

view to determine whether they are delusions or not, and when so sifted are not usually of such a complex nature as to demand the attention of an experienced barrister, and might equally well be referred to a visiting justice.

It has been argued that the insane in English asylums are more satisfied by having their complaints answered by a legal than by a medical authority, but it is to be doubted whether the majority of medical superintendents would endorse this view, or that it would have escaped the observation of other countries.

There must exist some very urgent reason for the predominance of legal members on the Commission, but it obviously does not exist outside of England and Wales.

It is to be regretted that the Commission has not been strengthened by the appointment of Medical Deputy Commissioners, who would relieve their seniors of much of the work, which could quite well be done by less experienced persons. A great deal of the work is mere drudgery, entailing a vast amount of travelling and discomfort on men whose experience and energies would be expended more advantageously in the more important parts of the work of the Commission. This has been found to work satisfactorily in Scotland, and is a plan commonly adopted in other public departments.

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*The Care of the Poor Insane.*

Between the class of patients who can pay one pound a week and those who only pay the ordinary rate of maintenance in county and borough asylums is a large class of patients who could pay something less than the cost of the private annex and something more than the pauper rate of maintenance.

This class includes many persons of good education, to whom it is a serious disadvantage to be driven, as many of them are, into the ordinary wards of the (so-called) pauper asylums.

Some of the private annexes do take cases at less than £1 per week, but many draw the line at this, although they make very considerable profits, which are either used in diminution of the rates or in improving the structure, etc., of the annexes, thereby making them more attractive for patients capable of paying higher rates. It is most desirable that full consideration

should be given to the question of the possibility of helping the patients in question more extensively. St. Luke's largely helps patients of this class, and several other registered hospitals do the same, but from the Commissioners' reports of the last few years it would seem that many of these institutions do very little, so that little help can be expected in this direction, the tendency of these institutions being to provide for patients at high rates, and their consequently enhanced rate of maintenance limiting their charitable action.

The private annexes offer a more favourable hope for the extension of aid, but these, too, are exposed to the temptations to which some of the registered hospitals have succumbed.

The solution of the problem would seem to lie in the establishment of special annexes or registered hospitals in which the cost of maintenance shall not be allowed to rise much beyond that of the ordinary pauper asylums, say 15s. per week, and in which the profits of patients paying more than that sum should be rigidly devoted to receiving as many patients as possible who can only afford to pay less.

If such self-denying institutions would not commend themselves, either to the founders of registered hospitals, or to the authorities of our public asylums, they could probably be established by the strong insistence of the Lunacy Commission, acting on the larger county councils.

There can be no doubt that there is here a great gap in the provision of treatment for a highly respectable and deserving element of the lower middle class, and it is certain that the establishment of institutions of the character indicated above would relieve a large amount of unmerited suffering.

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*Post-mortem Examinations in the Tyrone and Fermanagh Asylum.*

A contemporary medical paper states that the committee of management of the above-mentioned asylum has decided that in future no *post-mortem* examinations shall be made on the bodies of unclaimed persons, except in cases of suicide, accidental or doubtful death.

In face of the great advances made in modern pathology this appears to be a distinctly retrograde step. It would