

strongest testimony to its truth and justice. The law in regard to testamentary capacity differs *in toto* from that relating to insane persons who have committed crimes. In order that a will may be valid, the testator at the time of making it must be of a "sound and disposing mind." The meaning and value of this phrase have been declared by Lord Penzance, then Sir J. P. Wilde, in his judgment in the case of *Smith and others v. Tebbitt and others*. The existence of mental disease incapacitates a person for making a will. And if the disease evidence itself only by partial disturbance of the intellect, or even if it have no relation to any matter or business connected with the will, still the incapacity exists. In this matter no question of knowledge of right and wrong is introduced. The existence of even partial mental disease is sufficient to cause the law to deprive a man of one of the most cherished rights of a freeman—the power, namely, to leave his property as he thinks best, his proposed dispositions being in other respects legal. If it be just that the existence of a mental disease should be sufficient to render a person incapable, in the eye of the law, to leave instructions for the disposal of his property after his death, it cannot be just that a person afflicted with a similar mental disease should be subjected to the same punishment as a sane person when he has committed a crime. The existence of mental disease or insanity in any person is often patent to all; but there are not a few cases in which the nicest tact, the greatest discrimination, and the calmest judgment are needed to determine its presence, and it is of the nature of things that the cases of disputed sanity in courts of law are of this character. The mode of taking the evidence of medical men, whether in support of the sanity or insanity of accused persons, is practically the same as that in which evidence on all ordinary matters is taken. Medical witnesses are retained by the prosecution, and for the defence; they are examined and cross-examined for the purpose of supporting the preconceived assertions of one side or the other; and the testimony being thus rendered confused and conflicting, the determination of the truth is remitted to a jury of persons who have very seldom paid any attention to the subject of insanity, and whose education and previous habits have not rendered them specially fitted for the consideration of so delicate and so intricate a subject. Such a mode of proceeding is well calculated to make a partisan of a witness who should be of neither side, and, consequently, badly calculated to discover truth, for the determination of the existence or non-existence of insanity is often most difficult. By this means, not only is the medical witness often converted into an advocate, but, as one who will speak with no hesitating voice is the best witness for his own side, men of strong, prominent, and extreme opinions are selected in preference to those of more moderate views. Again, the jury, under this mode of procedure, are expected to give a decision on matters which it is impossible that they can fully appreciate or understand. For these reasons it is contended that the law concerning persons alleged to be afflicted with insane delusion, who have committed a crime, and the mode in which medical testimony as to the sanity or insanity of an accused person is taken, should be submitted to the consideration of a Royal Commission, with a view to the amendment thereof.

The main part of the evening was occupied by the reading of and discussion on a paper entitled "The Clinical Examination of the Urine," by Dr. Black, of Chesterfield. The Secretary, Dr. Sedgwick, has been good enough to hand us an abstract, but we regret that we are unable to give it place in our columns. Dr. Black's paper was an able one. It will appear in the Transactions of the Association, and we commend its perusal to our readers.

## THE PROPOSED AMALGAMATION OF MEDICAL SOCIETIES.

THE first meeting of the delegates of the different societies which have accepted the provisional resolutions of the Royal Medical and Chirurgical Society for the amalgamation of medical societies as a basis of discussion, was held in Berners-street on the evening of the 30th. The time was chiefly occupied in determining the best mode of subjecting

the suggested scheme to systematic examination. The difficulty felt at the outset was in estimating the probable financial future of the proposed amalgamated Society, and arriving at a reasonable forecast of the effect of the amalgamation upon the independent action of the sections with regard to the publication of their Transactions. The Pathological Society would not forego any part of its ordinary expenditure upon print and paper, and it was not easy to conceive how the requirements of the Society could be met consistently with the integrity of the suggested scheme. Ultimately it was determined to endeavour to ascertain approximately the probable strength and income of the amalgamated societies, and thus see and learn whether it would be practicable to devise a financial scheme which would meet equally the requirements of the amalgamated Society and the different sections thereof. Dr. Greenhow was requested, and he has consented, to undertake the task. Dr. Murchison suggested a scheme of amalgamation differing essentially from that proposed by the Medico-Chirurgical Society. He was requested to submit his scheme in a precise form to the next meeting of the Committee. The meeting adjourned to the 13th instant, and it is to be hoped that it may then be able to indicate some practicable method of overcoming the difficulties which beset the proposed amalgamation.

