

Bill is to extend to Ireland. After some discussion, not all of a favourable character as regards the principle of the clause, it was proposed by Dr. RAINSFORD, seconded by Dr. LEEPER, and passed:

"That, with reference to the Ministry of Health (Miscellaneous Provisions) Bill, as the Irish Division of the Medico-Psychological Association understand that Clause 10 is likely to be made applicable to Ireland, they are of opinion that the proviso 'that this Clause shall not apply to a person who has been certified as a lunatic under the Lunacy Acts' should be deleted."

The Hon. Secretary was directed to forward, at once, a copy of the resolution to the Hon. Secretary, Parliamentary Committee of the Association, and to request his attention to the matter of the resolution.

Dr. RAINSFORD read an interesting communication entitled "Note on a Case of Pellagra" (see p. 48), which was discussed by the members present.

The CHAIRMAN thanked Dr. Rainsford for the very interesting case he had so fully reported, and remarked that, owing to its rarity, the members were possibly unable to discuss the case as fully as it deserved.

This terminated the proceedings.

PARLIAMENTARY NEWS.

HOUSE OF COMMONS.

October 25th, 1920: Soldiers unidentified in mental hospitals.—Mr. WATERSON asked the Secretary for War how many soldiers remained unidentified in mental hospitals, and what steps were being taken to make the general public aware of the facts so as to secure identification.—Mr. CHURCHILL replied: There is no unidentified soldier in the mental hospitals under the control of the War Office, and so far as the Department is aware there is no unidentified soldier in any other mental hospital.

Maintenance of pauper lunatics.—Mr. R. YOUNG asked the Minister of Health what was the cost per patient repaid to boards of guardians for lunatic patients in county asylums; whether, owing to the increased cost in such asylums for lunatic patients there was a growing tendency to retain these mental cases in workhouses; and whether he would consider that an increase in the grants repaid to boards of guardians should be given to secure the removal of mental patients to suitable hospitals where more highly skilled treatment could be obtained.—Dr. ADDISON replied: The grant payable to a board of guardians in respect of a lunatic in a county asylum is 4s. weekly. I have been unable to find any evidence of the tendency suggested and I do not think that an increase of the grant is called for on this ground.—Mr. FORESTIER-WALKER asked the Minister of Health whether, in view of the greatly increased cost of maintenance of pauper lunatics, he was prepared to introduce legislation amending the Act of 1888, so as to provide repayment to boards of guardians of a contribution proportionate to the present high cost of maintenance and also towards the large increase of salaries and bonuses of the officials of Poor-law unions.—Dr. ADDISON replied: As I have repeatedly stated, in view of the contemplated legislation for the reform of the Poor-law, it would not be practicable to deal with these particular points at the present time.

November 3rd: Treatment of loss of memory cases.—Mr. AUBREY HERBERT asked the Secretary for War whether ex-service men who from shell-shock or some other cause had lost their memory during the war would be provided with suitable accommodation in homes and not in lunatic asylums.—Major TRYON (Parliamentary Secretary to the Ministry of Pensions) replied: Special accommodation is provided by my Department for any ex-service man suffering from loss of memory due to his service in the late war, but should the malady unfortunately develop into certifiable insanity the patient can no longer be detained in a Ministry institution, but must be transferred, in accordance with the present Lunacy Laws, to the care of the Board of Control.

Maintenance of pauper lunatics.—Lieut.-Comdr. HILTON YOUNG asked the Minister of Health whether, in attempting an equitable readjustment of existing Government subventions in relief of rates, he would take into consideration the

inadequacy of the 4s. allowance in respect of the maintenance of pauper lunatics.

—Dr. ADDISON replied: Yes, sir.

