PART IV.—NOTES AND NEWS.

THE MEDICO-PSYCHOLOGICAL ASSOCIATION.

The Quarterly Meeting of the Medico-Psychological Association was held at Bethlem Hospital, on May 17th. In the absence, at first, of the President, Dr. Savage, the chair was occupied by Dr. Rayner. There were also present: —Drs. Ringrose Atkins, S. H. Agar, R. Baker, D. Bower, P. E. Campbell, C. Clapham, E. East, W. M. Harmer, C. K. Hitchcock, H. G. Hill, Murray Lindsay, A. MacLean, G. Mickley, A. Newington, H. Hayes Newington, J. H. Paul, Evan Powell, Walter Pearce, G. H. Savage, H. Sutherland, D. Hack Tuke, A. R. Urquhart, S. W. D. Williams, T. Outterson Wood, H. F. Winslow, F. J. Wright, &c.

The following gentleman was elected a member of the Association, viz.:—

Alfred Miller, M.B., and B.Ch. (Dub.), Senior Assistant Medical Officer, Hatton Asylum, Warwick.

Dr. BOWER said that he wished to enlist the interest of the members of the Association in the case of a young man, aged 22, who for the past four or five years had been subject to epilepsy, but was at present engaged with an accountant, with whom he had been nearly four years. The young man's father had once been proprietor of a private asylum, and might, perhaps, some years ago, have been a member of the Medico-Psychological Association. The father, having another son afflicted with the same disease, and being himself in weak health, was anxious to get the young man into an asylum or hospital to assist the steward, and do desk-work and book-keeping, giving his services for his board and the care he might occasionally need. Dr. Bower added that he should be pleased to receive any communication on behalf of the person referred to.

The CHAIRMAN said that, in bringing before the meeting a memorandum containing the observations and suggestions of the Parliamentary Committee of the Association on the Lunacy Acts Amendment Bill, he thought it right to refer to some observations made by the Lord Chancellor in introducing the Bill into the House of Lords. Certain of these observations were very remarkable and striking, as throwing a considerable amount of light upon the way in which the question was viewed by the Lord Chancellor. The quotations were taken from Hansard. The first of his lordship's observations to which he wished to draw attention was that in which it was stated that "Every person *accused* of Lunacy should have the right to be brought before a Judicial Tribunal." Now, inasmuch as upon such an important occasion his lordship would probably weigh well his words, this could only mean that he regarded insanity as a crime; hence the provision found afterwards in the Bill. Further on were the words, "The examination which medical men were *supposed* (he used the word deliberately) to make before signing certificates." That, if it meant anything at all, implied a deliberate insinuation against medical men in regard to the manner in which they discharged their duties. If it did not mean that definitely, it meant a vague slur cast on the profession such as a barrister might use in special pleading, and was entirely unworthy of the position occupied by the Lord Chancellor. Another statement was, "He could not understand why a magistrate should not be competent to decide the question of insanity with as judicial a mind as a medical man." Here, again, the original idea was followed out, that insanity was a question of criminality, and not one of disease or disorder. If the reasoning were logical, the Lord Chancellor would not, after such an assertion, make it necessary for medical men to sign certificates. In that view of the case anyone might do so. If the legal mind was as capable of deciding the question of lunacy as the medical mind, one was certainly astonished that so many lunatics were received into asylums after being tried

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by magistrates and judges and sentenced as criminals, whereas it was clear that at the time they were judged they were insane.

A Memorandum * of the Parliamentary Committee was then read, the CHAIRMAN remarking that it was proposed to bring the views of the Association before as many members of the House of Commons as possible; and that as about fifty of the members of the Lower House were members of Asylum Committees, it was to be hoped that the superintendents of the asylums to which they were attached as committee-men would use their best interests in attaining this object.

Dr. RINGROSE ATKINS said that in Ireland one of the methods by which lunatics were sent to asylums—viz., that under the provisions of the Dangerous Lunatics Act, 30 and 31 Vict., c. 119—was in spirit somewhat similar to what was about to be introduced into England. The effect of the Act mentioned was to cause lunatics to be regarded as criminals, and in Ireland its abuse was very great; and it was to be regretted if the wrong idea should be perpetuated by the proposed English Bill. Under the Dangerous Lunatics (Ireland) Act, patients might be taken to petty sessions and subjected to indignity, being removed thence to asylums by the Royal Irish Constabulary, after committal by magistrates. The asylum-superintendent could not discharge them until they had been certified as having actually recovered. His own experience was that people, from ignorance and other causes, were very prone to get their friends put into asylums under that form of procedure, sometimes inducing them to break glass or assault persons in order to bring them within the Act. It seemed wrong and cruel to have a person afflicted with disease made the subject of magisterial inquiry. It was quite right, of course, to have safeguards; but it was not right that a patient should be placed in an asylum only when it had been proved by magisterial inquiry that it should be done. It appeared by the Bill that the lunatic was to be informed that he was to be made the subject of inquiry. This would, probably, do much harm. Patients should certainly not be irritated by being told this. The Lord Chancellor's expression, "*accused*," should never have been used. It threw a slur upon insanity. One of the most unjust clauses in the Bill was section 28. He thought it should be pressed upon Parliament that it was a great injustice that medical men should be unable to receive patients (with a few exceptions). All other classes of persons would still be able to do so. The mode of treatment in question might be the best kind in early cases. It did not matter to Irish practitioners, as the Bill would not apply to Ireland; but to them it seemed as though there was a kind of fear in England that every man was trying to get his neighbour into an asylum. The clause in the Bill which prohibited medical men who happened, by virtue of social position, to be connected with a Board of Governors of a hospital, from signing a medical certificate for a patient admitted there, was absurd. A medical man was as trustworthy a man as any other in the world, and he ought to have a perfect right to certify, unfettered by this restriction.

