

vents physical improvement, and cannot be successfully met by ordinary enemata or purges, and requires intestinal lavage and often mechanical delivery of the impacted faeces.

In forty per cent. of acute cases of insanity there exists an emergency from the impulse to suicide or violence of some form. Drugs may abate these violent tendencies, but cannot control them except when continuously administered in harmful doses. The only way to meet this emergency is by the incessant supervision of experienced and vigilant nurses. This surveillance will be regarded as an imposition by the patient, who will likely have the sympathy of relatives, but the physician will rue the day if sentiment displaces judgment in these cases.

An emergency which is fatal in a considerable percentage of acute attacks of mental disease is general exhaustion of vital powers, which often escapes notice, owing to a false show of strength on the part of the patient, who may walk about the very hour in which he falls in final collapse. Prodromal symptoms are haggard looks, subnormal temperature, and feeble and irregular heart's action. Patients with such signs are to be at once placed and kept in the recumbent posture, warmed by artificial heat, nourished by concentrated liquid food in small and frequent quantities, and given brandy and strychnine hypodermatically if cardiac failure be imminent.

**MEDICATION.**—The therapy of insanity is as extended as the vast number of diseased conditions which bear a causative relation to the mental malady. Thus the diatheses, the toxic and autotoxic states, the established neuroses, gross disease of brain, spine, thoracic, abdominal or pelvic organs, and all other etiological factors furnish direct and extremely varied indications for medication. The general practitioner may be assured that there are no specifics in psychiatry, and that the treatment can best proceed only on the broad lines of general therapeutics, and success will correspond precisely to the skill displayed in the general use of drugs and in the scientific diagnosis of pathological physical conditions. In the first place, urgent symptoms described under the last heading as emergencies in psychiatry are to be met. Secondly, all diseased states standing in the light of causes to the insanity are to be combated by appropriate remedies. Thirdly, symptomatic indications as they arise and the hygienic requirements of the case are to govern the continued treatment.

A brief and practical summary of the best drugs and their chief uses in psychiatric practice is here given.

**Hypnotics.**—Chloral hydrate produces sleep more constantly than other drugs, and may be given alone or combined with morphine or bromide of potassium. It is in full doses depressant of circulation, respiration, and digestion, and is not advisable in cardiac and renal disease. In obstinate agrypnia it is better used only on alternate nights in full doses.

The bromides of potassium, sodium, and strontium have a relative hypnotic value in the order mentioned, and are effective in acute mental disease only in large doses. Their action is sometimes heightened by the addition of ergot or cannabis indica.

Opium and its alkaloids relieve pain while they produce sleep, and are occasionally useful on this account, but both tolerance of the drug and a drug habit are readily established.

Paraldehyde acts with certainty and celerity as a hypnotic, but it makes the breath and the stools offensive, and in continued doses it is not free from toxic results.

Sulphonal has decided hypnotic effects, but they are delayed often for many hours, and unfortunately it is cumulative and dangerously depressing in continued use. The allied drugs, trional and tetronal, are more prompt as somnifacients, but if prolonged they have toxic results like sulphonal.

Hyoscine and hyoscyamine should be used only in strong maniacal patients. They are powerful nervous depressants and not properly hypnotics. Incidentally they cause sleep in a few moments in some cases, but completely fail in others.

Methylal, somnal, chloralose, hypnal, chloralamide, and other proposed hypnotics are by no means as reliable as those already named.

**Tonics.**—Iron is indicated for the anæmia so constant in mental diseases. It is a routine remedy often given in too large doses, and should be administered with discrimination in small and continued portions, and never on an empty stomach. Its use should be temporarily discontinued on the appearance of gastro-intestinal irritation. Of the vast number of ferruginous preparations none is more reliable than the old tinct. ferri chloridi.

Cinchona and its alkaloids are useful, especially in a large percentage of mental sufferers having a history of malarial attacks even though remote. The mental excitement may even mask the plasmodial crisis, and quinine in full doses will prove most efficacious.

Strychnine in all the toxic insanities is the best tonic, and is of use also in the neurasthenic cases given until its physiological action is evident. Even in cases with gross lesions of the nervous system it may be cautiously employed to advantage.

Arsenic in choreic, malarial, and phthisical insanity and in some other diathetic and toxic forms is a good tonic.

Phosphorus is theoretically indicated in mental disease, and is practically of some real tonic value.

**Alteratives and Eliminatives.**—Mercury in some of its forms is indispensable in syphilitic insanity, and in urgent cases mercurial inunctions and baths are to be employed. The iodide of potassium is often indicated as an alterative in luetic cases and as an eliminative in toxic psychoses. Iodine, cod-liver oil, and lithium also deserve nominal notice.

