

or better be treated there, and whom it would be unwise to expose to the dangers of removal while their disorder is in the height of its acute stage. On the other hand it may be construed to embrace almost any case, certainly any acute case, for the man who is so insane as to prevent the proper remedies being administered and applied elsewhere than in a building, and among agencies specially prepared for the purpose, may certainly be considered to endanger his own person.

We will suppose, then, that you are called to examine a person alleged to be insane, with a view to his commitment to an asylum. Unless you are yourself the family physician of the patient in question, the summons will likely come, either from the gentleman who fills that office, or from a relative of the patient, and to the form of that summons, I believe, are attributable the mistakes which sometimes *do* attend the commitment of supposed lunatics. Nine times out of ten, you will be asked directly to *commit* the patient, not to *examine* him. Your brother practitioner will say to you "come with me and commit a lunatic," or the family will write to you that your services are desired, that they may send their relative to an asylum. You would not receive a summons to come and prescribe quinine for a patient, or administer any specified form of medical treatment, in a case of some other disease, and yet here the whole thing is decided for you beforehand, and the course you are to pursue laid down for you. Consequently when you go, either you fall in sensibly into the spirit in which the summons is sent, and do what you are directed to do, after a very cursory and imperfect examination; or else, if you do make an examination, and conclude not to commit, you feel that you have somehow obtained admission under false pretences, and have not done what people had a right to expect of you, and generally, you are made perfectly sensible of the fact, that they entirely agree with you upon the latter point. I have even known some practitioners in this city, who did not ask or expect a fee, in cases where they failed to satisfy themselves of the propriety of committing, although such cases naturally occupied more of their time, and taxed their knowledge and experience, more than

those in which the presence of insanity was patent at a glance. Apart from the glaring impropriety of neglecting to obtain a fee whenever possible, this course has the demerit of sanctioning the form of engagement of which I complain, and recognizing a sort of "no cure, no pay" system. Properly a medical man should be called to a case of insanity, as to a case of any other disease, to examine, and, having examined, to prescribe as he sees fit. Sequestration in an asylum is as purely a therapeutic agent as any in the *materia medica*, and its prescription and exhibition should come from the medical attendant, not from the bystanders. In the way in which you accept such summons, and invite to such consultations, you can do much to alter this state of affairs, and so assert the proper function and dignity of yourself and your profession.

If you happen to be the family physician of the patient, a formal visit will be scarcely needful. You will have observed the gradual approach of the disease, and have seen reason to anticipate the call. More than likely you have been the one to first appreciate the necessity of the step and to urge its being taken. In this you have very probably been met by the opposition of the relatives and friends of the patient. They have refused to see things as you have seen them. The patient is in their eyes only a little cast down, a little excited, a little eccentric, it will be time enough to take active measures if the trouble increases. They are unwilling to take the responsibility of authorizing the patient's removal without consultation with other, and perhaps distant relatives. They are sure that confinement with other lunatics would make him worse; they fear that he will never forgive them should he recover. Thus in a hundred ways they thwart your purpose and plead for delay. It will be your duty to tell them that each day's postponement, by so much, lessens the probabilities of recovery; that insanity, under timely and efficient treatment, is commonly recovered from; that in nine cases out of ten the patient will not know where he is, appreciate his surroundings, or recognize the fact that his comrades are lunatics—at any rate restraint and discipline applied in an asylum will be less irksome to him than if he is called