

perfect our science must always be while clinical work is neglected. In England, it must be confessed, we have been backward in this respect for many years and have not contributed those exact and laborious clinical studies which are to be found in the French and German psychiatric literature. This may be due to the unhappy system by which case-books have come to be regarded not as scientific records but as mere items of official routine—not as serious medical work, but as something to be compiled “to satisfy the Commissioners.” Whatever the cause, it is time to apply a remedy.

The Association dinner was numerously attended, and passed off in the most satisfactory manner. The change of date of the meeting unfortunately prevented the Lord Mayor from attending as a guest of the President, as he would otherwise almost certainly have done.

A large number of the members of the Association, on the invitation of the President, visited the City of London Asylum on the 18th July. They were there most hospitably entertained, and had the opportunity of seeing how an old institution had been remodelled to meet the requirements of the modern treatment of the insane. An interesting account of how the change was effected has appeared in a former number of this JOURNAL.

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*Sir Charles Bagot.*

The retirement of Mr. (now Sir Charles) Bagot from the Lunacy Commission has been followed by a due recognition of his services in his promotion to the honour of knighthood.

The members of this Association attending at the annual meeting expressed their appreciation of the services of Sir Charles Bagot in moving a resolution to congratulate him on the honour conferred on him, and the feeling thus expressed is fully shared by those members who were not present.

Sir Charles Bagot, from the very outset of his joining the Commission won the confidence of the Specialty, and as years passed on this feeling has grown into the highest esteem and admiration.

Apart, however, from the feeling of personal congratulation, there is a strong feeling of satisfaction that such an honour has

been conferred on a member of the English Lunacy Commission. And we may express the hope that this may form a precedent which will be followed on the retirement of other members of the Commission.

No future recipient of such an honour, however, will ever have more thoroughly earned and merited it than Sir Charles Bagot. We sincerely hope that he may long enjoy his dignity and rest.

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*The Temporary Treatment of Unconfirmed Insanity.*

The Commissioners in Lunacy, in their recently issued report, make recommendations in regard to the temporary treatment of unconfirmed insanity which are most satisfactory. These will materially aid in passing the clauses in relation to this matter contained in the Lord Chancellor's Lunacy Bill, whenever the Houses of Parliament recover their legislative activity.

The Medico-Psychological Association has done so much in helping forward this means of treatment that it would seem to be incumbent on it to consider whether it can do anything to ensure the efficient use of these clauses when, if ever, they become law. Their satisfactory working will depend on the quality of the guardianship obtained; and the question which the Association might consider is whether it can aid the public and the medical profession in the selection of persons and homes best qualified or suited to the care of incipient and unconfirmed insanity. This question is by no means easy of solution.

The special qualifications for such guardianship are not to be proven with facility. Experience of treatment in asylums or elsewhere, although necessary, is not alone sufficient. The personal qualities and special experience of treatment in home life have to be otherwise acquired—usually, of course, by assisting in treatment of this kind. Although the special knowledge thus acquired might be tested by examination, the more important qualities, such as tact, etc., could only be arrived at through the testimony of competent observers who had had opportunities of noting these qualities in actual employment.

Hence the qualification for guardian of incipient mental disease should not only consist of a proof of knowledge of the