

Dr. Bastian stated that he had examined the prisoner at the request of the Treasury, and that the prisoner's mind appeared to be saturated with delusions of persecution. Prisoner's act in killing Mr. Terriss was the result of those delusions. He did not think that the prisoner was capable of exercising self-control at the time. The judge: Would it make any difference in witness's opinion if he thought that prisoner had premeditated the act? Witness: No, because insane persons do premeditate. "I am perfectly certain that the prisoner was insane." Prisoner knew that he was making an assault on Mr. Terriss, but he did not know the quality of the act.

Dr. Hyslop of Bethlem and Dr. Scott of Holloway Gaol gave similar evidence. The learned judge told the jury that there was no doubt that the prisoner committed the act, and there was also evidence that it was premeditated, but premeditation did not prevent a man's being so insane as to be irresponsible at law. The judge then referred to the well-known rule of law, and said that it was clear, according to law, that a person might be insane to a certain extent, and yet be responsible. The mere fact of insanity was not enough to make a person irresponsible.—Guilty, but insane.—Central Criminal Court, January 13, 1898 (Mr. Justice Channell).—*Times*, January 14.

The usual latitude was permitted to the medical witnesses, who were allowed to give evidence of their opinion of the state of mind of the prisoner at the time of crime. The judge summed up in the strict terms of the answers in the McNaghten case, but plainly intimated to the jury that they were at liberty to find the prisoner insane.

Reg. v. Cross.

Prisoner, a coal merchant, aged 22, was indicted for the attempted murder of Annie Drury. Prisoner, disguised with a handkerchief over his face, with two holes cut in it for vision, went to the house at which Mrs. Drury was staying. He had a revolver in one hand, and in the other a dagger made out of the tine of a pitchfork fixed in a wooden haft. He fired the revolver at one of the women in the house, and stabbed another several times. Subsequently he came undisguised to the house in which they had taken refuge, and talked about the outrage, saying that the man who committed it ought to be caught. The plea of insanity was set up, but no details are given in the report. The jury found the prisoner guilty, but recommended him to mercy on the ground that he was of weak mind, although not insane.—Norwich Assizes, February 26, 1898 (Mr. Justice Grantham).—*Times*, February 27.

Another instance of the growing practice of taking into consideration a mental state which, while not involving complete irresponsibility, is yet a reason for mitigation of punishment. In this case, by inflicting only twelve months' imprisonment, the judge appears to have given effect to the plea.

Barnett v. Blagg and others.

This was one of the rare cases in which a will is upset on the ground of insanity. The testator was proved to have suffered from delusions of persecution, which gave rise to a groundless and intense feeling of hostility towards his father, brother, and sister, whom he excluded from benefit by his will. Sir F. Jeune, sitting without a jury, pronounced against the will.—*Times*, December 9, 1897.

THE INSANE POOR IN PRIVATE DWELLINGS IN
MASSACHUSETTS.

BY SIR ARTHUR MITCHELL, K.C.B., M.D., LL.D.,

Ex-Commissioner in Lunacy of Scotland.

[In view of the fact that the State of Massachusetts has the near prospect of getting a new Lunacy Law, Sir Arthur Mitchell thought it might be useful to make an effort to secure good provisions in that law, especially in

respect of the care of a certain class of lunatics in private dwellings, and with that object wrote as follows on those parts of the Eighteenth Annual Report of the State Board of Lunacy and Charity (January, 1897) which deal with the boarded-out insane. The remarks, from which we take these extracts, appeared originally in the *Boston Medical and Surgical Journal* of November 4th, 1897.—ED.]

THE boarding-out of the insane poor began in Massachusetts in August, 1885, under the provisions of an Act approved in that year.

The number of patients boarded out on the 30th of September of each of the eleven years is as follows:

1886, 34; 1887, 73; 1888, 80; 1889, 110; 1890, 148; 1891, 155; 1892, 175; 1893, 164; 1894, 158; 1895, 142; 1896, 129.

These figures show a slow but steady growth of the number of the boarded-out during the first seven years, but during the last four years there is a steady decline, though it is said that there has been "the same effort to place patients out." According to the Report, "the lack of material alone has prevented the advance of the system." There is room, however, for doubting the accuracy of this opinion. Other causes of failure have been in operation, and these must be considered in forming an estimate of the result of the experiment, which, as the Report says, we may fairly expect to be able to do from a knowledge of what has happened during the eleven years of its working.