November 4th: Ministry of Health Bill (Abstract, re Clause 10).—Dr. ADDISON having outlined the proposals of the Bill with respect to housing the right honourable gentleman went on to deal with Clause 10. During the war, he said, they found a large number of men suffering from shell-shock and similar affections became mentally disordered for a short time. A system was set up whereby suitable cases had treatment in mental hospitals. In Clause 10 provision was made for the continuance of this form of treatment under very stringent safeguards. It was vital that this class of men should escape the stigma and disabilities of being classed as lunatics. In the first place the clause provided that the persons so treated must be suffering from mental disorder which was incipient in character and of recent origin. The next thing it did was to limit the treatment in any individual case to six months. Safeguards were necessary, as it would clearly stultify the whole effort if any irregularities occurred. The places where persons were to be treated were to be certified, examined and visited. Persons could only receive treatment on the certificate of two duly qualified medical practitioners; they could only be received on their own consent; and they could discharge themselves at any time by giving notice in writing. The scheme did not apply only to ex-service men. They did not anticipate that it would require more than the existing staff.

Mr. RENDALL: Does this clause mean that the right honourable gentleman does not propose to ask for the assistance of the Lunacy Commissioners in inspecting these places?

Dr. ADDISON said he did not say that. It might be done with some of their staff or assistants, but at the present time he saw no reason to add to the staff.

Earl WINTERTON, in moving the rejection of the measure, said that his first objection to the Bill was that it dealt with half a dozen different subjects. It dealt with the question of lunacy and proposed most formidable changes in the existing law, while it removed one of the principal safeguards which the subject now had under the Lunacy Laws. It also proposed much more wide and sweeping changes than the right honourable gentleman would admit in the relations of local authorities to voluntary hospitals. He thought that Clause 10, which dealt with treatment for incipient mental disorder, would prove one of the most contentious and controversial clauses in the Bill. Under Section 315 of the present Lunacy Act a penalty was imposed upon anyone detaining a mental case for profit without complying with the necessary procedure of judicial investigation prescribed for the protection of the individual. Under Clause 10 of this Bill all that safeguard was swept away, and the Minister was given practically *carte blanche* to override the Lunacy Act. He did not know why the Ministry of Health should override the Lunacy Commissioners. Personally, he did not think that its attempts to deal with other questions and to deal with other reforms would lead them to believe that it would be any more successful in this. Many people who had studied the question held the view that even the Lunacy Acts were not sufficiently strong to protect the subject from possible mishandling or ill-treatment at the hands of those, whether relatives or doctors, who might be ill-disposed towards him. What made this Bill all the more dangerous was that under the Lunacy Acts only a certified person could be detained or treated as a lunatic, whereas under this clause it would be possible with very small safeguards for, say, a neurasthenic, who was not familiar with the law, to be incarcerated without any appeal. Many authorities who had taken a life-long interest in the treatment of these unfortunate people afflicted with mental delusions objected strongly to the clause as it stood, and they had supplied him with a memorandum in which they urged that what was needed was not such institutions as were proposed by the Bill, but the provision of cheerful hospitals run on a purely hospital footing, not for profit, but philanthropically and without detention.

Sir H. CRAIK, in seconding the motion for rejection, said he agreed with Lord Winterton and with his medical friends with respect to the importance of the medical provisions of the Bill, but surely a subject of this sort involving points of great importance to the individuals and points of delicacy on which the house had to be advised by the most mature and careful medical authority could not be dealt with in a few lines of one clause. Yet, in effect they were told that if they did not take it as a small, almost infinitesimally minute portion of one Bill they were

opposing the whole matter and refusing to move forward. That was an unjust argument, and led to the destruction of all sound Parliamentary proceedings. Even the worm must turn, and this was a Bill which, looking to his past when he helped Mr. Bonar Law in opposing similar socialistic projects, he could not now support. It increased unduly the power of the bureaucracy, fettered unduly their freedom of action; was contrary to the whole genius of our people, and launched the country into an expenditure of a ruinous character.

Sir DONALD MACLEAN said he hoped that the House would not give in anything like their entirety the powers asked for by the Ministry in Clause 10. Those powers ought to be limited specifically. It was a very serious inroad on what had hitherto been very carefully safeguarded by that House. People knew what had happened under the safeguards of the certificates of two medical men, and all the rest of it. Any handling of this subject by a Government or other department by way of extension of existing powers ought to be most carefully examined before any extension of powers was granted. The horror of sending men into lunatic asylums or mental hospitals often did the greatest possible damage to them. He suggested that the operation of this clause might be limited and not have any general application.

