A FEW REMARKS UPON SOME OF THE MORE IMPORTANT CHANGES WHICH WILL BE EFFECTED BY THE LUNACY ACTS AMENDMENT ACT, 1889.

By JAMES ADAM, M.D.

IN August, 1845, an Act for the regulation of the care and treatment of lunatics came into force, and that Act as amended and consolidated by Acts passed in 1853, and as further amended by the Lunacy Acts Amendment Act of 1862, constitutes the existing Lunacy Law, and this will remain in force until the 1st day of May next. On that day the Lunacy Acts Amendment Act, 1889, and probably also a consolidation Act, which is to be passed early in next session of Parliament, will come into operation. One or two sections of the new Act, however, and very important sections they are, came into force immediately after the passing of the Act, on the 26th of August last. That the Act of 1845, as amended, has been allowed so long and so comparatively peaceful periods of existence is matter for wonder; but for several years past, it is well known, there has been in existence, with some degree of activity and persistence, one of those periodic crusades against it and its operation to which, from the very nature of such Acts, it is next to impossible they should continue long exempt, designed as they are to give the controlling power necessary in some cases, as part of the treatment of one of the most formidable maladies to which flesh is heir, it follows as a matter of course that the exercise of this necessary control is in some cases followed by resentment, not infrequently pursued with vindictiveness and malignity. An agitation once set on foot against an Act of this kind is certain to have many to join in it, for the general public is jealous of infringed liberty in any form, and of course knows nothing of the real nature of such Acts, the rigid manner in which their provisions are enforced by those in authority, or the vigilance with which persons of unsound mind are safeguarded and their interests cared for; otherwise, such periodic agitations would speedily die a natural death, and the possibility of wrongful or illegal detention would inevitably be relegated to the natural birthplace of such idle beliefs—the realms of fiction and fancy. There was the less excuse, however, for this last agitation, because, at so comparatively recent a period as the year 1877, a select committee of the House of Commons on the Lunacy Laws, after sitting from March to July, 1877, and after having taken the very fullest evidence from every available source, gave as their deliverance, in 1878, “that allegations of *mala fides*, or of serious abuses, were not substantiated.”

The burden of the recent agitation fell heavily upon individual members of the medical profession. Vexatious litigation, with all its attendant worries and anxieties, reigned paramount, and, although but seldom successful, yet the results of such actions albeit victorious were often as disastrous as defeat, a successful defence being usually compensated by an award of costs, unrecoverable from impecunious plaintiffs. The glorious uncertainty of the law became more gloriously uncertain than ever by the widely differing views of various high judicial authorities on the interpretation of the same sections of existing Acts, and the differing decisions consequently given upon them. Happily, this unpleasant state of things may now be spoken of as in the past. The very urgent necessity which arose for giving immediate protection to medical practitioners called upon to deal with the insane (if it were wished that they should ever resume this function, so long in abeyance with such disastrous results) has been fully recognised by our legislators, and one of the immediately operative clauses of the new Act is the result.

This section (No. 12), sub-section 1, reads thus:—“A person who before the passing of this Act has signed, or carried out, or done any act with a view to sign or carry out an order purporting to be a reception order, or a medical certificate that a person is of unsound mind, and a person who after the passing of this Act presents a petition for any such order, or signs, or carries out, or does any act

with a view to sign or carry out an order purporting to be a reception order, or any report or certificate purporting to be a report or certificate under this Act, or does anything in pursuance of this Act, shall not be liable to any civil or criminal proceedings, whether on the want of jurisdiction or on any other ground, if such person has acted in good faith and with reasonable care.”

This sub-section has been given at length, because it will be seen that under its provisions all vexatious actions, either on account of anything done in the past or to be done in the future, must of necessity cease.

Equally important is sub-section 2, as follows:—“If any proceedings are taken against any person for signing or carrying out, or doing any act with a view to sign or carry out any such order, report, or certificate, or presenting any such petition as in the last sub-section mentioned, or doing anything in pursuance of this Act, such proceedings 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 the court or judge may think fit, if the court or judge is satisfied that there is no reasonable ground for alleging want of good faith or reasonable care. 3. This section shall come into force immediately after the passing of the Act.”