I. MENTAL AND BODILY CONDITION OF PATIENTS PLACED IN PRIVATE DWELLINGS.

(1) "Persons of the quiet and chronic class." Page 84.

(2) "Chronic cases of good physical health and quiet and tidy habits." Page 85.

(3) "Entirely tractable." Page 86.

(4) "Simply requiring to be comfortably clothed, housed, and fed." Page 86.

In Scotland patients provided for in private dwellings are certified to be (1) incurable, (2) harmless, and (3) not in need of such special nursing as cannot easily be found out of institutions. This is regarded as enough. As a permanent provision is contemplated, incurability is assumed to be a feature of the patient's condition. Of course, patients may sometimes be erroneously certified to be incurable, and recoveries among them may therefore occur. Transferences from asylum care to private care, made for the purpose of completing or confirming convalescence, are not regarded as a mode of providing for the insane, but as a means of treatment; they are of a temporary character, and are called *Liberations on Probation*.

II. ADVANTAGES TO PATIENTS OF CARE IN PRIVATE DWELLINGS.

(1) The "patient enjoys home comforts and pleasures, and a measurable return to his former habits of life." Page 85.

(2) "The flickering remnants of mental activity are stimulated by the presence of old familiar habits, and the patient is happier than in the hospital." Page 85.

This accords exactly with forty years' Scottish experience. If it is true of any single patient that his happiness and enjoyment can be thus increased, the State has no right to deprive him of that blessing, even if it cost a little more, instead of a good deal less. *Admittedly*, some lunatics do enjoy life more out of asylums than in them—in their old familiar roughish environments than in the great formal day-rooms and dormitories of a public institution, with the irksome discipline and methods which must and always do exist there. If there are, as is *admitted*, some patients who can be thus benefited, it becomes a duty to ascertain how many there are, and, with that in view, to

ask ourselves whether long connection with asylums does not tend to make us bad judges of what patients among the incurable could with advantage live under private care in natural non-institutional surroundings.

III. CHARACTER OF FAMILIES IN WHICH PATIENTS SHOULD BE PLACED, AND ASYLUM TRAINING OF GUARDIANS.

(1) "In families without young children, and one or both of whose heads have had hospital training." Page 85.

(2) In families in which "enough of the hospital system appears to help ordinary family government." Page 85.

In the experience of Scotland the presence of young children in the homes of the guardians is often a decided advantage to the patients. It is a common experience to find a boarded-out lunatic an excellent and trustworthy nurse.

Asylum-trained guardians do not ordinarily prove so satisfactory as persons who have no special training, but who have shown good common sense and kind-heartedness in their relations to their children, relatives, and neighbours. There is nothing which is so much disliked in Scotland as the appearance in the homes of the boarded-out of any trace of asylum methods of management. Every effort is made to render the life of such patients a true home and family life—the patients being as nearly as possible members of the family in which they live. This is generally found to be quite possible; and the patients share the interests, the pleasures, and the sorrows of their guardians.

IV. DIFFICULTY IN SECURING WITHOUT DELAY IN CASE OF ILLNESS THE CARE WHICH CAN BE AT ONCE OBTAINED IN ASYLUMS.

(1) There is a "difficulty of securing in case of illness the same care that can be obtained without the slightest delay in the hospital." Page 88.

It is difficult to believe that this is seriously advanced as an obstacle in the way of boarding-out suitable patients.

The *care* referred to is evidently medical care. The guardians may fall ill as well as the boarders, and there would be no greater difficulty in obtaining the attention of a medical man in the one event than in the other. It is no hardship that the guardians and patients should be on an equality in this matter. A residence would not, of course, be chosen because it was far from a doctor, nor, when such a residence was selected as in many respects suitable, would a specially delicate patient be placed in it; but, in a general sense, there is nothing in the condition of suitable patients to prevent their living in the circumstances in which people of their class usually live.

V. RISK OF GUARDIANS DOING THEIR WORK FOR THE SAKE OF GAIN.

(1) There is a risk that persons will "take patients for the sake of gain." Page 86.

(2) In agreeing to receive boarders "the motive of personal gain necessarily exists to some extent." Page 87.

