate several pages of foolscap setting forth in full the career of that person. From an early age his career had been one of crime, of vice and of imposture, and attempts at suicide from the age of six to his thirty-sixth year. For thirty years he had been pursuing that criminal career, although he came of a family of very good position, and although his various brothers were doing well. He certified upon the facts which he embodied in his long report, facts communicated by others, that he was, in his opinion, of unsound mind, and a fit and proper person to be detained under care and treatment. He was received by the superintendent of the asylum, his certificates were passed by the Commissioners in Lunacy, and he was still under control. What would happen when that man came to be re-certified he did not know. But at any rate his unfortunate family would be free from his depredations for a whole year, and that was surely something gained. And he believed that in other cases, such as those of relapsing lunacy, which had been spoken of by Dr. Wolseley-Lewis, if the circumstances were fully set forth in the certificate the Commissioners would be found to be not unreasonable. Those gentlemen did not desire that the persons who were dangerous to the community should be set at large merely because there was some technical and verbal diffi-

culty in filling up the continuation order. He was sure that that was so, and undoubtedly many cases were liberated from lunatic asylums too soon, and many of those were liberated prematurely owing to the difficulty regarding the filling up of the continuation order satisfactorily. That difficulty arose in the minds of the certifying physicians, and did not exist in the minds of the Commissioners, upon whom would rest the refusal of the certificate. He did not speak officially on the matter; he had no official knowledge, he only went by his own experience. Where he had considered that it was not for the benefit of the patient nor for the public welfare that a patient should be set at large, then, although at the time he did not display any sign of insanity, he would put down in the certificate such reasons as convinced him and the Commissioners in Lunacy that that person should not be set at large. Then that certificate had been accepted, and that view and opinion had prevailed. If gentlemen in the specialty were to rely a little more upon their own opinions and give the Commissioners credit for desiring to act for the public welfare, and not on a narrow interpretation of certificates, they would not have the same difficulty in retaining in lunatic asylums persons whom they knew ought to be there, yet in retaining whom difficulty was experienced.

Dr. DONKIN, in reply, said he would adopt Dr. Mercier's reply to Dr. Wolseley-Lewis's question; he was about to answer to the same effect, but not so effectively or so comprehensively. The relapsing cases were those which occupied the minds of the Commissioners very much; they found it impossible to put those cases into a separate class, or to attempt to deal with them in the recommendations put forward in the Report. But it was hoped that with a slightly modified certificate, and attention being called to it, the Lunacy Commissioners, or the members of the Board of Control, or whatever it might in future be called, would act in the way in which Dr. Mercier with great confidence said they would. Still, it was in his own mind and in the minds of other Commissioners a difficulty, and it remained one still, one which he did not yet see a means of clearing away. There would always be a tendency for some reviser of the certificates, particularly legal members, to object, and to insist on the literal filling up of the certificate, and thereby emphasise the difficulty complained of. Dr. Shuttleworth had spoken about the judicial authority being abolished. It was only proposed to certify under the Procedure of the Idiots Act persons under twenty-one, *i.e.*, at any age up to twenty-one. Over twenty-one, with the exception of those who had been certified in their early childhood, they would be dealt with by the present existing method, by judicial authority. Several criticisms of the term "mentally defective" had been made. He could only say that that term was chosen after very considerable debate and thought, and he thought as much evidence was taken on that matter as could be taken. He thought it might be argued, and, indeed, it seemed to be the opinion of most, that "mentally defective" did not imply that the defect was congenital. Any form of insanity was surely a defect, and the only objection he had to the term "mentally defective" was the objection which the President made. It would be a good thing if the word "mental" could be left out, and people be judged by their conduct. But that could not be done until the whole country had been converted to this view. Therefore he feared the word must remain for the present, inaccurate though it be. It had been suggested by more than one speaker that the Commission were proposing the weakening or abolition of voluntary institutions; but he thought careful reading of the Report would show that the Commissioners welcomed voluntary institutions as an integral part of the scheme. The scheme would only be possible if voluntary institutions not only existed, but increased and abounded. It was said by certain people, long before the Commission sat, that it would be a death-blow to voluntary institutions, particularly those now called training-schools. But the Commissioners had made no recommendations to weaken or lessen in any way the work of asylums of any kind. The Report proposed the comprehensive term, because it was regarded as essential to have a comprehensive authority. And if there were one authority to deal with all mental defectives, there must be one name or term. With regard to notification and registration, he had not come fully prepared to deal with that; he had not read the Report through lately, but by notification was meant that it was extremely desirable to catch the mentally defective person when he was young, and that there must be some encouragement to compile lists of such. The idea was that those who knew about such cases should notify them to the local

authority, which authority should register them if they thought fit to do so. That could easily be done privately, and without causing offence and annoyance. But it was thought that even if it did cause offence here and there, the resultant evil would be much less than that of leaving them, as now, unrecognised, and therefore uncontrolled. One other question had been mentioned, namely, treatment. That was not meant by him in any medical or therapeutic sense, but simply the isolation of cases from the general community.

Clinical Notes and Cases.

A Case of Brain Tumour, and its Psychological Bearing. ⁽¹⁾ By DR. DRAPES.

THE case here recorded presents some features of interest, and although at first sight apparently of purely physiological and pathological import, is not altogether devoid of psychological bearings. As the case was under observation from the inception of the earliest symptoms up to its fatal termination, it possesses a certain quality of completeness not very often attainable in other than acute diseases.

W. C—, asylum attendant, æt. 47, about the middle of July last, 1904, when in the dayroom, felt for the first time a sensation in his right foot and leg as if it was asleep, but it lasted longer than usual, and travelled up leg to thigh, from there to right side of face, and finally to right hand, then went away.

A fortnight after he had a similar attack, and another in about a week; then it occurred twice or thrice a week, then once a day, then two or three times a day, increasing in frequency until by the second week in October he had from thirty to forty attacks in the day.

When fully established the first thing he felt was a *sensation of sickness* as if he was going to vomit, but lasting only for a second, then the "prodding"-like pins and needles was felt in the very *tips of fingers of right hand*, from that it went to *his toes* almost instantaneously, and *up his leg to thigh*, where it generally lingered longer than elsewhere, then up right side to *shoulder and arm*, and lastly to *right side of face*. Used to imagine that the right angle of his mouth was twitching, but did not think it was visible to anyone. He also noticed that when the sensation reached his lips he had a *difficulty in speaking*, so that once or twice he could not get out the words at all for a minute or so,