**Purgatives.**—In all forms of mental depression there is a tendency to constipation from diminished peristalsis and secretions. The gastro-intestinal tract is often foul and a source of autotoxis, and it is then well to begin treatment with a full dose of calomel and a saline purge, and subsequently to effect intestinal antiseptics by means of salol or salophen. Oleum tiglii is useful in obstipation, in the apoplectic, epileptic, or parietic status, and after ordinary purgatives fail. In maniacs of full habit colocynth or elaterium relieves plethora and favors sedation, and alvine discharges are then to be regulated by laxatives and intestinal lavage.

**Emetics.**—When mustard and sulphate of zinc fail and the stomach pump is resisted, a fresh solution of apomorphine hydrochloras administered hypodermically is the most prompt emetic. Ipecac relieves the violence and the foul stomach of strong maniacs, and incidentally is often a better sedative than some motor depressants in vogue.

**Vascular Sedatives and Stimulants.**—The cerebral hyperæmia of sthenic maniacs and the violent cardiac action are partly to be controlled by aconite, and if there be inflammatory cerebral membranes antimony may be conjoined to advantage. The best cardiac stimulant is alcohol, and its most prompt vascular effect is to be had by the hypodermic use of brandy. Digitalis and belladonna are also valuable.

**Nervous Sedatives.**—Opium is the best nervous sedative in precordial panic, painful delusive states, senile agitation, and in all kinds of anguish common to the insane. Doses must be increased, and it is never wise to substitute an opium habit for a psychosis. Other sedatives of occasional value are chloral, the bromides, cannabis indica, camphor monobromate, lupulin, and valerian in milder cases; and in powerful maniacs conium, gelsemium, or veratrum viride may be cautiously employed. Organotherapy has been tried, but testin, cardin, cerebrin, ovarin, tuberculin, and other extracts have given no satisfaction, though thyroid extract in myxœdematous insanity is of use.

**SURGICAL MEASURES.**—The insane are entitled to such relief as surgical science may afford. The transient aggravation of mental symptoms which a surgical operation may occasion is insignificant if a causative condition or an obstacle to recovery be removed. It is high time for a wide application of conservative surgery in psychi-

atric practice, and obstructive prejudice must give way to modern science as often as an etiological factor of the mental disease can be removed by the surgical measure, and the patient chance to be in physical condition to bear the operation.

Trephining may be necessary among the insane with cranial fracture and depression, neoplasms of brain membranes, cerebral tumors or abscesses, and penetration by bullets or other foreign bodies.

Craniotomy in arrest of mental development from premature closure of cranial sutures, vertebral puncture in paresis, thyroidectomy in the insanity of Graves' disease, circumcision in masturbatic cases, and phlebotomy in sthenic maniacs with cerebral hyperæmia are all operations to be decided upon according to the individual indications in each case.

Transfusion might be tried with reasonable hope of success in puerperal insanity with post-partum hemorrhage and in various persistent anæmic cases. Hypodermoclysis is a practical surgical measure in toxic insanity to assist elimination, and also in all states of extreme inanition. Diseases of the organs of special sense may cause or aggravate the insanity, and hence ophthalmic, aural, and other special forms of surgery become necessary. Dental surgery is of importance for the health and comfort of patients, and in every hospital for the insane a competent dentist should render the necessary services.

Troublesome hernias, urethral strictures, varicoceles, hydroceles, and hemorrhoids should have prompt surgical treatment.

The simple fact of insanity does not alter the general indications or principles of gynecological surgery. The diseased uterus and its adnexa must receive due surgical treatment, and even hysterectomy and oophorectomy are justifiable in certain cases. It is a mistake to suppose that the most confirmed masturbatic habit justifies clitoridectomy or orchidectomy, since the irritative source of the sexual excitement in most of these cases is in the cerebral cortex.

There are a host of minor surgical operations which should be performed to relieve physical discomfort or pain or to improve the general health of the patient. The rules as to local or general anesthesia are the same as in health. Anesthesia may also be required in epileptic, parietic, or puerperal convulsive conditions, or to determine the real state of things in hysterical or feigned insanity, but it is not to be used to suppress maniacal excitement. Vesication, the thermocautery, the electrocautery, acupuncture, and the use of setons all have a legitimate application in occasional cases of insanity.

**Electrotherapy** is a surgical measure not to be trusted to nurses or even to physicians not skilled in its use.

Galvanism is the form of electricity of widest advantage in psychiatry for sedative, trophic, or antineuralgic action, and for electro-diagnosis. A course of electrical treatment should extend over some weeks, and desultory séances are only for psychical effect. General galvanization with currents of low electromotive force are most suitable in states of mental depression and to relieve the hyperæsthesias of neurasthenic cases. Galvanization of the cervical sympathetic in anæmic states of stupor may favorably influence the circulation and the spastic capillaries, while cerebral galvanization may be practised with caution for sedative and soporific effects. Large electrodes and powerful currents are needed for the spinal cord, and galvanization of special organs is hardly practical.