The purport of the present Act is stated to be to furnish safeguards against the improper confinement of persons as lunatics, by allowing them to be detained only under orders made by an independent authority, and at the same time to remove the difficulty which is at present felt in securing the speedy treatment of mental disease by giving protection to medical practitioners, and others, who in the performance of their duty are concerned with lunatics. It is also stated that the principle of the Scotch procedure has been adopted with somewhat fuller elaboration of details. To carry out these objects the Act provides that instead of a private patient being received into an asylum, hospital, licensed house, or as a single patient, as at present, upon an order signed by a relative or other person, and two medical certificates; that, except in cases of urgency, no private patient is to be received without an order of a county court judge, magistrate, or justice, which is to be obtained upon a petition presented if possible by the husband or wife, or by a relative, and accompanied by two medical certificates. All persons engaged in carrying this out are sworn to secrecy, and thus no publicity will be incurred in obtaining the reception order.

Under the existing Acts the practitioner not unfrequently experiences a difficulty in dealing with necessary promptness in urgent cases of mental disease, and placing them under proper care and control; the new Act deals with this difficulty under Section 8, which provides that in urgent cases an order for reception may be made by the husband or wife, or by a relative of the patient, accompanied by one medical certificate. This urgency, or emergency order, as it is called in Scotland, remains valid for seven days, or during such time as the petition which is presented in the meantime is pending.

In pauper cases under the present Act a clergyman and relieving officer acting together are authorised to give a reception order. This power is taken away under the new Act, Section 19; and provision is made under Section 21 to prevent the improper confinement of lunatics in workhouses. A pauper lunatic may only be detained in a workhouse for fourteen days upon medical certificate; for longer detention an order of a justice is necessary.

Periodic reports are to be made to the Commissioners in Lunacy regarding all patients in asylums, and any person may apply to the Commissioners to have a patient medically examined. The Commissioners in Lunacy are empowered to make inquiries as to persons who are treated as lunatics in charitable and religious establishments and in the houses of persons who derive no profit from the charge (under Section 41).

Under Section 40 encouragement is given to the relatives of pauper patients to take charge of them by allowing payment to be made by the guardians of the poor for them.

Under Section 34 the law as to single patients in private houses is much increased in stringency: “Sub-section 1. Any two Commissioners may direct that the medical attendant of a single patient shall cease to act in that capacity, and that some other person act in his place. 2. If the person having charge of the patient fails to give effect to the direction by causing the patient to be visited

by some other medical practitioner, he shall be guilty of a misdemeanour. 3. One or more of the Commissioners shall once at least in every year visit every unlicensed house in which a single patient is detained as a lunatic, and inquire and report to the Commissioners on the treatment and state of bodily and mental health of the patient. 4. Any Commissioner visiting an unlicensed house may inspect every part of the house and the grounds belonging thereto. 5. If the person having charge of a single patient refuses to show to any Commissioner at his request any part of the house wherein the single patient resides, or any part of the grounds belonging thereto, he shall be guilty of a misdemeanour. 6. The Commissioners have power to give authority to a person having charge of one patient to receive more than one without a licence, and orders for the reception of single cases are similarly to patients sent to asylums to be made by a county court judge, magistrate, or justice. All letters written by patients must be forwarded to the address upon them unopened if addressed to the Commissioners, or preserved and retained for inspection by the Commissioners in Lunacy."

Under Section 45 mechanical means of bodily restraint may not be applied to any patient unless the restraint is necessary for purposes of surgical or medical treatment, or to prevent the patient from injuring himself or others, in which case a medical certificate must be given under penalty of being guilty of a misdemeanour. Under Section 48 power is given to the court to appoint a committee of the estate only of a person who, upon inquisition is found capable of managing himself, but incapable of managing his affairs. Under Section 56 no new licence is to be granted for a house for the reception of patients, but vested rights are protected, and provision is made for houses in course of being established at the passing of the Act, and for the substitution of new houses for existing houses. Persons not paupers may also be received into county asylums, and local authorities may provide accommodation for lunatics not paupers either by enlarging existing pauper asylums or by establishing new asylums. Justices are also empowered to purchase licensed houses. Power is given to amalgamate the lunacy departments if it is found expedient to do so. Power is also given under the Act, which does not at present exist, to retake patients escaping into Ireland or Scotland, and to send aliens to their native country. Perhaps one of the most useful and beneficial provisions of the new Act is to be found in Section 39. One constantly meets with cases on the borderland of mental disorder in which the patient is fully conscious of his condition and what may be impending, the difficulty is to know what to do with him under the existing Act. The removal from home surrounding for a time, and it may be from every-day cares and worries, which would probably be salvation for him, is not permitted, however much he may wish voluntarily to place himself under treatment, unless he can prove that he has within the previous five years been under treatment as a lunatic. I have known patients so desirous to place themselves under treatment of their own accord that they have personally gone to medical men and had themselves certified when they found there was no other means open to them for doing so.