Lord HUGH CECIL thought that the hospital question should have been dealt with on a larger scale and in a separate Bill if dealt with at all. As regards the proposals on the subject of lunacy, he thought there was great need for the reforms which were touched on in the clause and for many other reforms affecting lunacy, but the great reform that was needed was that the people who were confined by reason of mental deficiency or derangement should pay their expenses and no more, and it should not be lawful to make a profit out of any form of disease, and certainly not out of mental infirmity, because the tendency was so overwhelming not to cure the patient, but to treat him very kindly and to keep him where he was. This clause merely touched in a most half-hearted way the whole subject, and so far as it did touch it he thought it did so in a most dangerous way. It was with reluctance that he would vote against the Bill, but he was sure that it would do an enormous amount of good to the public service if they rejected the Bill or any Bill of that kind.

November 9th: Ministry of Health Bill (Abstract, re Clause 10).—The debate on the second reading of the Ministry of Health (Miscellaneous Provisions) Bill, and on the motion for rejection of the Bill by Lord WINTERTON, was resumed.

Lieut.-Col. NATHAN RAW said the Bill was one of first-class importance to the community. As a medical man who had a fairly large experience in the treatment of lunacy he welcomed Clause 10, which in its general principles was a much-needed reform, though some modifications might have to be made in it in committee. Prevention was better than cure. He could assure the House that a great number of people are certified as lunatics and sent into ordinary asylums who need never go there, and who might have been spared the stigma of being certified as insane by a few weeks or months of treatment such as was indicated under this clause. As the law stood at present this was not possible, at least for the working classes. A great many poor women suffered from mental aberration as a result of childbirth. They required very careful supervision and very special nursing. This could not be done in a cottage. The only thing to do was to send the case to an asylum. Other cases arose out of alcoholism, pneumonia, influenza and Bright's disease. Most of those people could make a complete recovery in the course of a few weeks or months if they could have the advantage of treatment which was provided under the clause. War had shattered the nervous system of many thousands of our soldiers. Very few were insane. They were suffering from neurasthenia and nervous collapse, which in a few weeks or months might be cured. He should like to see special mental wards attached to all general hospitals, in which the cases of soldiers suffering from shell-shock and mental disturbance and in the early stages of mental disease could be treated. The clause was entirely voluntary. In some cases the patient would not be able to give his consent, and he suggested that in those cases the nearest relative might act. He also suggested that the recommendation of one medical man should be sufficient.

Lieut.-Col. FREMANTLE said part of Clause 10 was very difficult to support, and yet if they really went into the actual cases which it was meant to meet it was impossible to resist it. The London County Council felt that it was a contribution,

and only a small contribution, to the solution of the problem of dealing with the cases of mental deficiency and disorder in their early stage. The main objection to the whole question from the professional standpoint was that they were dividing what was essentially one. The problem of mental disorder ought to be treated as a whole.

The motion for rejection of the Bill was negatived by 156 votes to 76 and the Bill was then read a second time.

November 15th: loss of memory cases.—Mr. SWAN asked the Minister of Health if steps would be taken to remove from lunatic asylums and Poor-Law institutions all discharged soldiers and sailors suffering from temporary loss of memory attributable to the war, and place them in homes suitable for their case and compatible with the service they have rendered to the State.—Dr. ADDISON replied: I am advised that no discharged soldiers or sailors are known to be in asylums who are there because they suffer merely from temporary loss of memory attributable to the war. There are, of course, many ex-service men suffering from various forms of certifiable insanity in which loss or impairment of memory may form one of the symptoms. Such men are kept as private patients under satisfactory conditions. To remove them to separate homes or institutions would be neither economical nor in the interests of the patients themselves.