No one could have expected that persons would receive insane boarders into their families without the hope of some advantage from doing so. Indeed, they ought not to do so without that hope. They ought to be sufficiently remunerated. Proper payment tends to secure good work in this as in other things. It is not a work of charity, though kindness should appear in it, and be required. The word *gain* has associations which give it an unpleasant ring: but the motive of gain or advantage is quite a proper motive, and in good administration there is no difficulty in preventing abuses and excessive gains.

VI. RISKS TO THE YOUNG PERSONS FROM ASSOCIATION WITH THE INSANE.

(1) "The companionship of a person afflicted with insanity is extremely unsuitable for young and unformed minds, and is sometimes even attended with dangerous results." Page 86.

(2) "The influence on children is far from good." Page 89.

No evidence of such injurious influence has presented itself in Scotland. It must be remembered that the insane who are under private care are believed to be incurable and harmless, and are often feeble in body as well as in mind. They are objects of sympathy, and the young as well as the old are led to treat them with kindness and consideration. In this direction there is an educational advantage to the young from having two or three imbeciles boarded in a village, in whose well-being the State shows an active and kindly interest. The real nature of the sad condition of such persons comes to be understood, and sentiments like the following become more common :

“ An’ is there ane amang ye but your best wi’ them wad share ?
Ye mauna scaith the feckless, they’re God’s peculiar care.”

It is difficult to disprove an assertion like that contained in these quotations. It is mere assertion, however, and on its side is unsupported by proof ; and, so far as the experience of forty years’ work in Scotland goes, there is no evidence of any such injury to the young.

VII. THE RISK OF OVERWORKING PATIENTS IN PRIVATE DWELLINGS.

(1) There is a “ danger that too much work may be imposed ” on them. Page 87.

(2) There is a risk of the “ imposition of tasks too severe for strength.” Page 87.

Of course, such a danger must exist. The risk, however, is not great. And it will not be difficult under a good administration to make arrangements which will render the risk exceedingly small. The existence of this, as of any other risk, ought not to be ignored, but it will not be found to be of such magnitude as to constitute any obstacle to the development of the system of boarding-out the incurable and harmless insane poor with guardians or caretakers selected from the people either of New England or of Old Scotland.

VIII. PATIENTS IN FAMILIES LOSE THE AMUSEMENTS OF PATIENTS IN ASYLUMS.

“ Patients in families are necessarily deprived of almost all the advantages of social life, the amusements and entertainments which form so large a feature of the ordinary hospital routine.” Page 87.

The dances, theatrical performances, concerts, and games of asylum life become proper, or rather necessary, as a relief to the dull monotony and routine of that life, and are needed for patients, officers, and attendants alike. But going back to family life is a going back to true social pleasures and enjoyments. These are longed for by asylum inmates just in proportion to the power they have of longing for anything. No sane person would exchange them for asylum dances and concerts. The thousand and one familiar things constantly going on around patients in families constitute a far greater source of enjoyment than the scenic and got-up entertainments of asylums, and fill their lives with truer delights. Of course, all this involves the ability to give to boarded-out patients a life closely approaching to real family life,—that is, the ability to place them with guardians or caretakers who will make them as far as possible members of their families. That this is possible has been abundantly proved, and the happiness of many of the insane poor has in that way been much increased.

IX. PRIVATE CARE BEST SUITED FOR CONVALESCENTS.

(1) Care in private dwellings “ seems to apply most happily to those who are on the road to recovery ” ; they are “ convalescent homes for them ” ; “ several patients entirely recovered in this way, whose recovery would have been doubtful, or very much delayed, had they remained in the hospital.” Page 88.

(2) “ Convalescent cases receive the most benefit ” under private care ; “ for them the system is best suited.” Page 89.

There is a complete misunderstanding here of what is properly enough called

the *system* of boarding-out. It is a method of providing for the care of the incurable and harmless, and it concerns itself with arrangements and conditions which are expected to be lasting.

Of course, recoveries are often hastened and confirmed by removing patients, who are improving, from asylums to care in their own homes, or in the homes of persons not related to them, and every good lunacy law should make it easy to liberate patients on probation for some definite period with this good end in view.

But it is an altogether different feature of the lunacy administration of a country which proposes to provide for a considerable number of harmless and incurable lunatics in private dwellings, instead of leaving them in asylums.

