Asylum Notes.

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Eastern Michigan Asylum, at Pontiac, Biennial Report, 1892.

Surgical Work.—Operation of castration for the relief of sickening neuralgia of the testicle. The patient being a case of melancholia, and had been under treatment since 1886. Had suffered great pain, localized in left testicle; operation, May 19, 1890: testicle extirpated; improvement noticed in mental condition at once. Following December right testicle became similarly affected; it was removed in January, 1891; permanent improvement both mental and physical followed; patient discharged recovered, in March, 1891, and has since continued to improve. Examination of testicle showed chronic congestion with inflammatory deposits; some increase in connective tissue, and in various localities small foci resembling tubercles. A case showing intimate relation of morbid peripheral irritation and physical and mental states, relieved by surgical interference. Much good can be accomplished by well-directed surgical treatment in many cases of hyperchondriacal insanity unmarked by signs of pronounced dementia.

Alimentation of the Insane.—This problem is of paramount importance. Associated with acute mental disease is physical decline. Insanity is, in majority of cases, but an expression of impaired physical health and mal-nutrition of the brain. Dietetic management is, therefore, important. Patients refuse from various causes, hence many difficulties stand in the way of systematic dietetics in the treatment of insanity. Tact, care, and thought is necessary to overcome objections. Whims of all but a few can be thus met. Forced feeding is becoming less and less frequent with accumula-

tion of experience. Forced feeding creates more harm than good. Tablespoonful of milk at intervals of one hour is better for nutrition purposes than large amount of food by artificial feeding. Lemonade recommended in cases of great excitement attended with exhaustion.

Patients during deliriant stages of maniacal excitement should not be fed by forced feeding. The exhaustion of the process dangerous to life, impairs digestion, produces vomiting, adds to exhaustion.

Alabama Insane Asylum, at Tuscaloosa, Biennial Report, 1892.

Tuberculosis among the Insane.—The subject of tuberculosis among the insane has attracted much attention during some years past; the principal point of practical interest to alienists being its possible causative influence in the production of mental aberration.

Experience shows that so-called "phthisical insanity" differs in no essential particular from mental alienation attendant upon other forms of chronic disease; typical instances of the suspicion, depression, systematized delusions and other symptoms detailed by Clouston and others being seen in the course of chronic renal disease, valvular heart disease, etc. It is worthy of note that in event the tuberculosis runs an acute and rapid course, acute maniacal excitement is its most psychic symptom. This has been especially noticed among the negro patients.

Bright's Disease.—Bright's Disease is found to be extraordinarily common among the patients, it being, in fact, the most frequent form of bodily disease with which we have to deal in the treatment of insanity. Albumen and casts are found constantly present in the urine of more than one half of the patients brought to the hospital.

Valvular Heart Lesions.—A third form of chronic defect, which equally with the two above mentioned exerts a probable influence upon mental character, is valvular heart disease, which, while but rarely a direct cause of death, is present in some eleven per cent. of the patients treated.

Table showing the number and distribution of heart lesions found in 702 white insane patients.

	MEN.	WOMEN.	TOTAL.
Number examined	373	329	702
Number showing valvular lesions .	41	41	82
{ Mitral insufficiency . . .	27	29	56
{ Mitral stenosis	3	3	6
{ Aortic insufficiency . . .	2	2	4
{ Aortic stenosis	9	7	16

The percentage of lesions among men, 10.99
 The percentage of lesions among women, 12.46
 Average, 11.72

Forms of insanity of eighty-two patients having heart lesions:

Mania,	8
Melancholia,	33
Dementia,	28
Paranoia,	7
Epileptic insanity,	4
Imbecility,	2
Total,	82

BY HALSEY L. WOOD, M.D.

Relative to Conformity in the Law of Commitment of the Insane.

Dr. Stephen Smith of this city, as Chairman of the Committee on the Commitment and Detention of the Insane, made a report in June last to the National Conference of Charities at their meeting in Denver, Col., urging unification of the laws of the States relative to the commitment of the insane. This report is printed in full in the October number of *The American Journal of Insanity*, and from which we quote:

It would seem that there could be no question as to the importance of this measure. In these United States,

there are nine different methods by means of which an insane person can be legally deprived of his liberty; and these vary widely. The benefits resulting from such unification would be, that, not only legal processes would be simplified, but that the broad lines upon which the plan would be drawn would abolish certain defective and inhuman methods of commitment now in vogue in certain of the older States, as well as inaugurating wise methods in those States more recently formed, and those yet to receive the dignity of Statehood.