November 22nd: unidentified mental cases.—Lieut.-Com. KENWORTHY asked the Minister of Pensions whether a photographic gazette of all unidentified ex-service men who were inmates of mental hospitals was being prepared; if so, when it would be ready and how it would be distributed.—Major ENTWISTLE asked the Minister of Pensions if it was a fact that a number of unidentified ex-service men were at the present time inmates of lunatic asylums and mental hospitals; and, if so, would he at once arrange for the publication of a journal containing photographs of these men, and issue it to the general public in the hope that some of these men might be identified by relatives and friends.—Major TRYON replied: I am glad to have this opportunity of correcting the unfortunate impression which seems to be prevalent that there are many unidentified ex-service men in mental institutions. The fact is that of all the male patients admitted since August 1st, 1914, to county and borough asylums in England and Wales only four are at present unidentified; and of these two are over 60, one over 50, and the other is about 16 years of age. My right honourable friend, the Secretary for War, in a reply on November 17th, stated that there was no unidentified soldier in the mental hospitals under the control of the War Office, and so far as my Department is aware, there is no unidentified ex-service man in any other mental institution.—Dr. MURRAY: Does that apply to Scotland, or only to England and Wales?—Major TRYON: I have not had the whole of the returns from Scotland, but I have the hope that no such cases will be found in Scotland.

November 24th: Ministry of Health Bill (Abstract, re Clause 10); Standing Committee A.—Mr. THOMSON moved an amendment to leave out the words "for a period not exceeding six months or any longer period not exceeding in all twelve months as may be approved by the Minister and whether for payment or not." He submitted that the clause as it stood made contradictory reading. They all realised the absolute necessity of doing something at once for these shell-shock cases and nervous disorders which were the result of the war, in addition to the large number of the civil population who had shown incipient signs of mental disorder. There must, however, be no compulsion, and if the second part of the clause was to be effective patients must be able to leave when they liked. They were suspicious of the working of the Lunacy Law. These cases should be dealt with on the same lines as ordinary physical ailments. An atmosphere of freedom was necessary to their recovery.—Dr. ADDISON said he sympathised with the objects of the honourable Member, but he did not quite see how he was achieving them by this amendment. There were a number of amendments on the paper designed to secure real freedom for the patients, a considerable number of which he hoped the Committee would accept. The amendment was withdrawn.

Dr. ADDISON accepted an amendment, moved by Mr. C. EDWARDS, to limit the period to six months. Every case, he said, would be reviewed at the end of that period.—The amendment was agreed to.

Earl WINTERTON moved to leave out the words "whether for payment or not." He thought that in all institutions for the treatment of disease, whether mental or

other, the ideal to be aimed at was the institution which made no profit out of its patients. A great friend of his was literally killed by the treatment he received in a nursing home. Scandals had been shown up from time to time in the case of these private nursing homes. There was an unfortunate lady whose case attracted considerable attention some time ago. She wrote two articles under a *nom de plume* in which she showed how she had been an ordinary inmate of a so-called mental hospital, the sort of "rest-cure" hospital which he assumed would be contemplated under this clause. He thought the evidence she brought forward was indisputable that she was really treated extremely badly. He would quote from a letter which she had written to him on the subject. She said that while a so-called voluntary inmate of a mental hospital of the highest standing, and while under the "protection" not only of such safeguards as were proposed in the new Bill, but of Section 315 of the Lunacy Act, 1890, she was easily and with complete impunity certified and incarcerated in that institution as a lunatic by pre-arrangement. That kind of case might easily arise when they had a system of homes run for profit. The lady he had mentioned was asked to sign a document when she arrived at the hospital in a very nervous state. She did so, but she did not know that that document would afterwards be used as evidence of her consent to enter the home. He could not see that these safeguards would prevent abuses. The whole idea was repugnant to him, especially where ex-soldiers were concerned.

Dr. ADDISON said he entirely agreed with the noble lord's general proposition, and he welcomed such a statement from him very much, especially as he was intimately associated with the voluntary hospital movement, and in general disliked the idea of a profit being made out of this class of patients. But they had to deal, not with something that they would like, but with something that they had actually got. In the vast majority of ex-service cases it would be a payment in respect of services rendered. It would be the Ministry of Pensions that would make the payment in respect of ex-service men still under their care. As to scandals, he did not know anything about the particular case to which the noble lord referred, but he knew well enough that under any imaginable statute cases of that kind would arise. The Government's plan was to avoid, as far as was humanly possible, wrong arising. A very large percentage of men suffering from incipient mental disorders were cured within six months. He was afraid it was quite impossible to face the facts, and not to recognise that in a considerable number of cases, whether there was a profit or not, some payment would be made in respect of the treatment; otherwise they would enormously limit the use to which this clause could be put.