The number of pauper lunatics in Scotland satisfactorily provided for in private dwellings is 23 per cent. of all the pauper lunatics in the country. Scotland is nearly twice as populous as Massachusetts, and the proportion of the insane to the population is nearly the same.

In further reference to this point, it seems proper to ask whether convalescent insane patients are more fit than others to be exposed to the risks of being under the care of persons without hospital training, of being without the means of instantly having a doctor, of being kept for gain, of being overworked, &c.; and also, whether they would not injure young persons associating with them, and would not suffer from the loss of hospital entertainments and hospital social life.

X. STRAIN ON GUARDIANS OF ATTENDANCE ON PATIENTS BOARDED WITH THEM.

(1) The guardians or caretakers may tire "of the strain which this constant and unremitting attendance occasions." Page 86.

(2) "They can never leave home together without first securing some reliable neighbour to take charge in their absence." Page 86.

If suitable patients are selected for care in private dwellings, there will not be any such "constant and unremitting attendance" as to cause any strain which will be a subject of complaint. It may be otherwise, of course, if the patients are badly chosen. The presence of an insane member in a family will, no doubt, sometimes—perhaps often—make it as difficult for both guardians if there are two; or for the single guardian if there is only one, to leave home as if there were young children in the family. But it will not be more difficult; and the parents of children, if they are sensible and respectable people, do not complain of having to keep at home, or of their not being as free to move about as if there were no children under their care.

XI. WOMEN SHRINK FROM ASSOCIATION WITH PERSONS OF IMPAIRED INTELLECT.

"Most women shrink from near association with persons of impaired intellect." Page 89.

This is a very surprising statement. It is not true of the women of Scotland. They are as capable and fearless as they are kind in nursing persons of impaired intellect. They often devote themselves most lovingly and intelligently to the care of a helpless imbecile or dement.

It is not easy to believe that what is said here of Scottish women could not be said with as much truth of the women of Massachusetts.

XII. THE DEMAND FOR INSANE BOARDERS EXCEEDS THE SUPPLY.

(1) It is "a significant fact that the demand for insane boarders invariably exceeds the supply." Page 81.

(2) The "demand for patients is always greater than the supply." Page 89.

These are most important statements, and show the possibility of making care in private dwellings a part of any whole scheme for providing for the insane poor, if well-directed efforts are earnestly and continuously made. This,

of course, assumes that the proportion of incurable and harmless patients in the whole body of the insane poor does not differ radically from the proportion in Scotland; and there is nothing to show that any such difference exists.

XIII. BOARDING-OUT IS OBJECTIONABLE AS LEADING TO THE REMOVAL FROM ASYLUMS OF USEFUL AND PROFITABLE WORKERS.

(1) "The boarded-out are those easiest to care for in the hospital." Page 88.

(2) "The number of paid employés in our hospitals is so small that much of the work must be done by patients, with the result not only of considerable saving to the State, but of being a wise adjunct to the treatment of the patients. Thus the greatest number eligible for boarding-out are either quiet patients, doing no work, and requiring the minimum of hospital care, or else chronic cases, helpful to themselves and others, whose departure reduces the working force of the hospital." Page 88.

This view of the question is full of error. On the threshold it ignores the obligation of the State to do for the insane poor what is best for them, and to make their life as happy as it can be made. As regards a certain number of them—not inconsiderable—it may be safely said that every person having special experience in the care of the insane holds that they are happier out of, than in, asylums. All physicians act on that view, and so do all laymen. Every insane person is not sent to an asylum. Only those are sent who, in addition to being insane, require care and treatment in institutions. It is recognised on all hands that it would not be right to subject some insane persons to the loss of liberty and the irksome discipline which asylum life necessarily involves. If, then, it is not right to send to asylums persons in certain states of insanity, it is clearly wrong to continue to detain persons in asylums, who after a longer or shorter residence there, have passed into corresponding states of insanity. Whatever the number of these persons is—whether it is large or small—they ought not to be kept in asylums when they have ceased to need such detention, and when they can be provided for otherwise in a way which adds to their happiness. This should be a guiding view in State lunacy administration, even if the other way of providing for such persons led to some increase of cost. But it so happens that it diminishes cost and leads to saving.