## Correspondence.

"Audi alteram partem."

### THE INSANE IN PRIVATE DWELLINGS.

To the Editor of THE LANCET.

SIR,—You suggest in a leader in this week's LANCET (October 16th), with reference to a letter you did me the honour of inserting on "The Treatment of the Insane of the Upper Classes in Private Dwellings," that I might "do some service of a practical kind if I would go carefully through the patients who are in the Sussex Asylum and declare how many I could conscientiously recommend to be placed in private dwellings on the condition of suitable pecuniary provision being made for their care." The following table shows the total number of pauper lunatics and idiots chargeable to the county of Sussex on the 1st of January, 1869.

Table showing the total number of pauper lunatics and idiots chargeable in Sussex, with their distribution and ratio to the population.

| Distribution.                         | Numbers. | Distribution per cent. |
|---------------------------------------|----------|------------------------|
| In the county asylum ... ..           | 568      | 61.0                   |
| In the workhouses ... ..              | 212      | 22.6                   |
| Boarded with relations or friends ... | 151      | 16.4                   |
| Total ... ..                          | 931      | 100.0                  |

Ratio to the population of the county, 1 in 390.

Thus you see, Sir, we have already 39 per cent. of the insane poor of Sussex treated out of the county asylum, and 16.4 per cent. of these are boarded in private dwellings with their relatives. The insane in Union houses are regularly visited by the Commissioners in Lunacy, but in England there is no official inspection whatever of the insane poor in private dwellings save a quarterly visit by the district medical officer of the Union, of which the Clerk is bound to furnish the Visitors of the County Asylum and the Commissioners in Lunacy a quarterly report. These patients, amounting in England and Wales to 15 per cent., or to upwards of 6000, are thus boarded out by the sole authority of the boards of guardians, and the certificate of their medical officer, but without any magistrate's order to legalise their detention. They are chiefly cases of congenital idiocy and dementia. The allowance for their maintenance averages

6d. a day. No official inspection whatever is made of these patients (save the quarterly visit of the Union medical officer), and the little that is known of their condition is not encouraging as regards the extension of the present system.

There are no patients in this asylum whom I could recommend to be thus boarded out. Yet I am very far from asserting the opinion that all the insane poor, without exception, ought to be treated in the county asylum or in the workhouse. In the President's Address for 1867, which I read at the College of Physicians before the Medico-Psychological Association, I thus referred to this question, and suggested a remedy:—

"As medical superintendent of a large county asylum, I am weekly receiving applications to allow patients to return to their homes, and though many of such cases are unfit to be discharged, others certainly might, under proper restrictions, be so restored. What is required to give this plan a fair trial is some simple organisation connected with the county asylum, similar to the permissive powers which now exist of allowing patients to be temporarily absent on trial, with a weekly allswance. Were this permissive power converted into a permanent system of home treatment for the insane poor, great comfort would result to many families in having their afflicted loved ones again with them. If the visitors of the county asylum had the power of boarding with their relatives, at an allowance not exceeding the asylum maintenance, patients selected for this home treatment, many applicants would be found, and the confidence of the poor in the authorities of the asylum would be greatly increased. The only machinery necessary would be to add a medical officer to the staff of the asylum, for the purpose of making a periodical visit and payments to these patients. The medical practitioners in the district should be employed to make a quarterly medical report to the visitors, and in exceptional cases further visitation could be made by the medical superintendent of the county asylum. The certificates remaining in force throughout the whole period, the patients could, without further delay or trouble, be brought back to the asylum in any case of relapse or other necessity. Such a plan would ultimately supersede the present system in England of boarding the insane poor in private dwellings under the authority of the boards of guardians; a system, although embracing 15 per cent. of those chargeable, of the working of which very little appears to be known, and that little, I fear, not much to its credit."

The difficulties in working such a system are not to be overlooked. The cottages of the English peasantry are already sadly overcrowded. The villages lie straggling at great distances, and thus increase the cost and difficulty of inspection. Many of those most fitted to control their insane relatives are engaged by day at distant work, and so on. Still the system might, I firmly believe, be in some such manner as I have indicated set in operation. In Scotland there are 28 per cent. of the insane poor boarded in private dwellings, and visited by the Deputy Commissioners in Lunacy. It would be evidently impracticable for the English Commissioners in Lunacy to visit 28 per cent., or 13,000 of the insane thus scattered throughout the land. This inspection must, I repeat, be the work of the authorities at the County Asylum.

