and that, if he did so, there might be ground for the suspicion that the law differed as between rich and poor offenders. He sentenced her to six months' imprisonment in the second division.

While we recognize that morbid impulses and compulsions do occur (although this case may, or may not have been an example), and that the commission of offences may result therefrom, the practical difficulties in setting up such a defence are obvious. The chief point of interest in the case would appear to be the judge's remarks about irresistible impulse. It will be remembered that Lord Justice Atkin's committee reported, in 1923, that "there are cases of mental disorder where the impulse to do a criminal act recurs with increasing force until it is, in fact, uncontrollable," and made a recommendation that the law should recognize irresponsibility "when the act is committed under an impulse which the prisoner was by mental disease in substance deprived of any power to resist." This committee consisted exclusively of lawyers. It would appear that the suggested new criterion is far from commanding universal acceptance.

Occasional Notes.

The Mental Deficiency Bill (England and Wales).

THE main provisions of this Bill and the fact that it had left the House of Lords, where it was introduced in July, 1926, for the more contentious atmosphere of the Commons were reported to the Council at the November Quarterly Meeting. The Council referred the Bill to the Parliamentary Committee for examination and report.

It has so happened, however, that the Association has been denied the opportunity of taking any further action, for the consideration of the Bill commenced in the Commons almost immediately. The Bill passed its second reading on November 29 with but little emendation, though the occasion gave rise to considerable discussion and not a little opposition to the proposed measure.

The Bill was referred by the Commons to Standing Committee C, where it was dealt with on December 7. Two amendments to widen the definition of defectives in clause 1 so as to include cases of "mental disturbance" and "perverted development of mind" were negatived. Three new clauses amending Sections 4, 8 and 15 of the Mental Deficiency Act, 1913, were added to the Bill. The discussion took up a whole morning, and the Bill, as amended, was ordered to be reported to the House. The Bill came up for third reading on December 13, but a sheaf of further amendmends

having been tabled, and there being no time for their discussion owing to the lateness of the Session the Bill was not proceeded with, and was lost—at any rate for the time being.

Such being the fate of this Bill there seems little to be gained now by discussing it in detail. It had considerable sociological bearings in addition to enacting important changes of a far-reaching character in the administration of the Mental Deficiency Act of 1913. Though the Association, no doubt, would have been keenly interested in the former, it was in the latter respect that it would have been mainly concerned. Interest would have centred round clause 1, *i.e.*, the proposal to enlarge the scope of the definitions of the classes of mental deficiency as laid down in the principal Act so as to include cases arising not only from causes operating from birth or early age, but also from those "induced after birth by disease, injury, or other cause."

For future reference we chronicle here clause 1 as amended by Standing Committee C:

CLAUSE 1.—(*Definition of Defectives.*)

(1) The following Section shall be substituted for Section I of the Mental Deficiency Act, 1913 (in this Act referred to as "the principal Act")—

"1.—(1) The following classes of persons who are mentally defective shall be deemed to be defectives within the meaning of this Act:

(*a*) Idiots, that is to say, persons in whose case there exists mental defectiveness of such a degree that they are unable to guard themselves against common physical dangers:

(*b*) Imbeciles, that is to say, persons in whose case there exists mental defectiveness which, though not amounting to idiocy, is yet so pronounced that they are incapable of managing themselves or their affairs or, in the case of children, of being taught to do so:

(*c*) Feeble-minded persons, that is to say, persons in whose case there exists mental defectiveness which, though not amounting to imbecility, is yet so pronounced that they require care, supervision, and control for their own protection or for the protection of others, or, in the case of children, that they appear to be permanently incapable by reason of such defectiveness of receiving proper benefit from the instruction in ordinary schools:

(*d*) Moral defectives, that is to say, persons in whose case there exists mental defectiveness coupled with vicious or criminal propensities and who require care, supervision, and control for their own protection or for the protection of others.

(2) For the purposes of this Section 'mental defectiveness' means a condition of arrested or incomplete development of mind whether innate or induced after birth by disease, injury, or other cause."

In the preamble to the Bill it was plainly stated that one of its main objects was to include in the operations of the Mental Deficiency Act, 1913, troublesome cases of encephalitis lethargica occurring in early life and adolescence.

