

Since 1965 UK organisations and individuals have had the right to petition under the European Convention on Human Rights (ECHR). This was then made binding on the British Government when we joined the European Union in 1973, under Article 189. Since then, British courts have had to take into account the ECHR in their decisions and judgements. So since 1973 we have been subject to the influence of the ECHR, which is nearly identical to the Human Rights Act.

What is new in the Human Rights Act 1998? There are no new rights but, as Bindman *et al* stated, it is easier to pursue alleged injustices. However, a major difference is frequently overlooked – only a directly affected individual can pursue legal challenges. Under the ECHR anyone with sufficient interest (i.e. pressure groups or interest groups) could petition. In the Human Rights Act this has been limited to individual ‘victims’ only. Potentially, this leaves some vulnerable individuals, such as

those with mental health problems or learning disabilities, disenfranchised under the Human Rights Act, having still to rely upon the ECHR to protect them.

**Bindman, J., Maingay, S. & Szmukler, G. (2003)** The Human Rights Act and mental health legislation. *British Journal of Psychiatry*, **182**, 91–94.

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## One hundred years ago

### London County Asylum, Claybury (Report for the year ended March 31st, 1902)

The average number of patients resident during the year was 2431, comprising 1015 males and 1416 females. The admissions during the year amounted to 426 – viz., 131 males and 295 females. Of these 364 were first admissions. Dr. Robert Jones, the medical superintendent, states in his report that the general character of the admissions was unsatisfactory as regards prospect of recovery. 38 per cent. of the admissions were over 60 years of age and over 16 per cent. of the males were suffering from general paralysis. 14 per cent. of the males and 9 per cent. of the females were admitted suffering from alcoholic insanity, “although as a predisposing cause the percentage is probably higher.” It is interesting to notice, adds Dr. Jones, that

the two classes which furnished the greatest number of male admissions were described as “clerks” and “persons of no occupation.” The number of patients discharged as recovered during the year amounted to 148, comprising 52 males and 96 females, or 6.1 per cent. of the average number resident. The deaths during the year amounted to 201, or 8.27 per cent. as calculated on the same basis. “Asylum dysentery attacked 40 males and 81 females, and was responsible for 21 deaths, or over 10 per cent. of the total deaths.” Death was due to cancer of the stomach in six cases, renal disease in seven cases, epilepsy in eight cases, pneumonia in 14 cases, senile decay in 15 cases, colitis in 21 cases, cardiac disease in 24 cases, pulmonary and other forms of tuberculosis in 25 cases, general paralysis of the insane in 50 cases, and other causes in the rest. Two patients who were pregnant upon

admission were safely delivered. There has been, with the exception of colitis, no outbreak of zymotic disease during the year. The Commissioners in Lunacy state in their report that the wards were in excellent order, that the day-rooms were comfortable and cheerful, that the dormitories were clean and well aired, and that the medical case-books and records were very well kept. The sub-committee of management states in its report that owing to the drought the crops and farm produce showed a considerable falling off during the year. The sum of £9320 was spent during the year upon improvements, alterations, and repairs.

#### REFERENCE

*Lancet*, 6 December 1902, p. 1572.

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