Faradism has qualitative variations determined chiefly by the length of coils, size of wires, and number of interruptions. Long coils, fine wires, and rapid interruptions give a smooth current suitable in neurasthenic and feeble persons. General faradization is most advantageous in melancholic and stuporous conditions, and the hand of the operator is the best electrode in these cases. To arouse strong patients from apathy and muscular inertia larger wires, shorter coils, and fewer interruptions may be used, or the electric brush may be tried. In a vast

number of cases refusing to take active exercise faradism may be employed to advantage in the form of electric massage.

Static electricity is chiefly adapted to the production of mental effects in psychiatric practice, and as a stimulant of the sensory peripheral nervous system. Hypochondriacs and neurasthenics mounting the insulated stool before an imposing static machine, and taking the electrical breeze or having sparks drawn from parts which are the seat of imaginary pains, undergo a good form of psychotherapy as well as counter-irritation and capillary stimulation.

In general, however, franklinism is of less use in mental diseases than galvanism or faradism.

Electrotherapy among patients very often hyperæsthetic or anæsthetic must be practised with an initial minimum dosage gradually increased to the desired strength, to be determined less by milliamperage than by actual effects produced.

**PSYCHIATRIC HYGIENE.**—Under this head something will be said of hydrotherapy and climatotherapy also. The hygiene of the residence is of prime importance. The habitation should be in a healthful locality, well drained, lighted, and ventilated, and with sunny rooms in winter at least. The hot-water system of heating is best, and open fireplaces are excellent auxiliaries for warming and changing the air. Hardwood and parquet floors are best in sleeping-rooms, which should have only necessary articles of furniture and an iron bedstead with hair and woven wire mattress and fine woollen blankets. The bed is to be made a place of comfort, and feeble, rheumatic, and neuralgic patients often sleep best between woollen blankets in winter, and water and air beds are an occasional necessity. Most of the insane have impaired vitality and circulation and need warm underwear. Various minor points in the hygiene of the person determine the major point of bodily comfort or distress. Thus the skin requires special cleanliness, and is subject to various eruptions in mental disease. The mouth must be treated with antiseptic washes for offensive breath and bacterial growths, while tartar and dental caries are to be removed by a dentist. A habit of the regular relief of bowels and bladder must be established, with special attention to local cleanliness even in the most apathetic cases.

Out-of-door life is a hygienic measure never to be neglected, and porches, tents, summer-houses, cots, and hammocks are to be utilized, and carriages are available in feeble cases. The rest-cure in bed is good in senile and acutely exhausted patients, but the opposite course is generally best for the great majority of the insane, who derive benefit from customary out-of-door occupations, or from walking, horseback-riding, cycling, or golfing. In bad weather indoor games, gymnastics, and massage are to be employed.

Climatotherapy is of special import in psychiatry. The neurasthenic insane do best in northern mountainous regions in summer and in southern climes for outdoor life in winter, where the greatest number of sunny days are to be had with avoidance of extremes of temperature. The senile insane do best in mild climates under high rather than low barometric pressure. The phthisical insane do well in mountainous localities until pulmonary lesions are advanced, when marine climates are preferable. In all mental disease with gross brain lesions, cardiac affections, or diathetic and toxic conditions, rarefaction of air and great diminution of barometric pressure are to be avoided. Residents of large cities benefit by a change to country air; watering-places sometimes combine pure air and water; and foreigners profit by a change to their native climate, and mental sufferers generally do well to avoid the uncertainties and perplexities of foreign travel.

Hydrotherapy in mental diseases is as ancient as Hippocrates, but it is only of late that hospitals for the insane have made some suitable provisions for it. As physician in charge of New York City Asylum for the Insane, the writer first in America made extensive use of

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the Turkish bath, and published the results of various forms of insanity thus treated in his annual report for 1874, and a few years later printed a monographic article on "Hydrotherapy in Insanity," and for more information than space will here permit reference may be had to the writer's "Text-Book of Mental Diseases," pp. 459-474. The physiological principles of all hydrotherapy are that heat and cold to the surface of the body may be made to expand or contract the capillaries, to increase or diminish cardiac action, bodily temperature, respiration, secretion, and general metabolism. Among the insane these effects are best obtained by warm rather than cold applications, to be regulated by reliable thermometers under the observation of physicians rather than nurses. Sedation of maniacal excitement and relaxation of vasospasm in melancholic stupor are better accomplished by warm than cold baths, just as stimulation of the cutaneous periphery or of the whole nervous system in apathetic states is most promptly effected by hot rather than cold douches. Motor and mental agitation in hyperacute mania may often be controlled by baths graduated from warm to cool, and prolonged from one to two hours, and repeated once or twice in twenty-four hours in strong patients with sound heart and lungs.

