

## ROYAL COLLEGE OF SURGEONS OF ENGLAND.

T the pass examination for the diploma of membership, which was commenced on the 13th instant, there were 97 candidates, to whom the following questions on Surgical Anatomy and the Principles and Practice of Surgery, Medicine, and Midwifery and the Diseases of Women, were submitted. *A. Surgical Anatomy and Surgery* (candidates were required to answer at least four questions, including one of the first two). 1. Mention the different methods in use for Excision of the entire Tongue; and name, in order, the parts divided in each. 2. Describe the course, relations, and distribution of the Internal Pudic Artery; and state under what circumstances the Trunk of this Vessel may be wounded. 3. What measures may become necessary in a case of Retention of Urine consequent on a severe Contusion of the Perinæum. 4. State the usual causes of Senile Gangrene. Describe its symptoms and course, and give the treatment you would adopt in different cases. 5. What is meant by Collapse? Give its usual causes, the symptoms of its various stages, and the treatment which is indicated in different circumstances. 6. State fully how you would investigate a case of Deafness with the object of determining in what part of the Auditory Apparatus its cause is seated.—*B. Medicine* (for candidates who had not passed any medical examination. Three questions were required to be answered, including No. 4.) 1. Describe the Symptoms and Course of a typical case of Scarlatina. How is the disease propagated? Enumerate its chief varieties, complications, and sequelæ; and give an outline of its treatment. 2. Give the physical signs of the following conditions:—*a.* Left Pleuritic Effusion; *b.* Double Mitral Disease; *c.* Cancer of the Liver; *d.* Ascites. 3. Briefly describe the varieties of Chronic Bright's Disease, with reference to their pathology, leading symptoms, and treatment. 4. Give the action, uses, and doses of the following drugs: Sulphur, Tincture of Perchloride of Iron, Bicarbonate of Soda, Bromide of Potassium, Sulphate of Zinc, Morphia, Compound Kino Powder, Elettum, Strychnia, Tincture of Hyoscyamus, Calabar Bean.—*C. Midwifery and Diseases of Women* (three questions to be answered). 1. Describe the Mechanism of Labour with the vertex presenting, and the occiput directed backward and to the right. 2. What are the pathological conditions with which Puerperal Eclampsia is commonly associated? How would you treat it? and what points would guide you in forming a prognosis? 3. Mention the conditions which call for Turning by the Feet. How would you perform this operation? 4. In what way do Fibroid Tumours of the Uterus endanger life? For what conditions may such tumours be mistaken? and how would you make a diagnosis?

## THE LAW OF LUNACY.

IR,—Allow me to draw the attention of all who are interested in the treatment of lunatics, whether officially or otherwise, to the present condition of the law as regards medical certificates. I understand that the Government, when it can find time, purposes attending to this important subject, with a view to improving the present state of the law; and, in doing so, it is to be hoped that medical jurisprudence as regards lunacy will be brought within the intelligible range of plain practical common sense, and emancipated from the subtle niceties of learned and scientific theories. As the law now stands, no medical certificate is valid, unless the subscriber can state a fact or facts indicating insanity, actually and literally observed by himself.

Sixteen years ago, a poor woman in this neighbourhood was committed and retained in the county asylum, after a lengthened correspondence. Her lunacy was patent to all in her immediate neighbourhood; for she not only attempted to cut her throat, but, that failing, she jumped into a well for suicidal purposes. These facts were stated in my certificate, as facts communicated by others. The only fact observed by myself, after a careful examination, was thus worded: "Inability to give a reason for twice attempting suicide." And let me remark that a set formal examination is very apt to fail in eliminating indications of insanity, much less in inducing overt acts, in many of the complications of lunacy, especially in cases of monomania. The plain common sense of the authorities at the asylum passed this certificate, and the lunatic was admitted for protection. In due time, the case was brought before the Lunacy Commissioners, who were not satisfied with my certificate, so far as regarded the statement of facts observed by myself, notwithstanding my argument that my stating that the patient was unable (not that she refused) to account for her actions, was stating a fact which indicated loss of reasoning powers, and consequently a corroboration of more obvious facts. They ordered the discharge of the lunatic, subject to the production of a fresh certificate, more in accordance with their interpretation of the law. They did not dispute the fact of lunacy, and had I been obstinate, the poor lunatic would have been discharged from the asylum, in all probability to enter the grave of a suicide. Had I been an eye-witness to her jumping into the well, no kind of difficulty would have arisen, although that would not have altered the character of the transaction one whit. A compromise was effected by the procurement of a second certificate, in which my idea contained in the concentrated expression of the first certificate, was expanded by a circumlocutory periphrasis. This happily passed muster, and the welfare of the patient was secured.

