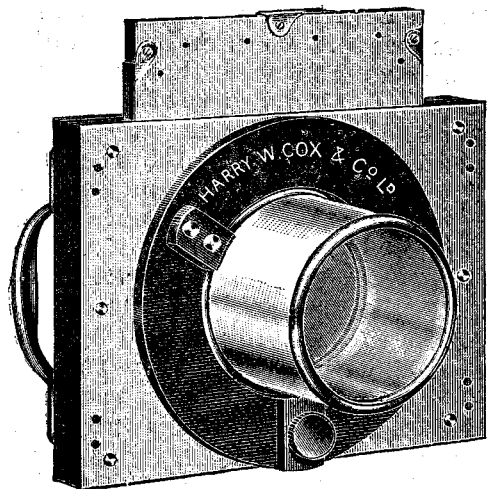


AN X-RAY SCREEN COMPRESSOR FOR THE DETECTION OF URINARY CALCULUS.

THIS is a small and extremely useful piece of X ray apparatus. It consists, as is shown in the illustration, of a short, blunt nozzle of lead glass, above which is fixed a piece of fluorescent screen. Between these is a small gap into which slides a cassette, or plate holder (half plate),



containing an intensifying screen of tungstate of calcium. By means of two handles the operator can press the nozzle into the patient's abdomen and thus obtain an extremely bright view of a small area. He is able to explore renal and bladder regions, also to examine more closely supposed kinks and other intestinal conditions after the administration of bismuth. Any discovery he may make can be recorded by instantaneous exposure on the half plate which, in its cassette, is placed in the opening below the screen while the exposure is made. Small calculi have been detected with this little instrument that would have evaded the more usual methods of X ray examination. In the last 310 cases of suspected urinary calculus examined by my colleague, Mr. H. M. Eccles, and myself at Guy's Hospital, 68 calculi were discovered, and in every case they were seen upon the screen prior to being photographed. This small screen compressor added materially to the successful detection of these stones.

Messrs. Harry Cox and Co., Limited, 47, Gray's Inn-road, W.C., have made the apparatus to my design.
EDWARD W. H. SHENTON, M.R.C.S. Eng.,
L.R.C.P. Lond.,
Senior Radiographer, Guy's Hospital, S.E.

MEDICO-LEGAL SOCIETY.

Discussion on Incipient Insanity.

AT the conclusion of the annual meeting of this society, held on June 30th at the rooms of the Medical Society of London, a discussion took place on Incipient Insanity, with particular reference to a Bill bearing upon this matter soon to be introduced into the House of Lords. The Bill has been drafted by the Medico-Legal Society, in consultation with the British Medical Association and the Medico-Psychological Association. It proposes to legalise the giving of medical treatment in the early stages of mental disease (subject to the consent of the patient), notwithstanding the provisions of Section 315 of the Lunacy Act, 1890, which make it illegal to exercise restraint over a person who is not a certified lunatic. The authority for treatment in an incipient case—which may be given in an approved house—for example, a mental hospital, general hospital, or private house or institution—is a declaration by a medical practitioner that the patient is suffering from incipient mental disease and is not suitable for certification as a lunatic or defective under the Mental Deficiency Act, 1913.

The PRESIDENT (Earl Russell) said the Bill was intended to deal with the circumstance that it was a very dangerous thing for a medical practitioner or anyone else to treat a person on the borderline of insanity. Anyone doing so was constantly running the risk of prosecution under Section 315 of the Lunacy Act, and the result was, they were assured by medical practitioners, that persons who might be saved from becoming actively insane, if treated in time, often were not treated because of this fear of prosecution. They were allowed to go from bad to worse until they reached a certifiable stage and might be brought under the Lunacy Act and properly treated. The Bill was a voluntary one ;

no person could be detained against his will. The Bill might be a better one if it were compulsory, but it would then have no chance of passing.

Dr. ROBERT ARMSTRONG-JONES, in opening the discussion, said that the whole object of the Bill was to avoid the stigma of certification. Mental disease was of all diseases the most curable in the early stages, but it was one of the most expensive and difficult to cure when rooted in any family. The Bill would make it possible for rich and poor to be treated outside the gates of an asylum; the potentially insane would be saved from the damning certificate. Dr. Armstrong-Jones mentioned that the Bill had the sympathy of the Board of Control under the Mental Deficiency Act.

Dr. FRED. J. SMITH said he wished to raise what was perhaps an academic point—Was there such a thing as incipient insanity? Was it not a condition which had been there practically from birth, though not exhibiting itself at first? He preferred the term used in the Bill, "mental disease of recent origin." For persons whose condition did not warrant compulsory detention the Bill would be an admirable one. The question arose whether a patient would realise his condition and submit himself voluntarily to treatment; such patients usually resented the idea that it was necessary they should be taken care of.

Dr. F. G. CROOKSHANK thought that without casting stones at the general practitioner there was a danger that under pressure the general practitioner would apply this Bill to persons who should be certified: that might be met by including in the declaration to be signed by the doctor the definite statement that the case was not suitable for certification. He foresaw difficulties because the declaration in effect authorised another practitioner to receive a patient and give treatment.

The PRESIDENT pointed out that the authority given by a medical practitioner was not necessarily to another practitioner, but to an approved person. It was felt desirable not to use the word "certificate," so that the patient could not be said to have been certified in any sense. The operation of the Bill would be under the direction of the Board of Control, whose inspectors would deal with cases which it was thought should be certified.

Mr. C. WOODWARD thought puerperal insanity a bad instance to choose for the purposes of the Bill, such persons were absolutely insane at the moment.

Dr. JAMES SCOTT (Holloway Prison) thought the Bill should deal with adolescent cases; in their case the stigma of insanity was a very real thing.

Dr. BERNARD H. SPILSBURY asked what would be gained by the Bill, seeing that it was already possible for a patient to give his consent to voluntary treatment. He thought refusals to undergo treatment would be frequent.

The PRESIDENT replied that the main object of the Bill was to avoid a prosecution of the medical practitioner under Section 315, but although the measure was a voluntary one there was no necessity for a formal consent to treatment. It was proposed to ask Lord Loreburn to introduce the Bill in the House of Lords, to explain its objects, and cause it to be read a first time. The Bill could not get any further this session, but it was thought useful to place it before the public.

Mr. ROLAND BURROWS, LL.D., in closing the discussion, said that care had been taken to eliminate from the Bill any term used in the Lunacy Act whose nomenclature had acquired a sinister meaning. The Bill declared, what was intended to be declared under the Lunacy Act, that if a person was not certifiable he could be treated. It was proposed that this should be done under proper conditions and without embarrassment to those in charge. The aspect of voluntary treatment had been over-emphasised in the Bill for the express purpose of allaying apprehension by the public. The Bill was based on a Government measure introduced in 1905, presumably with the approval of the Lunacy Commissioners. The Bill laid down no rule as to treatment; it merely provided that a person in whose custody a sufferer was should not be liable to be prosecuted. The form of treatment was a matter for a medical attendant. As to the definition of incipient insanity, he felt that the psychiatrists deserved criticism because they had not agreed amongst themselves what were the standards of sanity or insanity. The law had no regard to anything but objective symptoms.