

recently appeared in the attempts to introduce sanitation against the plague; while the exigencies of the Indian Treasury offer considerable hindrance to improvements involving increased expenditure. Fortunately, however, the existing institutions could probably be made much more efficient by the appointment, as Dr. McDowall suggests, of trained specialists to their management, in place of the turns of duty, by medical officers having no special experience or liking for the work, which now obtains. This much at least could be done with comparatively little outlay, and would, without doubt, lead in a short time to our becoming better acquainted with the needs of the Indian insane, and of the best methods of dealing with them.

The special necessity for additional means of treatment for women is emphasised by the fact stated, that only one woman in 131,578 is confined in an asylum, as compared with one in 33,460 of the men.

That insanity is less frequent amongst women than amongst men in India is not probable, and that many of these women, unaccounted for statistically, have died under more or less dubious circumstances, is certainly not beyond belief.

Lady medical specialists have obviously in this field a great opportunity for useful work, and it is a subject for congratulation that already a number of ladies have gained experience in our British Asylums, and are qualified to undertake this duty. That the earliest workers will have an easy or pleasant task is not to be anticipated, but the honour will at least be commensurate with the difficulty.

Definite action to promote the reforms suggested by this careful and laborious investigation should certainly follow. Our President fortunately is not one of those who "roasteth not that which he hath taken in hunting;" he may be trusted to be as forward in action, as careful in thought, and in any procedure he may desire to adopt there is little doubt that he will be supported by the unanimous voice and influence of the Medico-Psychological Association.

Lunacy Legislation.

The Lunacy Bill of 1897 is dead; it was never expected, indeed, to arrive at the maturity of an Act in the past session, and its demise on reaching the House of Commons was not unexpected, although it occurred so suddenly.

The rule *de mortuis* fortunately does not apply to Parliamentary Bills, since they may always be resuscitated by their promoters, and this, in the case under consideration, will certainly happen. It is desirable, therefore, that the good and evil in this Bill should not be forgotten until they are about to become law, but that the time previous to its resuscitation should be used to bring the influence of the Association to bear, in appropriate channels, with a view to aiding the adoption of the beneficial and the rejection of the unsatisfactory proposals.

The superannuation question is the most important point raised in the late Bill, with reference to the members of the specialty engaged in asylums, and it is most desirable that the reasons for demanding for them an exceptionally favourable pension scale, should be persistently promulgated.

An addition of a minimum of five years to the pension service of Medical Officers, in recognition of the time spent in medical studies, and in obtaining special experience, is an initial claim. Such an allowance is made to the first class in the Civil Service, and without it Medical Officers are at a distinct disadvantage as compared with those lay officials who, beginning as junior clerks, or even errand boys, rise to more highly paid posts.

That service in other asylums should also count towards pension is only justice, which has been too long withheld.

The arduous character of the senior posts in asylums is an obvious reason that the age at which such an officer might retire by length of service should be reduced to fifty, in place of the sixty-five years of the Poor Law scheme.

The danger of bodily injury is a strong argument for the liberal treatment of the Medical Officers, who are especially exposed to the malevolence of those lunatics who consider themselves unjustly detained or who have delusions of persecution. This danger is too much minimised by our specialty; each year some member of the small number of Medical Superintendents becomes the victim of a serious assault, while the number of unchronicled slight injuries and narrow escapes is very considerable. Such risks, however lightly they may be held, are ever present, and should certainly not be ignored in any plea for superannuation terms more favourable than those granted to a Poor Law official who is exposed to no such risk.

The danger to the attendants, although less than that of the Medical Officers, should also not be overlooked.

Fixity and assurance of pension has long been the goal at which the Association has aimed, but even this should not be bought at too great a sacrifice of the claims to liberal pensions which have been so fully recognised in previous Acts.

The reduction of the superannuation allowances to the Poor Law level, without these modifications, would be a distinct breach of the conditions on which Medical Officers undertook office, and would certainly lead to a deterioration in the standard of medical men entering the service in future.

The allowances and gratuities to the sufferer or his dependent relatives proposed in the late Bill, in cases of injury or death, is a distinct recognition of a legislative omission, and is quite in accord with the recent recognition of the employer's liability under such conditions.

The "misstatement in forms" clause is another subject in the late Bill which invites a very strong expression of opinion, and a persistent representation of its atrocity to the general body of the profession, which is assailed by it equally with ourselves.

That a medical man, of whatever standing, should be threatened with two years' penal servitude with hard labour for negligence in a statement of any material fact in a lunacy form is monstrous, even if prosecution can only be by order of the Commissioners or of the Attorney-General.

A considerable number of the profession already decline to fill up lunacy certificates, and with such a clause there can be little doubt that this number would be greatly increased. It is well to remind our legislators that it is even possible, with the increasing solidarity of the profession, that a case of hardship arising from such a clause might involve the whole profession in a refusal to sign certificates, and thus bring about a deadlock in the treatment of the insane.

Prior to the passing of the existing Act there is no doubt that homicides and suicides could be traced to the refusal of medical men to sign certificates of insanity, and this condition of things might be easily redeveloped by the operation of such a clause.

These points and many others in connection with the Bill have been fully considered by the Parliamentary Committee, whose report is printed in "Notes and News," and which bears evidence to the great amount of time and labour that has been given by that body to the consideration and recti-

fication of the Bill, as well as to the success which has attended these efforts.

All these facts are so well known and so thoroughly before the Association, that no more need be said; but we trust that the next Session of Parliament will find us fully armed and prepared to defend our own rights, as well as to safeguard the treatment of our patients.

Attacks on Private Asylums.

The occurrence of a case of death from unascertained injury in a Private Asylum has furnished the *Star* with the means of filling its columns with correspondence abusing these institutions and advocating their abolition.

The *Star* at the same time chronicles a similar case occurring in one County Asylum, and might have recorded, we regret to say, a second case in another.

If the *Star* were logical, therefore, it should equally demand the abolition of the County Asylums; but reason is not a strong point in the emotional outcry of the silly season.

Such casualties are deeply to be regretted, but with the utmost care in the supervision of patients and attendants, they happen under circumstances which again and again have failed to yield a definite conclusion to the most stringent and searching investigation.

Harm rather than good must arise from unreasoned abuse and condemnation of those in charge, who are probably attacked so freely because they are unable to respond.

The imputation of self-interest which is the stock argument against Private Asylums is the emphatic reason why these institutions should be desirous of avoiding such accidents, since their occurrence means ruin, or at all events great pecuniary loss.

The allegations of improper detention, again, show how ignorant are these irresponsible critics of the true condition of the institutions they assail; the modes of admission and certification, the supervision of the Commissioners in Lunacy and of the Magistrates, the freedom of correspondence and complaint, rendering this practically impossible.

These ignorant reformers may probably be astonished to learn that those who are really acquainted with the working of asylums complain that the real fault of the Private Asylum is a too early and ready discharge of patients: their