The CHAIRMAN referred to one remarkable omission which appeared to have escaped notice. In the memorandum on the Bill it was stated that "In urgent cases (Section four) a patient may be confined upon an order by a relative, accompanied by one medical certificate; but in that case *a petition for an order must be presented to a county-court judge, stipendiary magistrate, or justice within seven days.*" There was no provision in the Act itself whereby this proceeding would necessarily follow. He also mentioned that the Parliamentary Committee of the Association had met some eight or nine times, and had made several communications to the Lord Chancellor while the Bill was passing through the House of Lords.

Dr. OUTTERSON WOOD pointed out that, in dealing with cases of urgency, there would be required three medical certificates, and, in addition, a fee to the Petty Sessional Clerk, which would weigh heavily in poorer cases.

* This Memorandum ("Observations," &c.) will be found at the end of the Journal.—[EDS.]

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Dr. URQUHART said that the matter of Clerk's fee had been one of great grievance in Scotland. In one county the charges payable amounted to 5s. for a private patient, and 2s. 6d. for a pauper patient, but in another place it was double that amount, and elsewhere higher still. The Bill did not fix any scale of fee, and he thought it important that in the case of parochial patients or of the poor private patients some limit should be put on these charges. He would like to know whether the observations and suggestions of the Parliamentary Committee were put forward to-day for the approval of the meeting.

The CHAIRMAN replied that they were put forward only for discussion. The memorandum was only a proof so far as they had got. The Committee would be glad to consider any further suggestions made by members.

Dr. URQUHART said that two years ago he had moved "That the Commissioners or Inspectors of Lunacy in England, Scotland, and Ireland, shall have powers of removal of patients on trial, or for the benefit of their health, throughout the three countries. That the English Commissioners may grant writings under their seal to this effect, that shall be valid for Scotland and Ireland, and similarly with the Scotch and Irish Lunacy Boards." He noticed that there was no mention whatever of this in the present memorandum.

The CHAIRMAN said that he remembered that it was urged upon the Lord Chancellor in 1885, and without success.

Dr. URQUHART said it was very important, if the Commissioners were to have power to recapture patients escaping over the border, that they should also have power to grant leave of absence for the corresponding distance. He should like to see this added to the memorandum.

Dr. MURRAY LINDSAY said he thought they were greatly indebted to the Parliamentary Committee for the trouble they had taken in regard to the Bill. With respect to the magisterial authority, he had a very strong opinion, and he quite concurred in the remarks of the Committee thereon. One of the main objects of all lunacy legislation should be to render the early treatment of insanity as easy as possible. It seemed to him that some of the proposals in the Lunacy Bill would have a tendency in an opposite direction. He noticed, moreover, that it was proposed to abolish the order of a clergyman and relieving officer, restricting it to that of a magistrate. Theoretically, and for the sake of uniformity, this may be right enough, but considering the matter from a practical point of view, in some districts of the county of Derby, at all events, its operation would be attended with great hardship, not only hindering proceedings and delaying the removal of the lunatic to the asylum, but causing the relieving officers much inconvenience and the guardians additional expense. So far as his own experience went, he could not say that he had seen any disadvantage in orders being signed by a clergyman and relieving officer. Theoretically, it might be well to have magisterial authority in all cases, and to make no exception, but he would repeat that he had not found disadvantage in the other method. In connection with this matter, there is another practical difficulty deserving consideration, for some magistrates even now are reluctant to sign lunacy orders, occasionally refusing, and under the new Lunacy Bill, when passed, this difficulty will probably be increased. One relieving officer had told him that he had been to three magistrates, at some distance apart, before he succeeded in getting the order signed, one magistrate having positively declined to sign any lunacy orders at all. Another relieving officer had said that he might have to drive twelve miles to get the necessary signature, and his guardians would grumble at the expense. He would much rather see the Bill start on the assumption of embodying the Scotch plan. Why not adopt the Scotch plan? The real essence of the Scotch plan had been ignored. Why not make the magistrate's action merely ministerial as in Scotland? The whole thing worked well in Scotland, the sheriff signed the order without seeing the patient, and this plan seemed to satisfy both the public and the lunatic. He was strongly of opinion that the action of the Justice should be simply ministerial. With regard to idiots, he had received a communication from Dr. Ireland, one of the best authorities on

