

On appeal, the First Division of the Court of Session on 28th October, 1896, concurred in the finding of Lord Stormonth-Darling, and gave decree as sued for with expenses.

This case is of interest in respect of the rejection of the medical evidence in favour of suicide, as above set forth. In brief, it did not seem possible for the judge to accept the statement that the initial stage of melancholia is not apparent to the man in the street. Yet, about the same time as this trial, the newspapers were printing the circumstances of Lady Mary Bligh's suicide; how she was found drowned after having entered the water divested of clothing; how her father stated that "it was not the fact that she had been in a very depressed frame of mind, or a despondent state of mind. Battling with ill-health though she was, she was uniformly cheerful and the brightest of companions. It is absolutely untrue that she had a love affair. That she was ever seen weeping bitterly in her walks must appear to those who knew her most unlikely. There can be no doubt that she acted as she did under some uncontrollable influence, rapidly developed, which at once deprived her of reason and overcame her will, which those who most lately conversed with her know was to live, not to die."

#### DR. A. JAMES ON CRIME.

At a recent meeting of the Medico-Chirurgical Society of Edinburgh Dr. James read a paper on "Crime," which is of interest, as representing the thoughtful conclusions of an able general physician in regard to this subject. Dr. James pointed out the analysis of crime, pauperism, and insanity in the constancy of numbers year by year. Just as diseases occur and cause death in a wonderfully constant number, so do crimes happen. He pursued this subject in regard to liability at different ages, and showed the dependence on season, temperature, weather, and so on. Dr. James entered at some length into questions of social relationships—the influence of trade, the preponderance of crimes against property in bad times, of crimes against the person in prosperous times. He showed how the crimes of the people are like themselves innately, and how the environment influences the criminal, and how the criminal is generally behind the age, although sometimes in advance of it.

Dr. James concluded by reference to the treatment of crime, and emphasised the necessity for treating the criminal rather than the crime. While acknowledging the usefulness of primitive measures to aid defects of action in the higher evolved centres of mind, he laid down the principle that all criminal law should be founded on natural science, and that special education in this respect is necessary for those who make the laws and those who administer them. Dr. James would have the governors of gaols competent in physiological psychology, and would enlarge their powers for detention or dismissal of criminals. He advocated greater publicity in affairs of business, and an extension of education in the best sense for all. He looked upon the improvement of the social condition of women as an important factor in the decrease of crime.

The discussion which followed was of an interesting nature, and will be published in full in the *Transactions of the Medico-Chirurgical Society of Edinburgh* for 1896-97.

#### ARCHITECT ASSESSORS.

It is of great importance, when new asylums are being erected in different parts of the country, that the best advice should be sought by those responsible for the after working of these institutions. There are now, at the service of the public, men who have given long and special attention to the many and intricate questions arising out of the continuous necessity for additions to asylum accommodation. There is a danger in adhering too rigidly to the traditions of asylum

construction, and there is also a danger in proposing changes which will not work out in practical detail. When an Asylum Committee decide to build they should forthwith appoint the Medical Superintendent, and when the plans are complete these should be submitted to the scrutiny of experts.

We understand that Mr. Sydney Mitchell, who designed Craig House for the Royal Edinburgh Asylum, the separate hospital for the Royal Asylum at Montrose and other similar institutions, has been appointed to act as sole assessor in selecting the designs to be premiated for the new Belfast Asylum. Mr. Hine, who designed notable additions to the Nottingham Borough and the Dorset County Asylums, as well as the vast buildings at Claybury and the new asylum at Bexley Heath, for the London County Council, was similarly associated with Mr. Mitchell in regard to the new Dublin Asylum at Portrane. These gentlemen are to be congratulated on having attained this eminence in their profession, and there is every reason to believe that Ireland will benefit from their mature and prudent counsels.

---

#### WORDS OF FAREWELL

*By the Rev. H. Hawkins.*

"Allow me to say 'Good-bye,' that is God be with you before you go. It is an old saying—'Welcome the coming, speed the parting guest.' We should consider ourselves rather as members of a large family than parts of a vast living machine, and should take interest, as far as we can, in one another's movements and well being. So let us exchange a parting friendly farewell. After service here, longer or shorter, you are going to leave this asylum, its work, its patients and companionships. You will not forget them. You will sometimes have in kindly remembrance your old wards, with many of their inmates; your former fellow, workers, and others with whom you have been associated—the medical staff, matrons (may I hope the Chaplain?) and others. Do not let the asylum and its inmates when (as soon they will be) out of sight be altogether out of mind. Your sojourn here is a part of yourself—the various stages of life are 'bound each to each.' But do not merely give a thought, now and then, to this large household, but consider whether you cannot *still* do it good, just a little. May I suggest one or two ways in which this might be done?

"1. Might not an attendant, before leaving, select some patient in her ward whom she might, as it were, 'adopt?'—writing to her from time to time, not frequently, but regularly, sending her an occasional newspaper or an almanack, or perhaps a few stamps. Would not this be a pleasant bond of union between the new life and the old? between now and then? If the 'adopted' patient should be discharged or die, her place might be taken by another. The Head Attendant or 'Charge' might be willing kindly to forward a name. If this could not be easily managed, a paper (illustrated all the better) addressed to the old *ward* would, perhaps, reach some patient whose thoughts might be diverted, for awhile, from cares and troubles through your considerateness. Anyhow, in some way or other, keep the asylum and its indwellers in remembrance. Forget not the community in which your lot was once cast when you make your requests before God. The 'afflicted in *mind*,' as well as those in body and estate, are not unremembered in the Church's petitions, and, for private use, a form of prayer which has been put into the hands of very many, and which not a few may be using, will be found at the end of this letter.

"2. Again, as far as you can with truth, *speaking favourably* of the asylum and its management. No institution is perfect, no workers are faultless. You may have become acquainted with some things in the asylum which you are about to leave which are capable of amendment. There, as elsewhere, occur occasional faults of temper, hastiness of speech, want of gentleness, &c. Where is there *not* something to be desired? The members of any establishment are part of the great human family, liable to errors and defects which are common to all. But you have also had experience of the manner in which the well-being of the inmates of the