

was wasted in reintroducing the new bills and going through the prescribed procedure. It may be argued that the ultimate production was a great improvement on the bill of panic and prejudice that was first introduced, and this no doubt is true; but most of the improvements were introduced in the first three years, and probably most of the other amendments would have been equally early adopted if there had been the feeling that the bill was likely to become an Act instead of being a "hardy annual."

Lunacy legislation would, therefore, suggest that much Parliamentary time and effort would be saved if bills that had passed either House in three successive years should have precedence of all others in their fourth year. If such a rule had been in force the present Lord Chancellor's bill might have become law last year.

Habitual logorrhœa, from which so many Members of the House of Commons suffer, is, however, an even greater hindrance to legislation than defective procedure, and it is interesting to speculate how much longer the country will continue to elect representatives suffering from this troublesome psychoneurosis.

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#### *The Lunacy Bill.*

The Lunacy Bill, introduced by the Attorney-General on the 18th of May, is practically an extract, from the Lord Chancellor's previous bills, of the clauses relating to the treatment of incipient and unconfirmed insanity. These clauses are almost identical with the recommendations made to the Lord Chancellor by a conjoint committee of the Medico-Psychological and British Medical Associations.

The advisability of this mode of procedure has been criticised by Professor Clifford Allbutt in a letter to the *British Medical Journal*. Professor Allbutt's main difficulty is in regard to what constitutes borderland cases, and asks for a definition.

Definitions of insanity, however, are not in fashion, and it is doubtful whether anyone will be rash enough to oblige him.

Incipient and unconfirmed insanity is, however, sufficiently plentiful. Half of the cases admitted to asylums have shown mental symptoms for over three months, and during that period

must have been regarded by their medical attendants as incipient, unconfirmed, or borderland cases. The difficulty of recognising such cases did not seem to weigh on the large number of medical men of considerable experience who waited on the Lord Chancellor some years back. Nor did it seem impossible to the framers of the Scotch law.

Professor Allbutt very properly insists on the great advantages of hospital and asylum treatment, and this can be fully endorsed without admitting that there is no other possible form of treatment between that and the home.

The experience and testimony of many physicians engaged in the practical treatment of insanity is that incipient mental disorder may often be treated to cure at home, in the out-patient department of hospitals, and in single care. In Scotland, moreover, 20 *per cent.* of the insane are treated in homes, and apparently with great advantage.

Professor Allbutt's statement of his experience of the care, or want of care, of single certified cases, is a very cogent argument in favour of the views that have been so often and so strenuously advocated in this JOURNAL, *viz.*, that only persons specially qualified and having homes specially adapted should be permitted to take charge of single cases either of certified or incipient insanity. One of the strongest arguments in favour of these clauses is the fact that the Lunacy Commissioners will have an opportunity of inquiring into the character of the persons and the conditions of treatment of the incipient cases.

The clauses substitute an open, straightforward means of treating such cases, without subterfuge, evasion, or breaking of the law. Under the present unreasonable law, on the other hand, there is always a ready excuse for breaking through statutory requirements, and everybody knows that this is done every day. This will check the habit of treating patients as incipient cases again and again, and will prevent such treatment being carried on for an indefinite period.

Professor Allbutt's criticism of "single" care appears to involve a condemnation of the Scotch system, and, as applied to England, will not be accepted as absolutely just. Many alienist physicians who have supervised the treatment of single cases, seeing them more often than once in a year or two, will bear testimony to the fact that there are many who are treated

perfectly satisfactorily, whilst admitting that in other instances the criticism is just.

The Bill will add considerably to the work that the Lunacy Commission might undertake if it had a sufficient *personnel*, and will certainly entail unavoidable work, which will be a grievous addition to the existing overburden. This should offer an opportunity for the members of Parliament interested in the subject to introduce a clause strengthening the working power of the Commission by the appointment of a few more medical commissioners.

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*The Library.*

The library of the Medico-Psychological Association would appear to be now advancing to a stage in which it will become one of the most useful adjuncts of that body.

The library was founded, as most of our members are aware, on the legacy of the books bearing on psychological medicine belonging to the late Dr. Hack Tuke, to which have been added a residuum of the library of the late Dr. Lockhart Robertson. Various smaller gifts of books from authors and others, with a few purchases, have brought the total of works to upwards of a thousand.

The income derived from the Hack Tuke Memorial Fund is also devoted to the library, and for several years past this has been expended in rebinding, cataloguing, etc. Catalogues, both of authors and subjects, have been completed, and the Library Committee have recommended that the original idea of making the library accessible by circulation to the most remote member of the Association in Great Britain and Ireland should now be carried into effect.

To enable this to be satisfactorily done, it has been further proposed that a subscription be made to Lewis's, so that current works not yet added to the permanent library may be accessible to members.

The importance of giving members of the Association who are remote from reference libraries the power of obtaining by post the books they need for any special work is too obvious, and has been too often advanced to need any additional urging.