The Turkish bath is more generally applicable than any other in mental diseases. It can be used in the old and the young, in the neurasthenic and melancholic and debilitated, as well as in the strong and maniacal. In toxic cases it increases cutaneous excretion, and it restores the impaired capillary circulation in melancholics, and the subnormal temperature in stuporous patients, and in acute alcoholic states it is excellent for both its eliminative and sedative action. It is of wide service too in diathetic insanity; for the syphilitic, phthisical, Brightic, rheumatic, malarial, and podagrous cases all profit by a judicious use of the Turkish bath, and only decided cardiac or pulmonary lesions are contraindications.

Swim baths, sitz baths, foot baths, spray baths, douches (hot, cold, spinal, and Scottish), medicated and Russian baths, drip sheets, and wet packs of all kinds have an occasional special utility in psychiatry, especially when combined with skilful massage. In hyperpyrexia of delirium acutum, of the parietic or epileptic status, or of toxic maniacal states, the cold affusion may be used to great advantage when friction of surfaces with ice proves inadequate.

Dietetics in mental disease present difficult practical problems. The waste of tissues and need of nourishment are maximum in degree, while appetite and assimilative power are minimum in the acute insanities. A full ration of albuminates, fats, and carbohydrates must be at once enforced, and foods are to be prepared in varied and appetizing form with due regard to individual tastes. In general there is nothing better than fresh milks, eggs, meats, and fruits in season. The nutritive value of preserved foods and liquid preparations of meat is overrated, and shredded or scraped fresh meat should be given in pulp, which may be mixed with liquids to be fed through tubes. Predigested foods, rectal alimentation, and subcutaneous injections of saline solutions are only extreme resorts. Anorexia and foul tongue should not deter the physician from forced feeding, best done by nasal tubes with the patient seated, though oesophageal tubes or stomach pump are at times necessary. Meat pulp and vegetables in form of purée and juices of fresh fruits may be thus given in amounts twenty per cent. above average rations, for inanition is a constant danger. In chronic and incurable lunacy stinting of food supplies is justifiable economy, but it is bad state policy to withhold generous diet in recoverable cases, and chronicity is often due to defects of feeding in the curable stage.

MENTAL THERAPEUTICS.—By this term is understood all those means which directly modify the thoughts, feelings, and emotional states of the patient. In mental disease, as in health, psychic influences continue powerful for good or evil. The patient is first to be removed from the scene of his delusions, from business worry and

domestic strife, to an agreeable environment, there to receive the most decided of all psychotherapeutic effects, which is the sympathy and advice of an intelligent physician. Next to the physician the nurse is the constant medium for psychic influences, and should be chosen to suit the patient and also the phases of the mental malady. In the convalescent stage companion nurses, educated and refined in manner, are most useful psychotherapeutic agents. The regularity, discipline, force of example, and confidence inspired by numbers make institutional care effective in the moral treatment of the insane in the majority of cases. Occupation, not forced but customary and of interest to the patient, is a most reliable psychic remedy, and the more useful it is the more serious is the purpose of cure which it serves. Diversions varied and well timed to the occasional moods of the malady play an important rôle in mental therapeutics. Outdoor sports are preferable, but indoor games are available more months in the year.

During convalescence there should be a gradual restoration of the social life of the patient, a renewal of friendships with the nearest relatives, and such hospitality as will restore the self-respect of the patient, and the influence of the opposite sex is not to be ignored.

Religion may be allowed to "minister to a mind diseased," though the religious delusions of some patients forbid it.

Discipline, rewards, and corrective advice are to correspond to the modified responsibility of the insane, who are to be granted or denied privileges, and to encounter moral restraints such as may aid them to suppress insane impulses. The solitary confinement of a violent lunatic is not justified as a punitive measure, but for its psychic effect. The principle of non-restraint is universally indorsed, but some protection from violence is necessary. There are three forms of restraint—chemical, manual, and mechanical. Chemical restraint by powerful drugs is most often used and abused. Manual restraint by the hands of nurses is necessary sometimes and also liable to abuse. Mechanical restraint is best done by a restraining sheet in surgical and violent cases apt to be bruised by persistent resistance to nurses. In the vast majority of even acute cases no restraint of any kind is needed. Hypnotism is not recommended in any class of cases, but therapeutic suggestion of ideas by the physician seconded by nurses may favorably influence the thoughts and conduct of patients; and likewise placebos are of occasional advantage in mental therapeutics.

CONVALESCENCE AND PROTECTIVE AID.—Recovery from insanity is often apparent before it is real, and though importuned by relatives the practical alienist will not return the patient to business and social life prematurely, and run the risk of a relapse and possible incurability. In case of imperfect recovery the physician has to decide the degree of restoration of the financial rights and the business competency of the patient. Those convalesced with mental defect, capable of self-care and not dangerous to self or others, are legally entitled to personal freedom.

