

that much of such treatment goes to those who have little to lose by prosecution. The persons well qualified are debarred, whilst the unqualified are encouraged.

The notification to the Commissioners in Lunacy, provided for in the Lord Chancellor's clause, would go far to remedy and reverse this state of things. The possibility of inquiry would make the friends of patients more careful as to the qualifications of those to whom they committed the care of their friends. On the other hand, the persons who really possess experience and qualification for the work would be encouraged, and this would tend to exclude those who are unqualified.

To safeguard the working of the clause, therefore, some qualification of the persons undertaking such treatment should be necessary, but this will require consideration and experience.

The Commissioners in Lunacy in the working of the clause would no doubt soon arrive at conclusions which would enable them to frame regulations in regard to the qualifications necessary for the efficient care of the incipient insane, and to exclude those who were manifestly incompetent.

The suggestion may therefore be made, to enable the clause to be at once passed as law, that a section should be added enjoining the Commissioners in Lunacy to frame recommendations to the Lord Chancellor in regard to the qualifications required of those undertaking the care of unconfirmed mental cases.

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*Care of the Chronic Insane in Ireland.*

A short time ago (March 20th) a meeting was held in Dublin of a society called the Irish Workhouse Association. We are not in a position to say whether the proceedings have been very fully reported or not. We should hope not; and we must observe that this seems very probable since we find that one reverend gentleman remarked, evidently in a spirit of *scæva indignatio*, that the Christian treatment of the poor was not an "urgent" question, that term being reserved for something connected with the licensing trade or the labour interests. We observe, however, in the proceedings as reported, that curious kind of incoherence that so often perplexes the foreigner

who tries to comprehend the lines on which Irish public business is conducted. People seem to have adopted the odd plan of addressing the meeting either by letter or by speech on all sorts of topics, whether such were exactly on the programme or not, or whether the persons who spoke or wrote had or had not any accurate information. There did not appear to be perfect unanimity of feeling as to the present management of Poor Law business. One member stated that he believed the Irish Poor Law Guardians to be actuated by a high sense of duty. On the other hand, an eminent physician stated that not politics nor religion (which are commonly said to rule everything in Ireland), but contracts governed the workhouses; and nobody contradicted him. Perhaps the two statements are reconcilable, high sense of duty meaning duty to one's favourite contractors. It is comforting to think from the speech of the Chairman of the Society that that body seems to think workhouses (even conducted under a high sense of duty?) are not suitable places for the insane. On the other hand, an eminent ecclesiastic, whose views were made familiar to us through a paper read at the Cork meeting in 1901, wrote triumphantly of the success which he foresees for his efforts towards the establishment for the chronic and harmless insane of auxiliary asylums not under medical control. Those who have any knowledge of the condition of the insane in the Irish workhouses at present will hesitate before they endorse this scheme, since it seems to offer no guarantee that the supervision in the new auxiliary will not be less than in the old workhouse. However, merely from the point of view of the workhouse reformer, it would no doubt be a "reform" to get rid of the insane.

Some loose talk was indulged in as to the cost of asylums. It is a favourite device to contrast the charges now made by the asylum committees with those made a few years ago. At that time the rate in aid was paid direct to the asylums, and the cost of repayment of loans for building, etc., was met in such a way that a claim on foot of this did not appear in the demand made by the asylums on the counties. Now the demand includes money for repayment of loans and does not credit the asylums with the rate in aid, which is paid by Government direct to the county councils. It is consequently easy to show that the present gross cost is very much greater than the former net cost, though it is not easy to see what is

gained by representations of this kind, nor by reckless statements as to increase in the rates. But asylums in Ireland are very unpopular institutions, and any stone will do to throw at a dog. It is curious, by the way, to observe that the notion of boarding out the insane never seems to occur to the reformers and economists in Ireland. Is this due to the ancient dread of lunacy still existing there, or to mere ignorance of such a method, or to "a high sense of duty" lest the insane might be neglected, or have "contracts" anything to do with it? We are left in a distressing state of uncertainty on these and many other interesting points.

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*Clinical Cases.*

The cases of clinical interest in our asylums must be very numerous, and there can be no doubt that much valuable information is buried in asylum case-books with little hope of ever reaching the notice either of the specialty or the profession.

Striking pathological and symptomatological variations are the most attractive for reporting, but new departures in general treatment and special drug therapeutics are also of great importance. The negative results of the latter are even of more value than the positive. If a drug produces favourable effects these are almost certain to be published at once, whilst the failures only reach publicity much later. Hence arise misleading first impressions of the nature of a drug, which are long in being corrected. In this direction, therefore, there is a valuable opening for clinical effort.

The number of clinical cases recorded in this JOURNAL can be but a fractional proportion of what might be with advantage supplied from the vast material of our asylums. Medical superintendents, and especially the secretaries of divisions, would be doing good work in urging the junior members of the Association to undertake clinical reporting. Careful work of this kind is the very best foundation of medical character, and this has never been more thoroughly demonstrated than in the career of that eminent clinician, Dr. Hughlings Jackson.

The value of this JOURNAL would certainly be greatly increased by a very considerable extension of the number of carefully reported clinical cases, while many junior physicians