Lieut.-Col. NATHAN RAW said he wished early treatment to be given to prevent the mental disorder becoming incurable. Although they would all like to be philanthropists, and to treat all cases of incipient mental disorder without a profit, it was obvious that it could not be done. The only alternative was for the State or the proper authority to deal with all these cases. In the course of six months it could be seen whether a case was going to be cured or to pass into the state of lunacy. In 99 cases out of 100 the patient's liberties would be carefully looked after.

Major FARQUHARSON thought that the question of profit was an important point. A voluntary boarder who had gone into one of these homes had in a measure pleaded guilty, as it were, to being of an unsound mind. There was a prejudice of their case to begin with, and it only required a small degree of eccentricity or mental aberration or deviation from normal conduct on the part of the patient for one or two learned gentlemen—medical men—and the person who honestly regarded himself as taking charge in the legal sense of that individual to get him certified insane. There was therefore a very real danger. All these dangers could be dealt with by the simple expedient that before that person was certified a lunatic a report must be submitted in writing to the Minister of Health.

Lieut.-Col. FREMANTLE thought that the treatment of these diseases as ordinary diseases in general hospitals could not be considered the ideal and proper or normal course. Those who had had experience of a good many general hospitals knew that, whereas formerly they had their lunatic wards, it had now become necessary to exclude mental cases. The general tendency was to separate mental cases from ordinary cases for reasons that everyone could understand. Surely the ideal condition of affairs was that which with great satisfaction they had seen developed during the last ten or twenty years—namely, that lunatic asylums should no longer be

asylums where people were shut up for the protection both of themselves and of the public (which was the basis of the Lunacy Laws), but that they should be mental hospitals with a view to general treatment, improvement, and recovery with as little delay as possible. He had with him a report of the Committee of the Association of Medical Psychologists, a body which might be taken to hold the approved and recognised scientific views of those who dealt with these matters. The report was dated 1918, and contained proposals which definitely aimed at a system of voluntary boarders in mental hospitals. There were difficulties in the way, but they would all agree that the ideal thing was to have a suitable registered hospital, or private home, undertaken by people as an act of philanthropy to which patients could be sent. The actual facts were that these homes, private homes or registered hospitals, which had power to take in voluntary boarders at the present time, really catered for the middle and upper middle classes. But it was necessary to provide for people who could not afford high fees for proper treatment. He did not see how this clause met the case in any way. That splendid institution, the Maudsley Hospital, was founded by a medical man at a cost of £40,000 for the people of London. It was entrusted to the County Council, as lunacy authority for London, and was opened, he thought, just before the war. But it was taken over for war purposes, and had not been used for these purposes. By provision of Parliament it must be made available for the class of treatment under consideration. It had 140 beds, but that was a drop in the ocean considering the requirements of London. The Mental Asylums Committee of the London County Council had definitely approached the Minister of Health with a strong request to be able to introduce in these mental hospitals a system of voluntary boarders, but the right honourable gentleman's argument was that they wanted to keep this kind of case and the system of control free from the stigma of lunacy. If they could do so, well and good, but the stigma of lunacy was not the only thing to be considered, and if they could not get provision made for them in any other way, they, as the authority to deal with the sufferers in London, felt most strongly that they must make provision for them in the ordinary mental asylums or hospitals. In medical science they should always see that the relationship between the different classes of hospitals was mutual. There were the cases of relapsed patients who came frequently and asked to be allowed to return to the mental hospitals where they had once recovered. That was where they could have voluntary boarders without re-certification. He claimed that the county mental hospital should be given the power to take in voluntary boarders. It was the only way of introducing this up-to-date treatment which they all desired to give to incipient cases among the working classes.