Protective aid for those discharged from institutional care improved only is a desideratum. The writer some years ago published the view that the State should establish a "Bureau of Protective Aid" for patients discharged from institutions as well as for those under great stress of any kind liable to end in insanity. In this way the stigma of insanity would not block the way to self-support of convalescents, and many harmless and industrious inmates of institutions might be returned to the outside world, and the actual public burden of enormous numbers of imperfectly recovered insane might be in a measure reduced.

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IX. INSANITY, MEDICO-LEGAL ASPECTS OF.—Insanity is a disease so often affecting the knowledge of right and wrong by its disturbance of the mental faculties that it is viewed from the standpoint of both medicine and law. The following is a comprehensive medical definition of the term: "Insanity is a condition produced

by disease, in which there is a prolonged departure from one's natural ways of thinking and acting." This definition is broad enough to cover all forms of lunacy, but it does not include idiocy, or imbecility, or the natural impairment of old age, neither does it embrace transient delirium, nor the brief periods of alcoholic or other intoxications. The courts, however, recognize the existence of mental enfeeblement in many instances wherein the patient is not in a medical sense insane, and properly employ the term unsoundness of mind as an expression of wider meaning. This does not always signify mental incapacity. The phrase "non compos mentis" of older origin, meaning no control of mind, is stronger, more definite, and indicates incompetency. The legal test of responsibility aims to determine whether a person committing an act knew the nature and quality of the act, or that the act was wrong, and whether he was so impelled by stress of disease as to have been unable to refrain from committing it. Medicine and law have ever been somewhat at variance, particularly in matters relating to criminal responsibility. The modern acceptance of the doctrine of criminal responsibility may be summed up as follows: "Was the person whose act is in question able to understand its nature, and to pass a fairly rational judgment on its consequences to himself and others, and was he a free agent so far as that act was concerned?"

This is the basis upon which at present rests the legal analysis of a man's responsibility for his acts. It should be remembered that the knowledge of the act must pertain to the particular one in question, and not to those of a similar character. Concerning abstract acts in general, a person may have very clear ideas as to right and wrong, but in relation to his own deed at a stated time he may entertain false and most erroneous beliefs. The law requires that he must know the nature of his act—in other words, its physical character, whether it was, for example, an act of assault, of killing, of appropriating property, or of kindling a fire; that is, he must understand the material essence of what he was doing at the time. He also must know the quality of his act, whether, for instance, an assault was in self-defence, for revenge, jealousy, or any other assignable motive; whether in appropriating property he was taking that which he believed to be his own, or was engaged in theft or robbery; whether his purpose in setting a fire was arson, or properly to promote warmth and comfort for himself and others. The quality of an act is determined by the mental processes which lead up to its commission. It is important to discover the premises from which his reasoning starts. His train of thought, though apparently logical, may have some delusional idea as its origin. The underlying motive, therefore, should be considered in order to form a correct judgment. In short, was the person actuated by a rational impulse, or was he controlled by a diseased mind?

An idiot, imbecile, epileptic, or a demented person may act without apparent motive and have no knowledge whatever of the nature and quality of the act, or he may even be entirely ignorant of having committed it.

As a further test, a person to be irresponsible must be so incapacitated as not to know that an act was wrong; that is, morally wrong. It is not necessary that he should have a fine ethical sense, but he should understand that the act in question was a wrongful act for him to do, and should reasonably understand its consequences to himself and others. It is not essential that he should know that the act was against the law of the land, for the law does not excuse ignorance of the statutes, but the defendant must know that the act in question was not a right thing upon general grounds.

There are some few persons, however, who apparently understand the nature and quality of an act, and know that it is wrong, yet who are so impelled because of stress of disease that they are unable to refrain from acts which they know are wrong; in other words, they are so dominated by imperative ideas as not to be free agents. It is probable, however, in such cases, that a close investi-

gation would reveal that the offender was not cognizant of the real quality of the act.

The plea of insanity as a defence for crime has encountered popular opposition. When the question of insanity has been tried, juries, in some few instances, actuated by sympathy, have accepted the plea as an excuse for the exercise of leniency, and have returned verdicts which seemed miscarriages of justice, and have thus brought this plea into public disfavor. In New York State a verdict of acquittal upon the ground of insanity, if the disease still continues and the jury deem the defendant dangerous to be at large, must be accompanied by a special verdict to that effect, and the person thereupon is committed to a lunatic asylum. Emotional and temporary forms of insanity are not received by either courts or jurors with the credence they were once accorded, nor are they generally recognized by the medical profession.

The history of the law, in relation to responsibility, shows a gradual development; the early test was that a person must be deranged to such a degree as not to know more than a wild beast. The rules of the Macnaughton case, as formulated in the answers of the English judges to the House of Lords in 1843, state that to establish the defence of insanity it must be proved that the defendant did not know the nature and quality of his act, or that his act was wrong. This marked a great step in advance, and formed the basis of the law in criminal responsibility for more than half a century. More recently some courts have ruled that a person should not be held legally responsible if his act was a direct result or product of his mental disease.