I have carefully (as you suggested) gone through the list of the 599 patients in this asylum. I have selected 78 men and 72 women—chiefly cases of dementia and chronic mania—who, I think, might on the plan I suggest be entrusted to the care of their relationf. Still lunatics under asylum control, and lunatics at large, are singularly different people, and doubtless I am not mistaken in this estimate. For my present argument, I am content to believe these numbers, and to reduce the list for home treatment to 39 men and 36 women. This would amount to an asylum delivery of 12·7 per cent., and would thus alter the relative distribution of the insane poor of Sussex:—

| Place of Cure and Treatment.              | Present proportion per cent. | Proposed proportion per cent. |
|---|------------------------------|-------------------------------|
| The County Asylum ... ..                  | 61 ...                       | 43·3                          |
| The Workhouses ... ..                     | 22·6 ...                     | 22·6                          |
| Boarded with relations and friends ... .. | 16·4 ...                     | 29·1                          |

"Insanity," you truly say, "is the same disease in the private patient and in the pauper, and the elements for a scientific conclusion are therefore the same in both cases." I venture on the figures I have given to say that I believe that at least

12 per cent. of the inmates of the private asylums in England might be, with manifest advantage to themselves, be placed for care and treatment in private dwellings. There are 5000 persons of various conditions in life now confined in the English private asylums. This step would restore 600 of these sufferers to the blessings of home life, and of such liberty as their state may admit of. In their case no alteration of the law is requisite. Moreover, the accommodation is ready, and that in the fittest of all places—in the homes of the general practitioners of the country. The single advertisement in THE LANCET, which, when I wrote to you, had brought me eighty-nine replies, resulted in one hundred and eighty offers from gentlemen of good standing, several of whom I know personally, to receive a lady of unsound mind for £175 a year. How many replies would an advertisement in THE LANCET offering £300 a year—an ordinary charge in private asylums—call forth?

You say with painful truth, "for much too long the treatment of insanity has been considered an entirely special mystery, and kept apart from the rest of medicine in a mischievous isolation. Both medical science and the medical profession have suffered in consequence." One remedy for this evil—this placing of a proportion of the chronic insane of the upper classes in the dwellings of the general practitioners of the country—rests very much on their own hands, and with the London physicians. I commend the question again to their consideration. It is no small boon to their patients and to their friends which they can thus procure for them—the privilege of spending "the remaining days of their sorrowful pilgrimage in private families, having the comforts of family life, and the priceless blessing of the utmost freedom that is compatible with their proper cure."

The increased labour of inspection thus thrown on the Lunacy Board they would doubtless know how to advise Parliament best to meet. I cannot think the nation would grudge the cost of further advancing and perfecting our system—already the first in Europe—of lunacy administration.

I am, Sir, your obedient servant,

C. LOCKHART ROBERTSON, M.D.

Hayward's Heath, October 19th, 1869.

\* \* We regret that pressure on our space has delayed the publication of the above letter.

## A CORRECTION.

To the Editor of THE LANCET.

SIR,—The following passage is extracted from a case, from King's College Hospital, given at page 609 of THE LANCET of Oct. 30th last:—

"Thomas P—, aged thirty-nine, a soldier discharged after fifteen years' service, was admitted on the 13th January, 1869, into the Victoria ward, suffering from an aneurism at the root of the neck. The patient states that twelve weeks ago he got wet through at Aldershot, and went into hospital there suffering from cough. During his stay there a tumour, which he had not noticed, was discovered in the right side of the neck. On his discharge he came up to London, and was admitted under the care of Sir W. Ferguson."

Now, Sir, as the practice here is to retain men with active aneurisms with their regiments until the disease be cured, or terminate otherwise, the man's statement as to his condition on discharge from the service appeared to me so very improbable that I have endeavoured to ascertain its correctness. For this purpose, I have had the records in the principal medical officer's and the Adjutant-General's offices examined, and have referred to the surgeons of the various corps that were serving at Aldershot from October, 1868, to the middle of January, 1869, with the following results:—

1. No man named Thomas P—, or of the age and service given above but with a different name, was discharged for medical disability from any regiment stationed here from October, 1868, to 13th January, 1869.

2. No man of the name appears in the records in the Adjutant-General's office as having been discharged within the period for other than medical reasons.

3. The various surgeons then in camp assure me that no