Dr. MURRAY said he thought that they would be compelled for some time to take advantage of any likely institution that would help in this matter. He thought they should aim at treating these mental cases so far as possible in general hospitals so as to get rid of the stigma of lunacy, even if they provided, as they would be compelled to provide, separate intermediate institutions. He had no fundamental objection to payment for those persons who entered these institutions, and he had no great objection to people running them for profit if they were properly inspected and supervised by the Ministry of Health. But he would have no connection between the Board of Control and these cases.

The amendment was still under discussion when the Committee adjourned for the day.

November 24th: Lunacy Act, 1890.—Mr. MYERS asked the Minister of Health whether he would take steps to have posted up in the waiting-rooms of all public asylums Section 79 of the Lunacy Act, 1890, which gives a relative or friend of the pauper patient the right to claim that the patient be delivered over to their care on their undertaking responsibility in regard to him that he shall not harm himself or others or become chargeable to any union.—Dr. ADDISON replied: This suggestion is at present under the consideration of the Board of Control, who have recently directed certain inquiries in the matter.

Lunacy documents.—Mr. TYSON WILSON asked the Minister of Health whether, in view of the possible risk to the security of integrity of the official documents upon which any person was committed to an asylum, he would take steps to ensure by regulation or otherwise that henceforth the originals of such documents should, immediately upon their delivery to the manager of the asylum, be forwarded by him

to the Board of Control for safe keeping; that the said Board supply to him by return copies of these documents certified as true copies by two of the Commissioners, which copies should serve, instead of the originals, as the authority for his detention of the patient, this regulation being rendered necessary by recent admitted instances of such documents having been tampered with; and would he say where, in the case of the extinction of a licence, such documents had been preserved up to the present.—Dr. ADDISON replied: The custody of the documents to which the honourable member refers is governed by the provisions of the Lunacy Act, 1890. If the honourable member will give me any information that is at his disposal as to any alleged tampering with documents I will make immediate inquiries into the matter.

November 25th: Ministry of Health Bill (Abstract, re Clause 10); Standing Committee A resumed consideration.

Mr. T. THOMSON moved an amendment to provide that such institutions as those receiving cases of incipient mental disorder should not be run for private profit. The whole idea of making a profit out of these cases was repugnant, and would open the door to abuses from which a large number of shell-shocked ex-soldiers might suffer. The medical profession ought not to desire to trade on these afflictions.—Dr. ADDISON agreed that the ideal would be that no private profit should be made out of these cases, but he could see no reason why, if adequate safeguards were provided, persons skilled in that particular form of private enterprise should not profit out of their skill.—Major MOLSON opposed the amendment, and resented the statement that the medical profession farmed and traded on these cases. The profession should be allowed to make a fair profit.

The amendment was negatived.

The Committee agreed to amendments requiring an inmate of such an institution to give forty-eight hours' notice of his intention to leave, and also substituting the word "leave" for "be discharged therefrom."

Lieut.-Col. NATHAN RAW moved to insert after "writing" in Subsection (b) of Section 2 of the clause the words "or in the case of his mental incapacity by that of his nearest relative." He said there were certain cases of acute delirium or acute violence where a person would be unable to give his consent to admission to an institution.—Earl WINTERTON opposed the amendment on the ground that the State recognised only two classes—the sane and the insane. If a person was unable to say that he was willing or unwilling to go into such a home he ceased to be a sane person and he was no longer a "borderland" case.—Dr. ADDISON agreed with what Earl Winterton had said, but he was advised that under the clause as it stood a large number of shell-shock cases might be excluded. Cases of delirium tremens would also be excluded. He would leave the matter to the discretion of the Committee, although personally he would vote for the amendment.

The amendment was rejected by 20 votes to 14.

The subsection was afterwards amended by providing that the certificate of one doctor instead of two should be sufficient, and Clause 10 as amended was agreed to by 17 votes to 10.

December 8th: Ministry of Health Bill (Abstract, re Clause 8). Third Reading.—Mr. MYERS moved to leave out the clause 8, which deals with the treatment of incipient mental disorder. He said the clause was quite inadequate. It would not achieve its purpose, and even if it did it was not a fraction of what the victims of shell-shock were entitled to.—Mr. R. RICHARDSON, in seconding, said that poor soldiers would be driven into homes where they would be in terrible dread of being exploited by the people who were running these places.