The usual procedure, when a person is found to be insane while in confinement awaiting trial upon a criminal charge, is for the court, either of its own motion or upon the request of the district attorney, to suspend criminal proceedings, and to appoint a commission to pass upon the mental condition of the prisoner. If found to be deranged, it is ordered that he be committed to an insane asylum, there to be held until recovered, and then to be remanded to the custody of the court, and the trial resumed. In some instances, when insanity is made a defence, the question is tried and testimony upon the subject taken in open court.

The mental state of all prisoners awaiting trial should be a subject of more careful scrutiny than at present, as many insane recidivists and dangerous lunatics, whose true condition is not recognized, are undoubtedly sent to prison for short terms and then released, whereas they should be permanently confined in asylums for the criminal insane.

Commitment of the Insane by Civil Process.—The statutes of the various States differ as to methods of commitment of the insane, but as a rule an order of court based upon a medical certificate is required before a person can be deprived of his liberty. The testimony of at least one physician is necessary as to the mental condition of a patient; oftener, the medical certificate of lunacy must be signed by two respectable practitioners, legally qualified, who are required to have had at least three years' experience in the practice of medicine, and to be graduates of some reputable medical college. The physicians must examine the case either upon the day the certificate is made or within a short period of days immediately prior thereto, as may be indicated by the statute of the State in which the patient resides. In many States a judicial hearing may be given, in addition to the medical certificate, provided it is deemed necessary by the court. When committed, the patient is taken to the hospital at once, as the order of the court remains valid only for a few days. The whole period covered by the legal proceedings is brief, under the assumption that a patient may recover his reason should the time allowed to elapse be prolonged. The error of incarcerating a sane man is thus avoided. In some instances the law provides for the summary and prompt commitment, as well as temporary detention, of lunatics who may be violently or dangerously insane, without the formality of the usual warrant.

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Another procedure is to provide a commission, consisting usually of three members, whose duty it is to take cognizance of all cases of alleged insanity brought before them and to issue warrants of commitment to insane hospitals after compliance with certain forms of judicial proceedings prescribed by statute. The right of personal liberty is so jealously guarded that some States have provided a trial by jury in all cases of insanity. Where such a practice prevails the sheriff is directed to bring the afflicted person before the court and a jury is empanelled, and the trial proceeds as in civil and criminal cases, with counsel privileged to appear upon each side. This course has not been generally adopted.

In addition to judicial commitments, provision is made by law whereby insane patients of their own volition may enter a lunatic asylum and remain as voluntary patients. Such inmates, however, cannot be forcibly detained, but the doors must be opened to them whenever they request their freedom.

The intervention of the habeas corpus is available, of course, for any person committed to a lunatic asylum, and upon the return of such a writ the merits of the whole case may be reviewed by the courts and the rights of any individual who considers himself aggrieved may be finally adjudicated. Furthermore, most States provide for the greatest latitude in the way of correspondence, both as to the mailing of letters as well as to their receipt. In some States no censorship whatever is permitted upon the part of the hospital authorities, and the postal privileges of the inmate are as unrestricted as those of any other individual.

In examining a patient as to his sanity prescribed forms are usually furnished, printed in accordance with the statute. Medical men, in making an affidavit in a case of insanity and in giving the grounds of their opinion, should be guided as far as possible by the evidence of their own personal observations, and describe the patient's general appearance, what the patient said, and what he did; that is, describe his words and acts. It is allowable to note what facts were communicated to the observer by others. It is well also to examine the patient alone, free from all restraint and influence of others. It is not enough to state that the patient is insane, but the reasons for such a finding must be given with sufficient fulness to enable the court to satisfy itself as to the soundness of the opinion.

While many safeguards surround the commitment of the insane, not much formality attends their discharge. In most cases simply the certificate of the medical superintendent that the patient has recovered is sufficient to permit him to go at large. Many persons who fall short of recovery are delivered into the hands of relatives and friends, who are able to give satisfactory evidence of a willingness and ability to care for and maintain the patient in safe custody and without further public charge. Persons cannot be so discharged, however, while being held upon criminal charges, as they are answerable to the court, and upon recovery must be returned at the hands of the sheriff to the custody of the proper authorities to be disposed of according to law.

*Appointment of Committees of Persons and Estates.*—Very many persons who are neither criminals nor dangerous to themselves or others are yet in need of supervision, and for such the courts make provision. Such supervision may embrace either the person or property or both. It is often necessary to conserve funds which cannot be properly administered by the patient and which are being squandered and dissipated. The purpose of the law is to furnish protection to the interests of the lunatic in much the same way as it guards the interests of infants and minor children.