Section 39 alters all this, and under its provisions any person who wishes to do so may voluntarily place himself under treatment with the consent of the Commissioners in Lunacy or visitors to be obtained upon an application to them, signed by the intending voluntary boarder, this being the procedure under the Scottish Act, on which the section is framed, presumably it will be the same under the new Act, and no doubt it will be followed by results as beneficial as those obtained in Scotland, facilitating, as it will do immensely, the early and legitimate treatment of mental disorder. A relative or friend of any patient may, with similar consent, be allowed to reside with him as a boarder.

West Malling.

GREAT NORTHERN CENTRAL HOSPITAL, LONDON.—

On Tuesday the Princess Louise, who was accompanied by the Marquis of Lorne, opened a Loan Exhibition of Pictures at the Gallery of the Camden School of Art, 4, Bartholomew-road, Camden-road, in aid of the building fund of the hospital. The present number of beds is found to be insufficient, and the committee are desirous to make provision for 150 in-patients, together with the requisite accommodation for officers and the nursing staff. The Exhibition will remain open for ten days.

THE PREVENTION OF INFLUENZA BASED ON THE GERM THEORY, AND NOTES ON THE PRESENT EPIDEMIC.

By W. STEPHENSON RICHMOND, M.R.C.S.

CATARRH and influenza are two distinct diseases which familiarly come under the generic title of colds, and sometimes distinguished as an ordinary cold or a feverish cold; but they are so dependent the one on the other that we cannot rightly understand the one without considering the other. Catarrh, or simple cold, is merely mechanical congestion of the mucous membrane of the nasal and pharyngeal passages, caused by exposure to alternating temperatures, and producing no fever or constitutional disturbance. Influenza is a disease due to a specific germ which, when absorbed into the blood, causes febrile disturbance accompanied by vicarious pains and other constitutional symptoms. An ordinary catarrh is brought about by the action of varying temperatures on the nasal passages. A sudden change from breathing the atmosphere of a warm room to the cold air outside will produce congestion of the mucous membranes. Nature relieves this congestion by secretion, or the membranes may be brought to their normal condition by the aid of drugs, and here a simple catarrh ends. But this congested surface forms a favourable nidus for the influenza germ. The healthy mucous membrane is able to resist and destroy the numbers of germs we inhale at every breath, but the unhealthy membrane has lost this power. The influenza germ fixes itself to the congested surface, and by irritation keeps up the congestion, and finally becomes absorbed into the blood. In the daily journals of the 8th inst., Professor Weber of Halle is said to affirm that "the excitant of disease in influenza is a fungus, which was discovered some years ago to exist in nasal secretions," but he does not tell us how the fungus, as a cause, could get there. I think this fungus is much more evidently a product due to the irritation of a germ, and the result of a change which no doubt the germ undergoes in passing into the blood, than the original excitant of the disease.

Now, the passage of the germ into the blood gives rise to rigors or chills, and I believe from the number of cases I have attended, the period of incubation to be from twenty-four to forty-eight hours, these being the extreme limits. Loss of appetite and pain in the eyes and over the frontal region are the first symptoms complained of. Epistaxis I regard as rather a symptom of catarrh, and not due to influenza. Here I may note that influenza is generally preceded by catarrh, but not always. The invariable course of the pains complained of in the present epidemic has struck me very forcibly. The pain is first felt over the eyes, then at the back of the head and neck, then in the lumbar region, and, passing down the course of the sciatics, finally disappears at the toes. The temperature on the third day (probably the first day the patient takes to bed) rises in ordinary cases to 101° or 102°, and in more severe cases to 104°. If treated with diaphoretics, the temperature will most probably be brought down on the following day to normal, to be succeeded by a subnormal temperature. And this is one of the most distinguishing symptoms of the present disease. A condition of extreme prostration supervenes. A feeling of utter helplessness comes over the patient, so that he can hardly raise his hand from the bed. This condition, as a rule, will only last for a day, and may almost be obviated by an early administration of strychnine and stimulants. In the course of a few days health will be restored. The present epidemic seems to me to differ from others which we have every year only in the exacerbation of its symptoms and the virulence of its nature, the actual attack lasting but a few days, but producing an effect on the body out of all proportion to the length of its existence; the rapid loss of flesh being very marked.

As to the treatment, preventive and curative, I believe enough has not been said about the former. Believing influenza to be due to a germ, and generally preceded by catarrh, I assume preventive medicine should aim at destruction of the germ and relief of the congestion. I believe for the former there is nothing to surpass eucalyptus, and I am surprised that more has not been said about inhaling eucalyptus oil during the present epidemic. I believe it is *absolutely preventive*, and my experience and observation of it are not confined to the present epidemic. Eucalyptus destroys the germs, and,