Col. LESLIE WILSON, on behalf of the Government, contended that these men, and all those who entered these institutions, were safeguarded as far as it was possible to safeguard them. It would only have been possible to go further by the expenditure either by the State or by the local authorities of a very large sum of money for the establishment and maintenance of special homes for this particular object, and he did not believe that such expenditure would have been acceded to by the House.—Mr. RAWLINSON, in supporting the amendment, said that the clause was a distinctly dangerous one. The lunacy law in this country was designed to prevent anything like unlicensed houses for lunatics. This clause allowed certain people who were not under the control of the Lunacy Act to receive lunatics. The Lunacy Commissioners had experience of this work, but these men who set up these institutions

were not to be responsible to those Commissioners; they were to be responsible to the Ministry of Health, who had little or no experience of lunacy. If they had an opposition this sort of thing would not be allowed to go on.—Mr. ORMSBY-GORE said it was quite clear that no shell-shocked soldier would come under the operation of this clause, which was limited to persons suffering from mental disorder which was incipient in character and of recent origin. Practically all the shell-shock cases were being dealt with in special neurasthenic hospitals under the Ministry of Pensions, and would remain under that Ministry until they were cured. They were legislating here for the type of person who might or might not become a lunatic. There were many of these cases, especially among young persons. There were also cases of adolescent insanity and delirium tremens. The way to deal with shell-shock cases was to secure a limited number of seaside boarding-houses, with the most grandmotherly landladies they could get, properly certified by the Ministry of Health. Once they got them into the atmosphere of an institution and on the slope that led to lunacy all chance of curing such a case or of holding it back was gone.—Mr. T. THOMSON argued that the ex-service man was not being dealt with adequately by the Ministry of Pensions, and this clause was only attempting to touch the fringe of the question. It would be better to leave this alone entirely in order to get a more comprehensive and effective scheme next session.

Earl WINTERTON moved and Major MOLSON seconded the adjournment of the debate as a protest against the absence of the Minister of Pensions, but the motion was rejected by 104 votes to 18.

Lieut.-Col. FREEMANTLE said that it was seen by everyone that the fringe of lunacy could not be dealt with by the lunacy laws and lunacy systems. It must be dealt with entirely separately. That was no new discovery. The whole of modern treatment was in that direction. He had a report by the Medico-Psychological Association dated 1918, and it dealt with the different points summed up in this Bill. The early symptoms of disorder often occurred long before certification was possible, and medical opinion was that they must deal with this point apart from the compulsory or penal clauses of the lunacy laws from the social point of view. They ought to be treated as mental disorders, and that was what the Bill did. The best treatment for these people was in private houses and in family life. Many of these cases, instead of being once and for all labelled as lunatics, were curable and would be cured, but they wanted the homes to be under guidance and control. The proposals of the Bill were grossly inadequate. They hardly touched the real poor—the real working classes as they used to understand them. A physician with whom he had been in correspondence had written to him to say that he agreed that this clause was a very workable start, and he hoped it would go through all right.—Capt. ELLIOT said this was not an untried experiment. It was a system which had been in operation for the last fifty-four years in Scotland. In Scotland the position had been very much more advanced than anything suggested in this Bill. The private case could be consigned to a private residence for not exceeding six months on one medical certificate under Section 13 of the Lunacy Law of 1866. It had worked so well in practice that many cases of people who could afford it had been sent from England to take advantage of this temporary residence, where they were not certified as lunatics, and had a chance, if they recovered, of going back into normal life without the asylum stigma attaching to them.—Earl WINTERTON: Have these institutions in Scotland dealt with the class of patient which the Minister wishes to deal with under this clause—the poorer class of the population who cannot afford it?—Capt. ELLIOT said the people were undoubtedly better off than the poorer classes, but in the cases to which the Minister was referring, the soldier under the Ministry of Pensions, there would be funds available for their treatment.