The question of the best way of accommodating and administering these cases has been discussed by the Association on more than one occasion recently, but no decision or declaration on the subject has been made as yet, and it seems to be one upon which the Association

must express a definite opinion sooner or later, and, in view of the probable early re-introduction of this or an amended Bill next session, the sooner the better.

Speaking on the broad issue raised by clause 1, we think it would be unwise to depart from the hitherto closely observed distinction between cases of arrest of mental development and cases of acquired mental disorder. Both clinically and administratively there are important differences, chiefly, however, in the latter respect. Though they are both included in the science of psychiatry, yet irrecoverability and training are the chief aspects of the former and recoverability and treatment of the latter, and these several aspects present the practical side of the subject. As to whether or not acquired cases of arrest of mental development should be included in the operations of the Mental Deficiency Act we have never been in any doubt. In these pages we have more than once expressed our view that they should, and the only objection we have recognized as having any real basis is the economic one. This was, no doubt, the reason for their non-inclusion in the first instance. We have frequently pointed out that the full extent of the mental arrest cannot be gauged until the instinctive activities of puberty and early adolescence have made themselves felt, and the individual's mental development been put thereby to the supreme test.

We fully agree that the time had come for a revision of the definitions of the classes of mental defectives as set forth in the Mental Deficiency Act of 1913. We are also aware that such definitions are for administrative and legal purposes, and need not necessarily have a strict clinical significance. It is highly improbable, if not impossible, that they could, under the circumstances, satisfy a medico-psychological standard; still, their departure from the latter should be restricted to a minimum, and certainly the proposal that acquired forms of idiocy and imbecility should be presumed to exist was startling. We admit that the definition of mental defectiveness in Section 2 of clause 1 of the Bill as applied to classes (*a*) and (*b*) need not necessarily imply this, but the explanation offered is so intricate and not a little obscure that the necessity for it should be avoided if the practical purpose can be secured by using other words.

We certainly do not share the views of many that the practical outcome of these amended definitions would result in the certified institutions becoming the dumping-ground for cases of dementia—even of senile dementia—and their great purpose as training institutions thereby greatly embarrassed. Even wilder views prevail in some quarters. The Minister of Health repeatedly stated that the measure was meant to apply only to cases of arrest of development

in early life and adolescence, and the Board of Control were made responsible that the intentions of the Bill were carried out. This we have no doubt they could be entrusted to do, having regard to their financial control and involvement. Still if a better Bill can be drafted and one not likely to cause so much apprehension and anxiety in both medical and administrative circles, it should be attempted, and it is satisfactory to know that our Parliamentary Committee has now the whole matter in hand, and that the Association will have the opportunity, on the next occasion such legislation is attempted, of expressing its views.

The Retirement of R. W. Branthwaite, C.B., *M.D., D.P.H.*

DR. BRANTHWAITE has for some twenty-seven years devoted his life to the Public Services, and amongst other appointments has held those of Inspector of Certified Inebriate Reformatories under the Inebriates Act, Inspector of Prisons and Inspector and Medical Commissioner of the Board of Control (England and Wales). In addition he has been Chairman of the Departmental Committee on Dietaries in Mental Hospitals, and was an active member of the Departmental Committee on Morphine and Heroin Addiction. Dr. Branthwaite has also been a delegate to the important International Congresses on Home Relief in Edinburgh, and on Alcoholism in Stockholm, London and The Hague, and has published various papers on alcoholism and mental defect.

In 1914 he went as Surgeon-Captain with his regiment to France, and remained with it until ill-health compelled his retirement. He was mentioned in despatches, and in 1919 was created a C.B.

During his years with the Board of Control, notwithstanding his poor health, he never spared himself, and was always ready to undertake extra duties whenever required. His interest in all branches of the work and his thoroughness in all he did were remarkable, but perhaps his chief interest lay in investigations on the prevalence of infectious diseases and improvement in the dietary of mental hospitals. He frequently made local inquiries into these matters, and his advice was much valued by medical superintendents.

He was a welcome visitor at all times, and his sincerity and evident desire to be helpful rather than critical (though in this latter respect he never failed to disclose exactly what was in his mind), invited whole-hearted confidences in return, and resulted in a more fruitful and better understanding of the matters under consideration.

He will be greatly missed, both by the Board and by the medical superintendents, and our best wishes go with him for many years of happy leisure and recreation he so well deserves.