

advancement of the subjects, a very considerable amount of popular enlightenment.

A word must be said on behalf of the strangers for the reception afforded to them by "Auld Reekie." The *Lancet* justly remarks that "the citizens of Edinburgh vied with each other in showering splendid hospitality, both public and private, on the members of the Congress." Outside these princely proceedings, calculated to astonish the most seasoned congressman, every stranger had to be thankful for the sincere and cordial kindness of the Ladies Committee, who laboured with unceasing geniality to uphold the name of the Assembly and make Edinburgh truly a home for all their visitors.

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#### *Lunacy Legislation.*

The discussion raised in the House of Commons by Sir John Batty Tuke is worthy of the most earnest attention of the Medico-Psychological Association. He and the various speakers who followed him demonstrated to the hilt the necessity that exists for an increase in the *personnel* of the Lunacy Commission and for improvements in the lunacy law.

That such legislation is needed is proved by the fact that the Lord Chancellor introduced lunacy bills for several years in succession which passed the House of Lords, but always succumbed to the "want of time," "pressure of business," etc., which are the stock-in-trade excuses of the House of Commons for neglecting the affairs of the nation, whilst wasting half its time in party prabbles.

The course of lunacy legislation in the last thirty years is, probably, as good an example as could be found, not only of the waste of time, but of the waste of effort, in our Parliamentary procedure. The Lunacy Act of 1891 was the outcome of fourteen years of Parliamentary work, beginning with a Select Committee in 1877.

Year after year bills were introduced, passed through Committee, and dropped for want of time. Most of the discussions on the clauses were doubtless wanting in reality and earnestness from the knowledge that there was no prospect of the bills becoming law. Thus year after year the time of Parliament

was wasted in reintroducing the new bills and going through the prescribed procedure. It may be argued that the ultimate production was a great improvement on the bill of panic and prejudice that was first introduced, and this no doubt is true; but most of the improvements were introduced in the first three years, and probably most of the other amendments would have been equally early adopted if there had been the feeling that the bill was likely to become an Act instead of being a "hardy annual."

Lunacy legislation would, therefore, suggest that much Parliamentary time and effort would be saved if bills that had passed either House in three successive years should have precedence of all others in their fourth year. If such a rule had been in force the present Lord Chancellor's bill might have become law last year.

Habitual logorrhœa, from which so many Members of the House of Commons suffer, is, however, an even greater hindrance to legislation than defective procedure, and it is interesting to speculate how much longer the country will continue to elect representatives suffering from this troublesome psychoneurosis.

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#### *The Lunacy Bill.*

The Lunacy Bill, introduced by the Attorney-General on the 18th of May, is practically an extract, from the Lord Chancellor's previous bills, of the clauses relating to the treatment of incipient and unconfirmed insanity. These clauses are almost identical with the recommendations made to the Lord Chancellor by a conjoint committee of the Medico-Psychological and British Medical Associations.

The advisability of this mode of procedure has been criticised by Professor Clifford Allbutt in a letter to the *British Medical Journal*. Professor Allbutt's main difficulty is in regard to what constitutes borderland cases, and asks for a definition.

Definitions of insanity, however, are not in fashion, and it is doubtful whether anyone will be rash enough to oblige him.

Incipient and unconfirmed insanity is, however, sufficiently plentiful. Half of the cases admitted to asylums have shown mental symptoms for over three months, and during that period