Dr. NATHAN RAW said, as one who had been attending many thousands of certified lunatics in and out of asylums, he might inform the House of the real meaning of this clause. He contended that this clause had no reference whatever to the Lunacy Acts. Its whole object was to treat mental disorder exactly as they would treat any other disease that the human body was subject to. There was no form of compulsion whatever, and the object of the forty-eight hours' detention was that if a person undergoing treatment in one of these institutions or homes suddenly became suicidal or homicidal it would be obviously unsafe to allow him to walk out, and in these special cases forty-eight hours' notice should be given so that

his friends might be communicated with and he might be taken away. The forty-eight hours' detention was simply to protect the man himself or the community from a possible murder. He impressed upon the House the great importance of giving everyone a chance who was attacked, as any of them might be at any time, with incipient mental disorder to get well. The only alternative, as the law at present stood, was that any person suffering from incipient mental disorder must go into a lunatic asylum. A rich person could fit up his house as a private lunatic asylum, with nurses and doctors, but the poor could not do that. They had no alternative but to be certified and put in an asylum. In the case of a person who was certified as a lunatic there was the very greatest difficulty in getting employment again in any capacity, and the object of this clause was to try and first of all cure insanity in the earlier stages so as to prevent it becoming incurable, and to prevent the stigma of lunacy falling on persons who had unfortunately been attacked with incipient mental disorder. He impressed upon the House the great importance of passing this reform, which would be of enormous benefit to the community.

Dr. ADDISON said that though this question did not apply only to war cases, during the war this method was used particularly for the treatment of these mental disorders, and the evidence became overwhelming as to the necessity for encouraging this class of treatment. There was the greatest necessity for these men not being labelled lunatics. With regard to the forty-eight hours' notice, that was the maximum time detention might be made, except in the cases mentioned by Dr. Raw, and the regulations provided for in Paragraph 4 of the clause, which had to be laid on the table of the House and be approved by the House, would set down the conditions clearly.—Major HAMILTON: Could not the right honourable gentleman insert some such words as these: "if fit to leave, or, if not so fit, if he delivers forty-eight hours' notice"?—Dr. ADDISON said he would give that suggestion careful consideration.

On a division, the motion to leave out clause 8 was negatived by 88 votes to 24.

Col. L. WILSON moved an amendment enabling anyone in the institutions for the treatment of incipient mental disorder to come out at any time on giving notice in writing, except that where a person, in the opinion of the superintendent, or other person aforesaid, was not in a fit state to leave he might be detained for a period not exceeding forty-eight hours from the date of the notice.—The amendment was agreed to.

Major ENTWISTLE moved a new subsection to provide that, except in cases of homicidal mania, no person should be certified as a lunatic under the Lunacy Acts, 1890 to 1911, while detained in any institution, home, or house under the clause. He said it was important that there should be no suspicion that these homes were an easy way to get into a lunatic asylum. This safeguard was the most important that could be inserted in the Bill.—Mr. RAWLINSON seconded.—The amendment was rejected on a division by 81 votes to 23.

HOUSE OF LORDS.

December 14th: Ministry of Health Bill.—Lord STRACHIE moved the rejection of the Bill. After a commendably brief discussion, the second reading was rejected by 57 votes to 41.

EDUCATIONAL NOTES.

Maudsley Hospital.—Part II of the second course for a diploma in psychological medicine, as announced in our last issue, will commence in January, 1921. The syllabus is as follows:

Six Lectures on the Pathology of Mental Diseases, including Brain Syphilis, its Symptomatology and Treatment. By Sir Frederick Mott, K.B.E., M.D., LL.D., F.R.S., F.R.C.P. On Mondays at 2.30 p.m., commencing on January 3rd, 1921. Disordered function with no changes in the brain, the psychoses and psychoneuroses, e.g., epilepsy, neurasthenia, psychasthenia, manic-depressive insanity—mental diseases with macroscopic and microscopic changes in the brain—amentia—idiocy and imbecility—primary dementia—dementia præcox—secondary dementia—injury—tumours—abscess—meningitis—lymphatic infection—syphilitic brain disease—parenchymatous syphilis—general paralysis and tabes dorsalis—arterio-