It is not easy to believe that any one would seriously hold that it was right to keep persons in an asylum because they worked well and profitably—were good laundresses, were useful in the kitchen, gardened well, were good musicians, or were servicable in other ways. This would be almost equivalent to holding that it would be proper to detain patients unnecessarily in asylums for gain to the asylum authorities,—that is, for gain to the State.

But it is desirable to point out that the removal of quiet patients who are good workers, and are able to be helpful to themselves and others, has not the effects which it is here alleged to have. This has been abundantly proved. When such patients are removed, this is what happens: it is found that there are other patients who can be induced to work. The set of good workers being sufficient in number, no serious effort is made to lead non-workers to become workers. They are not wanted, and a refusal to work is too easily accepted as a thing that cannot be got over.

In this way the removal of the incurable and harmless does good to those who are left, and tends to increase the number of recoveries.

XIV. OVERSEERS OF THE POOR HINDER THE GROWTH OF THE SYSTEM OF BOARDING-OUT.

(1) Before removing patients to private care, the "consent of the overseers of the poor must first be obtained," and they "prefer to care for them in their own almshouses." This is "a serious obstacle to the success of the system." Page 89.

(2) During the year ending March 31, 1896, "86 persons were discharged

to the overseers of the poor, most of whom were eligible for boarding in families." Page 89.

(3) "Were small towns forbidden by law to make their almshouses receptacles for the insane, the number of those boarded out would be largely increased." Page 89.

All this points to the necessity of fresh legislation.

(1) All the insane poor, *however provided for*, should be as much under the care of the State as those of them who are in asylums.

(2) No almshouse should be allowed to receive insane inmates which is not licensed to do so by some State authority—the licence being granted on well-considered conditions.

ASYLUM NEWS.

Derbyshire.—The Committee asked for power to extend the present county asylum at Mickleover so as to provide for 750 patients, as against 600 at present. This would involve an outlay of £21,000. During the discussion several speakers suggested the desirability of erecting a new asylum in the northern part of the county, which was very favourably regarded by those present.

Lancashire.—At the annual meeting of the Lancashire Asylums Board the Chairman moved the adoption of the Report of the Committee of Winwick Asylum, which stated that the tender of Messrs. Robert Neill and Sons for the erection of the new asylum for Winwick for the sum of £253,000 had been approved. The patients' blocks will be completed in about two and a half years, and the whole building in three and a half years. The report was confirmed.

The Clerk read the following resolution from the Preston guardians:—"That the asylum authorities be asked to put pressure upon all unions to make room for chronic harmless cases." Sir J. T. Hibbert said that if chronic harmless cases were put into the workhouses the guardians would not receive the 4s. grant for their maintenance. The County Councils Association were about to promote a Bill in Parliament to enable the union authorities to receive the grant for chronic harmless cases that were kept in the workhouses, just as they did for pauper lunatics in asylums. (Hear, hear.) Alderman Hulton said he had heard the statement of Sir John Hibbert with great pleasure. He hoped it would be a condition that only those patients who had been subject to probationary treatment in the asylum would be allowed to remain in workhouses. Sir John Hibbert said that would be so.

Mr. S. S. Brown (Pemberton) moved—"That this Board doth hereby undertake to remove the temporary buildings, to be erected in connection with the annexe at Rainhill Asylum, on the completion of the new asylum at Winwick, unless the sanction of the Secretary of State to their being used after the completion of such asylum be obtained." The resolution was passed. Mr. Brown also moved, "That a sum not exceeding £10,500 be granted out of the Asylums Fund for the erection of the temporary buildings at Rainhill." The motion having been seconded, Mr. Hoyle said he was very glad to hear that additional accommodation was to be provided. They were receiving censure from all parts. Only the other day the Coroner of Liverpool made some very strong remarks on the matter. Alderman Hulton said it seemed a great waste of money to spend £10,500 in buildings that would have to be done away with. Mr. Turner said they might be able to use them as permanent buildings, subject to obtaining the approval of the Secretary of State. Mr. Kenyon said he hoped they would not have to be swept away. They would need them and the new asylum as well. The resolution was adopted.

West Riding.—In order to meet the need created by an increase of insanity in the West Riding of late years, the Asylums Committee of the County Council are making preparations for the erection of an additional asylum capable of accommodating about 2000 patients. It was shown that whereas in 1887 there were