In five States, two being of the original thirteen, the unfortunate can be deprived of his liberty and committed to custody on the simple dictum of a Justice of the Peace. Witnesses are called to assist the justice in forming his opinion, but his is considered the expert opinion and upon it alone is the commitment ordered. These States are Virginia, North Carolina, West Virginia, Tennessee, and Indiana. In Pennsylvania and Rhode Island the method of commitment rests upon the decision of physicians alone. "In the former State, the certificate of insanity, of the physicians, is conclusive; the judge merely certifying to the genuineness of the signatures and the character of the signers. In the latter State, even this formality is dispensed with in a certain class of cases, and the only requirement is that the superintendent of the hospital shall know of the good-standing of the certifying physicians."

And this contrast of the two methods shows clearly the progress that has been made toward a better management of the insane. In the first, closely resembling that followed at the commencement of the century, and the last the highest point yet reached in the development of the present. Between these two systems is seen a gradual growth in procedure to more rational methods.

We give the nine methods of commitment:

I. Commitment on the decision of Justices of the Peace. Five states.

II. Commitment on the decision of a judge. Eighteen states, two territories.

III. Commitment on the verdict of a jury of laymen. Five States.

IV. Commitment on the verdict of a mixed jury of laymen and physicians. Three states.

V. Commitment on decision of the Chancellor of the State. One state.

VI. Commitment on decision of a commission appointed by a judge. Four states.

VII. Commitment on decision of Commissioners of Insanity. Three states.

VIII. Commitment on decision of an Asylum Board. Two states.

IX. Commitment on the decision of physicians. Nine states, and District of Columbia.

"In the commitment of the insane on the decision of medical men alone, we have the highest development of this proceeding yet placed upon the statute book. The true nature of insanity is fully recognized, and the insane are removed from the category of criminals, and placed among that class of sick persons requiring medical care and treatment alone. The courts perform only simple notarial functions, by certifying to the genuineness of the papers, or to the professional standing of the physicians. In New York there is still noticeable in the proceedings a relic of the ancient law. The judge approves or not the certificates, according to his discretion, though in this act he is believed to assume no other responsibility in the commitment than to certify to the proceedings. But, he may institute further investigations, and may even call a jury, and may submit the person to the ordinary trial of a petty criminal. In that respect the law admits of great abuse. Practically, however, the commitment is on the decision of the examining physicians, the judge performing no other function than that of perfunctorily signing his name in approval."

In the law formulated by Dr. Smith, for the commitment of the insane in the various states, no new or untried scheme is proposed, but a law deduced from the various laws now in use in the different states.

PROPOSED LAW.

I. "No person shall be admitted to, or confined as a patient or inmate in, any hospital, asylum, or other institution, house or place, for the care and treatment of the insane, except upon the certificate of two physicians, as herein provided."

To secure competent certifying physicians, the following section is suggested :

II. "It shall not be lawful for any physician to certify to the insanity of any person for the purpose of securing his commitment to custody unless said physician be of reputable character, a graduate of some incorporated medical college, a resident of the state, and shall be in the actual practice of his profession, at the time of making said certificate."

This, it will be noticed, does away with the "three years in practice" requirement of the present law. This requirement, while intended to secure greater experience and competency in examiners does not always do so. "The error lies in the fact that the older practitioners have had little, if any, instruction in nervous diseases, and hence, are not really as competent as the recent graduates, who have attended courses of lectures on insanity, and have had the advantage of clinical instruction. Speaking from personal experience, in the examination of thousands of certificates of insanity, we do not hesitate to state that those made by recent graduates are, as a rule, far more exact and complete than those made by old physicians."

III. "It shall not be lawful for a physician to certify to the insanity of any person for the purpose of committing him to an asylum of which the said physician is either the superintendent, physician, an officer, or a regular professional attendant therein; nor shall it be lawful for a physician to certify to the insanity of any person to whom said physician is related by blood or marriage."

The last section of the proposed law contains the method of securing judicial sanction and force to the steps instituted.

"The certificate herewith provided shall have been made within one week of the examination of the patient, and within two weeks of the time of the admission of the patient, and shall be duly sworn to or affirmed before a judge of a court of record, who shall certify to the genuineness of the signatures, and to the fact that the signers are duly qualified, as provided in section first of this act."

"This project of a law is submitted as embodying the principles which, in our opinion, should govern a state in the commitment of the insane. The form may be modified to meet any existing conditions without impairing these principles."