were put forward not only with characteristic caution by such experts as the late Dr. Hack Tuke, but also in a special report issued by the Commission in Lunacy itself. The question arises, how is the difficulty to be coped with from the *legal* side? The main problem undoubtedly is how to get incipient cases of insanity brought under *immediate* care and control, and here two *desiderata* present themselves. In the first place, some means must be found of inducing patients and the friends of patients to invoke curative treatment in time. Cannot the principle of voluntary committal established by the inebriates be utilised? In the second place, cannot the *medical* profession have greater immunity from harassing legal proceedings guaranteed to it than even sect. 330 of the English Lunacy Act confers? If this latter problem cannot be solved, we shall have to face official certification.

Curious Legal Point.

It is a principle of English law, at least as old as the year 1799 (*Merryweather* v. *Nixon*, 8 Term. Rep. 186), that, upon grounds of public policy, one wrong-doer cannot have redress or contribution from another in respect of the joint wrong-doing. A Divisional Court have recently held in *Burrows* v. *Rhodes* (1899, 68 L.J.Q.B. 545), a case arising out of Dr. Jameson's raid, that this rule does not apply where an innocent person has, by the fraudulent misrepresentation of others, been induced to take part with them in the commission of a criminal offence which is merely *malum quia prohibitum*, and for which he has been neither tried nor convicted, and that probably the case would have been the same even if he had been so tried and convicted. In the course of an extremely able judgment in this case, Mr. Justice Kennedy raised an interesting point under the Lunacy Act, 1890. A person who receives two or more lunatics into his house, not being a registered house or licensed house or asylum, commits an indictable offence, even if he acts under a *bonâ fide* and reasonable belief that the persons so received are not lunatics at all (*Queen* v. *Bishop*, 1880, 5 Q.B.D. 259). Suppose that in such a case the belief had been induced by false and fraudulent representations on

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the part of the person bringing the patients, would he be liable to an action for damages at the instance of the proprietor of the house? Mr. Justice Kennedy thinks that this question should be answered in the affirmative. It certainly ought to be.

Adelaide Asylums.

The recommendation of a coroner's jury that additional medical assistance should be given in these asylums is one that should command the immediate attention of the Government of South Australia.

The Parkside Asylum, containing upwards of 700 patients, is under the sole charge of Dr. Cleland, who is also the responsible head of the Adelaide Asylum, with more than 200 patients, and a resident medical officer. The admissions are entirely dealt with at the Parkside Asylum, which must therefore yield an amount of work that one man cannot possibly deal with satisfactorily.

The prison for lunatics idea of an asylum is gradually dying out in England, and it is with regret that we find it lingering in the colonies. That an asylum should be a hospital for the medical treatment of mental diseases is not only true from a humanitarian point of view, but is a fact which tends to economy: and if the authorities concerned could be convinced of this, there would probably be little delay in granting the additional medical assistance so obviously needed in the Adelaide asylums.

The reports of the English Commissioners on Lunacy would afford the colonial authorities valuable assistance if they gave definite information of the proportion of medical officers to patients in the asylums under their jurisdiction.

The Abolition of Asylums.

The *New York Herald* (June 11th) devotes its front page to a report of the Pathological Institute, with head-lines on the "reversal of the treatment of the insane," and the statement

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