

The Examination of Defective Children under the London School Board.

The appointments of Dr. Shuttleworth as an examiner under this Board will be generally recognised as the best that could be made. Mrs. Dickinson Berry, M.D., who is appointed, presumably for the examination of the female children, has high qualifications for the post.

These appointments are, without doubt, the outcome of the recommendations in the report of the Departmental Committee on Defective Children, and an evidence of the acceptance of its main principle by the London School Board.

Reception Houses.

The retirement of Dr. Norton Manning, to which we draw attention in Notes and News, naturally reminds all who are interested in the care of the insane of the reception houses established during his *régime* in New South Wales.

The success of these reception houses has been very great, and the rumour reaches us that the establishment of similar houses in London is under the consideration of the County Council.

The advantages of having well-organised institutions for receiving, treating, and distributing mental cases over the existing system is so obvious, and has been so often insisted on, that little need now be said in regard to it, beyond the expression of astonishment that the change has not been earlier contemplated.

That the insane, often not in any sense paupers or criminals, should, in the large majority of cases, only find their way to the asylum through the police cell or the workhouse, would certainly seem an erroneous procedure.

The unfitness of the police cell as a place for the treatment of an early phase of insanity is clear even to the most legal-minded, but many of the workhouse "lunatic wards" have been and still are very unsatisfactory, to say the very least of them.

Reception houses properly equipped, staffed by medical officers and nurses of special experience, will assuredly be of the very greatest advantage in caring for these early phases of disorder, and it may confidently be predicted that a very considerable number of cases would thus be arrested in their development and escape the need of asylum treatment.

Early treatment, too, would probably be facilitated, from the fact that there would certainly be less reluctance on the part of patients and their friends to go to an institution not an asylum and not a workhouse, than is now the case. This reluctance at the present time constantly leads to delay, with the result that illnesses which might have been abbreviated become protracted and incurable, or the sufferer is permitted to commit some overt act of insanity.

Great economy in the long run should result directly from the diminution of the number of cases going to asylums, and indirectly by a more systematic distribution of the cases to the institutions most appropriate to their mental state. Under existing conditions great expense is often entailed by cases having to be transferred from one institution to another, as well as from want of systematic inquiry as to settlement at the outset of the case.

We may earnestly hope, therefore, that the rumour is well founded, and that we may soon be able to record that the London County Council has made another advance in the care of the insane, of even more importance than those which we have from time to time with satisfaction recorded.

Hypnotism in Court.

In the newspaper reports of a recent action for slander it was stated that the British Medical Association had officially recognised hypnotism as a therapeutic agent. The medical man whose evidence led to this incorrect statement has shown that his remarks had been misapprehended by the journalist. It is of some importance to recall the circumstances, to show how the matter really stands. The committee appointed to report upon the subject included well-known names, and after a considerable interval presented their conclusions. They expressed themselves as satisfied of the genuine nature of the hypnotic state, and were of opinion that, as a therapeutic agent, hypnotism was frequently effective in removing pain, procuring sleep, and alleviating many functional ailments. As to its permanent efficacy in the treatment of habitual drunkenness, the evidence before the committee was encouraging, but not conclusive. They specially indicated that care in the employment of hypnotism was necessary, and suggested important limitations.

The report was referred to the committee on its first presentation, and when it was again brought up in 1893 it was