Not long after this occurrence, I was sent for to see a man who had made an attempt to drown himself, but was rescued. I could not detect any symptom of insanity, although, from hearsay evidence, I had no doubt of it. After what had recently taken place here, no certificate was attempted in order to place him in an asylum. I ordered the relieving officer to place a constant guard over him. This was evaded, and in a short time he succeeded in drowning himself. His life might have been saved, and possibly he might have been cured, had he received the protection of an asylum; but the subtlety of the law, as interpreted by the Commissioners, was an effectual bar to what a common sense view of the case might have allowed. I reported all the particulars of this case to the Commissioners in my next quarterly report, but I never heard anything more about it.

Lately, a man was brought to Ludlow for my examination, and, if possible, my certificate, in order to commit him to an asylum, where he had been committed about three years ago. From the written evidence of the clergyman of the village whence he was brought, together with the oral evidence of a police constable, there was no reasonable doubt about his being a dangerous lunatic. He was cunning in fence in his replies to questions; and, when I asked him why he had threatened his wife's life, he said he did not remember that he had, but that, if he had, he humbly begged her pardon. Notwithstanding that I gave a decided opinion before the magistrates who had met to decide upon the case, that this was an answer indicating insanity, and that, from the other evidence adduced, I had no doubt about his being a dangerous lunatic, he was dismissed with a caution. The unfortunate village has now a dangerous lunatic wandering at large by legal authority; and, should any misadventure arise in consequence of this decision, it will be manifestly owing to a deficiency in the law of lunacy.

I respectfully suggest that the law of lunacy be so altered as regards medical certificates, that, in any case brought before a magistrate for commitment to an asylum, where facts communicated by other than medical evidence are so palpable,

that there cannot be any reasonable doubt about lunacy, then, in the event of the medical examiner failing to detect any overt act of insanity, or other clear indication of it, his opinion from hearsay evidence shall be as valid as if he himself had detected and eliminated some indication or overt act of insanity. Let this principle be conceded, then the detailed application of it will not be difficult. All that I am now urging was urged by me in a medical journal at the time of the occurrence of the first cases now related, but my judgment was overruled, and my opinion slighted. I would further urge that the medical witness should be entitled to a fee, whether an alleged lunatic be committed or not, as the same time is required, and perhaps more, and the same skilful experience brought to bear, in the one case as in the other.

In my third case, the guardians of the Ludlow Union refused to act upon the written recommendation of the magistrates to grant me a fee, although the case took up a considerable quantity of my time, and my evidence was necessary in order to enable the magistrates to decide upon the case; which was one beyond the range of my "contract" duties to the union.

In conclusion, I beg leave to offer a few brief remarks on hearsay evidence. Almost all cases in judicial proceedings are propounded on hearsay evidence. The superintendents of asylums admit patients by means of it. The Commissioners of Lunacy themselves resort to it in deciding upon the retention or dismissal of a patient in an asylum; and, in the well remembered case of the notorious William Palmer, it is not unreasonable to suppose that the jury were influenced in their verdict by the opinion of that eminent surgeon, Sir Benjamin Brodie, which was given on hearsay evidence.—I am, sir, yours faithfully,

HENRY MEYMOTT, Medical Officer, Ludlow Union.

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