The duty devolving upon the committee of the person (who is usually a near relative or friend or some one interested in the estate) is to provide comfort and care. He need not personally attend to this, but may place the lunatic in custody of an agent or even in an asylum; but he is bound to look after his interests and to see that he receives proper treatment, and for this he is responsible.

The jurisdiction of the court extends to the care and custody of persons incompetent to manage themselves or their own affairs. Such incompetency does not include simple weakness of mind unless it is so great as to constitute disability, nor does it embrace mere lack of business acumen or experience. One of the purposes for which a committee is appointed is that of maintaining actions at law, which may be done by the committee in the name of the lunatic, thus giving a legal standing to acts which otherwise, by reason of the insane person's incapacity, might be declared void. The action of the committee, however, in order to be of authority must be approved and affirmed by the court. The committee of the person or of the estate may be discharged by an order of court whenever it is proved that the lunatic has become competent to manage his own affairs. He is thereupon restored to his full rights both as to his person and property.

*Contracts and Partnerships.*—Contracts with lunatics are often sought to be annulled by both parties. The sane party sometimes seeks to be relieved from loss or damage upon the ground that the person with whom he contracted was deranged; and on the other hand the insane party, when he finds it to his interests so to do, endeavors to avoid responsibility upon the ground that at the time the contract was made he was incompetent. There are three things usually to be considered in adjudging the validity of such transactions: first, the mental condition of the party alleged to be insane; second, was such insanity evident to the other contracting party? and third, the nature of the contract itself: was it a fair instrument in its terms or was it of a fraudulent nature?

In some cases, in which the person is admitted to be insane and the fact is generally known, simple contracts or agreements have been made whereby the lunatic has been supplied with the necessaries of life, the cost of which are a valid claim to be paid by him or are a claim upon his estate. Checks and drafts may be indorsed by lunatics who have been legally declared insane and who are in an asylum, and even deeds have been upheld—though rarely—when executed under like circumstances. When such acts are questioned, however, the burden of proof to sustain them is often great. It is sometimes required, before legal papers can be executed by an asylum inmate, that an order of a court must be obtained permitting his signature, which order must show that the judge granting it had notice of the fact that the person whose signature is sought was, at the time, an inmate of a lunatic asylum. A man who has once been insane and judicially declared a lunatic may recover his mental strength and afterward resume his civil obligations and discharge his business affairs with full responsibility. This recovery is always a matter of opinion, however; an opinion which is not always fully concurred in by everybody who knows him. Should occasion arise to question his acts, his insanity may become a matter of proof. To invalidate an act, therefore, it is not sufficient to say that a man has been adjudged insane, or is insane, or is even an inmate of a hospital for the insane. If the allegation is made, it may or may not be successfully rebutted by evidence upon trial. A lunatic is competent to act until a committee has been appointed; but in the absence of such appointment, if he subsequently wishes on his own behalf to annul a contract, it must as a general rule be shown that he, as the contracting party alleged to be insane, was so bereft of reason as to be incapable of understanding, and that the other party was aware of such condition.

A sale, however, to a lunatic may be set aside in equity when the lunacy existed at the time of the sale, even though the sane party was not aware of it, excepting when the lunatic profits by it and the transaction was in good faith, and matters cannot be reduced to *statu quo*. A lunatic who borrows money and has the benefit of it, providing the lender acted in good faith and without knowledge of the borrower's insanity, is liable for its repayment. So that a deed or note executed for such a debt has been held valid, even though it may transpire

that the maker was insane at the time the instrument was executed. Notes given and mortgages assumed by men who were subsequently shown presumptively to have been insane have been held valid wherein the insanity was not sufficiently progressed as to have deprived the patient of the power to contract and where it was shown that there was not sufficient mental disturbance to lead the other party to make inquiry thereto.

The existence of insanity in itself does not dissolve a partnership, but only gives ground for an action to dissolve if the other members of the firm so desire. The court may refuse to grant an application for dissolution upon the ground that the affliction is but temporary. Evidence must be brought to show that the deranged partner is so incapacitated as to be incapable of fulfilling his part of the contract and that his malady will be permanent. As a matter of fact, partnerships are often continued for years where one of the active or silent members of the firm has become insane.

*Marriage and Divorce.*—Marriage is a civil contract, and to enter upon it each party must understand the nature of the act and its obligations, and be at the time a free agent and not influenced thereto by fear or duress. It is not sufficient that the relation of husband and wife be understood, but there must be freedom from coercion. Plans are made at times by designing men or women of unscrupulous morals to decoy the mentally weak into alliances of wedlock for the purpose of obtaining possession of property rights. If a person knows the nature of the relation which he has assumed and enters upon it willingly, the existence of mere weakness of mind, or even insanity, is not sufficient to set aside the marriage. The sane party may have reasonable ground for an action to annul a marriage when deception was employed and concealment of the true mental condition practised, basing his petition upon the ground of fraud in that he had no notice of the patient's physical infirmity and mental aberration prior to marriage. The existence of confirmed epilepsy before marriage and continuing thereafter may be cited as an example. Such an allegation, however, would not be of effect if the parties continued to live together in marital relationship after the facts were discovered. Insanity developing after marriage is, as a rule, not a valid ground for divorce. Some codes provide, however, that continuing and incurable insanity after a period of years becomes a legal cause for divorce. An insane person entangled by a designing adventuress may upon recovery bring an action to avoid such marriage provided he did not cohabit freely after such recovery. Relatives may bring action to annul the marriage of a lunatic or idiot.

