

wheels of a passing heavily-laden waggon), suggest sudden impulse. At any rate, there was nothing to suggest neglect, and such an occurrence is unhappily common enough. The action, as it chanced, was unsuccessful. There seems, however, to be a tendency just now in France to endeavour to hold medical men responsible for the suicides of their patients. In the article in which Christian records the case last mentioned, he tells of an action taken against a medical man who was cast in damages owing to the suicide of a patient in his *maison de santé*. The case went by default before the first tribunal. Dr. Duhamel of Fontenay-sous-Bois, the gentleman in question, has appealed, however (after the lapse of three years apparently!), and the appellate court has reversed the first decision and fully acquitted him. It is not quite clear whether this final decision was founded on the general merits of the question or on the somewhat dangerous contention of the appellant's counsel that Dr. Duhamel's establishment was merely a *maison de santé* and not an asylum, and that therefore the proprietor was not in a position to adopt the precautions required for the safety of the insane. It is easy to see how hopeless will become the already unhappy lot of the melancholiac if we are to make it the essential feature of his "treatment" that he is to be guarded against any possibility of suicide, and of course this will be the result if society determines that we are to be punished for every suicide occurring among our patients. We are of those who hold that such an effort is bound to fail, and that the return to retrograde methods would actually increase the number of suicides as well as diminish the recovery rate among the survivors.

On the principle discussed above, we cannot wonder should society care little for the interests of the patient when an occasion arises for baiting the doctor.

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*After-care Association.*

The annual meeting of this Association was held at London House, the Bishop of London presiding, and speaking strongly on behalf of the Association.

Dr. Nicolson moved, and Sir John Batty Tuke seconded, the

adoption of the report, the latter giving an admirable illustration of the usefulness of aid in helping recovered persons to re-start in life.

The work of the Association is steadily growing, but even now only 250 persons of the 7000 annually discharged from asylums are aided. There must certainly be a larger number needing aid, who are not reached by after-care.

The oft-repeated suggestion was made that the Association should decentralize; hitherto attempts in this direction have been made by voluntary local secretaries. These have been appointed in many of the large towns, but no great success has hitherto attended these efforts.

The Council, we are informed, has under consideration a scheme for establishing divisional centres, in which a paid agent should be employed: the finding and visiting the homes, obtaining exact information in regard to the characters and capabilities of the patient, the abilities of friends to aid, the form of occupation suitable, and the trustworthiness of the employers with whom the patient is placed, entailing an amount of work, time, patience, and experience which cannot be expected of a voluntary helper.

The income of the Association fell last year to little over £600, and the difficulty of raising funds was well illustrated by this meeting. There was a large room full of well-dressed, interested persons; but, apart from habitual subscribers, little over £8 was raised.

With such limited means the extension of the work by means of new centres becomes a difficulty; but the Association has accumulated a reserve fund, which will enable it to make the attempt if co-operation can be obtained. It would be very desirable that a few suitable cottage homes could be found in each county; and if asylum superintendents would aid in this direction they would greatly enhance the usefulness of the Association.

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*Private or Pauper?*

A question of some interest is under discussion between the authorities of the Chichester Asylum and the Commissioners in Lunacy. The asylum is intended primarily for pauper