

disease, and would yield to Edinburgh the honour of being the pioneer in this country of the reception hospital system, which has worked so satisfactorily in Australia and in Copenhagen. An account of the latter from the pen of Dr. Pontoppidon appears in this number. The London County Council nearly adopted this system, but has unfortunately relapsed to improved workhouse infirmary wards, officered by infirmary superintendents.

The prediction may be safely hazarded that if this system is established Edinburgh will not be rewarded by honour only, but will soon show statistically that benefit has resulted to both population and purse.

Incidentally, too, it would tend to reduce the outlay on architectural display to which insane benevolence has so largely tended of late, and Bangour might still be built at something approaching the cost of Alt Scherbitz.

In Scotland, as in England, it seems difficult to persuade the benevolent builders of asylums and their architects that insanity is not treated by palaces, but by physicians; not by bricks, but by brains.

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*The Association of Asylum Workers.*

The annual meeting of this association, held on May 22nd, under the presidency of Sir James Crichton-Browne, gave ample evidence of the great progress this association is making, and of the useful work performed by it.

The increase of membership from 2868 in 1900 to 4116 in 1901 is indicative of the rapid spread of its influence, while a striking proof of its usefulness was given in the distribution of medals for long and meritorious service.

Gold medals were given to Mr. W. Hope, inspector of Colney Hatch Asylum (thirty-six and a half years' service), and to Miss M. Riches, head nurse at Heigham Hall, Norwich (thirty-five and a half years' service). Two silver and twenty-eight bronze medals were also awarded. The importance of the encouragement to faithful service thus given is too obvious to need comment.

The President gave an interesting, instructive, and stimu-

lating address in his usual admirable and effective manner, adding greatly to the success of the meeting.

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*Lunacy Legislation.*

The Session of Parliament has so far advanced without the introduction of a Lunacy Bill, that no expectation of such an event can now be indulged. Bills, unlike other offspring, are sometimes the better for a protracted gestation, and the Lunacy Bill, when the Lord Chancellor is at length brought to the woolsack, ought to be of exceptional merit.

The Lord Chancellor, in considering the pension clauses, should give full attention to the strong argument reiterated by Sir J. Crichton-Browne in his address to the asylum workers, of the increased efficiency of asylum staffs resulting from retaining trained attendants by the inducement of pensions.

Another argument in favour of liberal pensions to asylum superintendents has not been so generally recognised, and that is the fact that owing to the law against the establishment of private asylums, retired superintendents are prevented in a large measure from using their professional experience. Many pensioned asylum superintendents would be able, and would be specially qualified, to treat a few patients with advantage both to themselves and the community. In the existing state of the law they are subjected to disability in this respect, being permitted to take only one patient.

This disability is not only a great injustice to the retired asylum physician, but is a great wrong to the public, which is thus debarred from obtaining the services of men of the very largest experience of insanity. Whenever lunacy law makers recover from their serious attack of prejudice against alienist medicine, one of the first reforms will be, not only to license "houses," but also to license "physicians" with special experience, to treat the insane. Asylum medical officers would then retire much earlier, and consequently need smaller pensions.

The existing injustice, so long as it continues, constitutes a most important claim on the part of the asylum medical officers to liberal pensions.

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