*Undue Influence.*—Closely entering into the consideration of every act of the insane, such as marriage, the making of wills, contracts, the bestowal of gifts, is the question of undue influence. Such an inquiry even may be raised concerning the acts of the sane, as undue influence may be of such a degree as to amount to actual compulsion through physical fear. The test should be applied here as elsewhere. Did the person know the nature and quality of the act and the consequence to himself and others, and was he a free agent at the time? Gifts are sometimes made by the mentally enfeebled to those who are friendly acquaintances or their custodians, and made under such circumstances as to lead to the belief that the donor was not untrammelled but was subject to pressure by promises or threats, or coerced by fear of unpleasant consequences of a refusal to make the gift. Valuable bonds, stocks, and mortgages have been thus bestowed upon others, and in some instances such assignments have been declared void. Undue influence cannot be presumed; yet, because it may be alleged in an action at law to set aside a transfer, it is well to have such transactions carried on in the presence of others and not made when only the parties interested are present. Even though the donor was actuated by kindly motives and a long-fixed intent to reward faithful service, yet it is desirable that outside and disinterested persons be present as witnesses of the free exercise of will on the part of

the giver and of possession by the latter of due knowledge of the purpose and meaning of the gift.

*Testamentary Capacity.*—It is difficult to set up a standard of sanity or mental capacity. As insane persons are capable under certain conditions of executing valid contracts, so in the devising of property they are competent to make wills. It must be shown, in order to sustain an instrument, that the testator had a knowledge of his estate and of the property to be devised. He must also possess sufficient memory to recall those who naturally would be dependent upon him and he must be free from the undue influence of others. The domination of insane delusions must not be sufficient to control his acts. The fact that a will was made in a period during which the testator was known to have been insane raises a presumption against its validity, but it may be shown by evidence that the testator was competent at the time the will was made; that his delusions and mental disturbance were such as not to influence him in the making of a sound disposition of his property. As an aid to this end, the will itself may be an instrument of such a nature as to show upon its face that the apportionment was a sensible, rational, and equitable division of property. It would be of importance if the document was in the deceased's own handwriting. All the circumstances attending its execution are of value. On the other hand, when the testator manifests a decided aversion to some member of his family, and when an apparent malignancy or deep and seemingly uncalled-for dislike is accentuated by the provisions of the will, or when a man foolishly devises his estate to strangers, and perhaps to a profligate, to the exclusion of his own family, a strong presumption of doubt would arise, yet the mere fact that such a disposition is made does not invalidate a will. The question of undue influence must be proven, or the existence of delusions which governed his act or such an extent of mental disease must be shown as to interfere with the disposing powers of his mind. Wills have been admitted to probate and proven where the testators have at the time the wills were made been inmates of lunatic asylums. The occurrence of insanity subsequent to the making of a will does not invalidate the will, though, if its provisions be of an unusual character, the fact of the existence of insanity at the time it was drawn may be made a subject of inquiry. The supervening insanity, especially if it should occur soon after, taken in connection with any eccentricity of the person or peculiar nature of the will, raises a presumption of doubt only. The law relating to wills is not uniform, neither as to present usage and practice, nor has it been uniform in the past. It was formerly held that the mere existence of insanity rendered a person incompetent to draw a will. Modern authorities, however, admit testamentary capacity, even though delusions exist, providing they have no bearing upon the provisions of the will and do not influence the testator therein. Some degree of mental unsoundness may be present, yet if a person possesses an understanding of the nature of the property to be devised and the person to be benefited, and of their relation to each other and to him, sufficient capacity exists for the making of a will. Such knowledge need be but elementary. Even though the mind may have been actively disturbed by disease, the proven existence of a lucid interval at the time the instrument was drawn is sufficient to validate the terms of the will.

*Competency and Credibility of the Insane as Witnesses.*—The insane are capable of observation and of giving rational accounts of what they have seen and heard. It is not usual, however, for them to be capable of so doing, particularly as to acts which directly or indirectly concern themselves. Lunatics are apt to be biased concerning matters which relate to their own personality. Egoism is most prominently intensified in mental derangement. Their testimony, however, has been admitted in the English courts and in both the Federal and State courts of this country. Each case, however, must be examined upon its merits. It must be first determined that the lunatic has sufficient intellect to understand the nature and solemnity of an oath. This and his general mental

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