

## Correspondence

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### CYCLES IN THE CARE OF THE INSANE

DEAR SIR,

I should like to offer some observations on Patricia Allderidge's admirable Squibb Lecture (*Journal*, April 1979, 134, 321-34).

Miss Allderidge has convincingly demonstrated how false is the notion, still widespread and copied from book to book, of 'demoniacal possession' as having been the universal explanation of mental disorder up to the seventeenth or even the eighteenth century. She has shown that mental illness was provided for and treated—whether medically or by religious means—as other illnesses. She has pointed out the important distinction between 'demoniacal possession' and disease (of any kind) said to be caused by devils—or, she might have added, by witchcraft. She has given fresh examples of how the mentally afflicted were given 'relief' under the Poor Law—practices which were first brought to light by Dr A. Fessler in 1956; and for the first time she has shown us how the Common Law of England governed what might and what might not be done in a case of mental disorder, long before there was any specific legislation.

Miss Allderidge has also mentioned the strange case of Mary Lamb, who never had to stand trial for the murder of her mother. It seems so unlikely that this should have been a unique instance of leniency, or rather of the law turning a blind eye on a crime because of the offender's mental state—yet no one has so far been able to find a parallel case. Surely further research is needed to solve this mystery. Incidentally, Miss Allderidge has not ventured to name Mary's place of confinement; I am pretty certain that it was Fisher House in Essex Road, Islington, which was at the time licensed to a Mrs Ann Holmes.

On one point Miss Allderidge has—I think unfortunately—followed the 'received version' which elsewhere she has so vigorously disputed. This is where she repeats the cliché that the Lunacy Act of 1890 hamstrung any real advance for seventy years. Now the Act, in spite of its bulk, made only two changes of any consequence: it imposed a Magistrate's order for the detention of private patients (which had long since been required for 'paupers'), and it required the recertification of detained

patients at stated intervals. The objections our predecessors raised were, firstly, that the Magistrate's order inflicted a stigma which would deter the patient's family from seeking in-patient care for him; and, secondly, that no provision was made for voluntary admission to public asylums. The assumption in both cases was that early admission was beneficial, or even essential, to recovery. This belief was based entirely on the simple finding that more recoveries occurred among patients whose illness was of recent onset; but this finding could and probably did mean only that mental disorders of acute onset have a better natural prognosis than those with a more insidious course. There is no reason to suppose that in those years the early admission to an asylum of, say, a case of slowly progressing schizophrenia could have been of any benefit.

Voluntary admission had been allowed to licensed houses and registered hospitals since the 1860s and was actually made easier by the 1890 Act, but the facility was little used before the First World War, and does not seem to have made any notable impact.

There was nothing in the Lunacy Act to prevent the treatment of uncertifiable cases in nursing homes, general hospitals or special clinics, or as out-patients. The painfully slow development of such provision had many causes—voluntary hospitals were indifferent to the need or lacking in resources, and Poor Law authorities were too restricted in their powers—but the want of progress cannot be blamed on to '1890'.

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### EPILEPTIC HOMICIDE: DRUG-INDUCED

DEAR SIR,

I have read with interest the case report and commentary by John Gunn (*Journal*, May 1978, 132, 510-13) and the consequent correspondence (Colin Brewer, August 1978, 133, 188; Bartholomew *et al* and Gunn, December 1978, 133, 564-5). John Gunn refers to the proposal of the Butler Committee (Home Office/DHSS, 1975) that the uncertainty between non-insane automatism and insanity should be clarified by reformulating the special verdict of 'not