

Non-Specialist Asylum Appointments.

The discussion on this subject by the South-Western Divisional Meeting, and the resolution passed, prove that the specialty is alive to the evils that may arise from the appointing of inexperienced medical men to the control of asylums. The danger of such appointments being made does not arise only from the ignorance, personal interests, or parsimony of local authorities, but may come from other branches of our own profession. In "Notes and News," under the heading of "Insanity Law," we quote a recommendation by the *Medical Record* (U.S.A.) that the medical representative on the Lunacy Commission for New York State should be a "neurologist"!

The immediate result of such appointments will be, that the highly qualified medical men who are now filling junior posts will retire from the specialty, and the advance in scientific study and treatment of the insane will be retarded.

The Commissioners in Lunacy must appreciate the importance of such a state of things, and would probably welcome and assist a representation of the evil and injustice involved to the Home Secretary and the Lord Chancellor.

Local authorities will always be liable to be influenced as already suggested, unless they are definitely controlled by superior authority. Appeal to their judgment ensures no permanent conviction. Committees are said to have no conscience, and when triennially elected they certainly have short memory.

Colonial Branches.

The very important and interesting question of the establishment of Colonial branches of this Association will probably come before its members for decision at an early date.

The suggestion arises from the already established nursing examination at the Cape, and from an application for the extension of this to New Zealand.

The enlargement of our work in this manner renders it desirable that some representative of the Association should be appointed in each Colony; and it is probable that the nomination of such a representative would best be arrived at with the assistance of the members of the Association in

each Colony. To do this would practically necessitate the establishment of branches.

Colonial branches, if thus instituted, would not probably often result in meetings, owing to the long distances that separate the members. They might, however, develop a system of criticism of papers sent by post, or in other ways keep up an active interest in their own work and in that of the Association.

*National Society for the Employment of Epileptics.**

This Society does not appear to receive the charitable support that it needs and deserves. In a recent appeal for assistance it was pointed out how greatly England was lagging behind other countries in this respect. In Germany, for instance, there are no less than a dozen epileptic colonies, of which Bielefeld, the chief, has an income of thirty thousand pounds, chiefly derived from charity.

In America several colonies already exist, while in Pennsylvania and New York State new colonies are being formed on a most liberal basis. In the first-named instance the State provides the land and one donor gives 50,000 dollars.

In the whole range of preventive medicine there is probably no better object for charitable effort than this. Epileptics constitute eight per cent. of the admissions to our asylums, and there can be little doubt that this number would be reduced by a considerable extension of the colony system; epileptics in our dense population being at a greater disadvantage than in the countries quoted, and needing help more.

The applications for admittance to the existing colony are greatly in excess of its resources, and it is suggested that several others should be established under local management in various parts of the country.

We trust our readers will therefore not neglect to use the knowledge, influence and opportunities which they possess to advance the establishment and development of such colonies in our own country.

* The central address of the Society is at 12, Buckingham Street, Strand.