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idiocy, suggesting that a clause should be inserted in the Bill making it prohibitory to send idiotic and imbecile children to asylums for adults. Under the Idiots Act of 1886, the guardians have the power to send pauper idiots as imbeciles to special institutions, and are entitled to receive the benefit of the Capitation Grant of 4s. Although, with Dr. Ireland, they might like to see it made compulsory, it was very doubtful whether they could succeed in getting such a clause introduced into the Bill under existing circumstances. As regards superannuation, it was apparent that this question stood on a very unsatisfactory basis, and something ought certainly to be done to render their position more stable. Referring to the recommendation of the Committee with regard to *continuous service*, that service in different counties should reckon towards pension, he suggested that it would be well to make sure that this provision should apply to boroughs as well as counties. He was glad to see that the Committee were endeavouring to secure the privilege of *added service*, a privilege which existed in the civil service, and to bring about the addition of seven years, after a certain period, to the service of medical superintendents. He also considered it to be a most useful and very necessary recommendation, the suggested *power of appeal to the Home Secretary* in the case of refusal or reduction of pension. The necessity for this had recently been illustrated by several cases. One was that of the Superintendent of the Dorset County Asylum, who was recommended by the Committee of Visitors for a pension of £600 per annum after thirty-two years' service. At Quarter Sessions this amount was reduced to £450 per annum, being a reduction of 25 per cent.! In this case the Committee of Visitors, who knew well the value of their medical officer's services, had decided to award him the maximum amount, viz., two-thirds, to which they considered he was justly entitled. At the Cambridgeshire Asylum there had been a very hard case. An attendant there became affected with general paralysis, and was removed to Northampton County Asylum, where the surplus Cambridgeshire lunatics are temporarily taken care of. The Committee of Visitors recommended that he should be granted a pension of 17s. per week, being the maximum two-thirds. He was forty-three years of age, and had served a few weeks short of fifteen years. There was opposition to this proposal at the Quarter Sessions; a correspondence took place between the Clerk to the Visitors and the Clerk of the Peace, but in the meantime the poor man died. His body was brought from Northampton for burial at his own place in Cambridgeshire, and the Committee of Visitors made a grant of £20 to his widow. It is worthy of note that another officer at the same asylum, suffering from the same form of mental malady seven years previously, was granted a pension by the Quarter Sessions for seven years' service, just half the length of service of the poor man referred to. The third case he should mention was a very striking case. It was that of the Superintendent of the Lincoln County Asylum, who was recommended for a pension of £600 per annum, being nearly two-thirds. His pension has to pass the trying ordeal of three Quarter Sessions, of Lindsey, Kesteven, and Holland, and three Town Councils, of Lincoln, Stamford, and Grantham, the latter Corporation having dissented from the proposal to grant the pension. Several Lincolnshire Boards of Guardians are protesting against the proposed pension, and clamouring for a reduction of the amount. He has served thirty-nine years, and is seventy years of age. In regard to superannuation, everything was indefinite, there being no certainty or fixed system. He (Dr. Lindsay) had, unfortunately perhaps, had as much experience in recommending pensions as any Superintendent in the same length of time, having had to make seventeen recommendations for pensions during a period of fifteen years. There had, in addition, been three granted before his time. But of all these, in his opinion, the maximum, two-thirds, had been granted in one case only, and that was in the case of the chaplain, a non-resident officer, who was vicar of a neighbouring parish three or four miles distant, and visited the asylum about twice a week.

The CHAIRMAN referred to a plan which had been passed in one of the

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counties of granting pensions for limited periods, and also to a case in which superannuation had been granted for ten years' service.

Dr. MURRAY LINDSAY remarked that this showed all the greater necessity for something definite. There was power, which was frequently exercised, under the Lunacy Acts to pension after short service on account of ill-health, as was done at one county asylum where the officer, who was known to be affected with general paralysis, was granted a pension after seven years' service, "for twelve years, should he live so long." It is unnecessary to add that he did not live so long, but died in a year or two afterwards. At two other county asylums pensions of one-sixth and under one-third of the total value of office were granted to two attendants for nine and thirteen years' service. But so long as the superannuation system is merely permissive, and each county can have its own plan within the Acts, the anomalies, already too numerous, will not only continue, but in all probability increase. In addition to these pensions, at least thirty-six pensions for short periods of service, varying from 7 to 14 years, have been granted to officers and attendants in 15 county and 2 borough asylums. This should suffice to settle the question of power to grant short service pensions. It is the practical application or exercise of this power that is variable, uncertain, and anomalous, as in the case of the poor man at Cambridge Asylum already referred to.

Dr. URQUHART said that he hoped that the question of superannuation would be urged strongly. In Scotland there had been some clamour about it lately. The Act was drawn out providing for pensions, but, by an accident of the draftsman, the words "district or parochial asylums" had been omitted, so that those asylums stood in an anomalous position. In 1877, or thereabouts, a deputation waited upon the Lord Advocate, which was very cordially received, and an absolute promise was made that on the very first possible occasion a clause should be inserted securing pensions to officers and servants of district and parochial asylums of Scotland. No opportunity occurred till the other day, when the Government found it necessary to bring in a Bill granting powers to the Board of Lunacy in Scotland to sub-divide districts. They thought it would then be a good time to reorganize their forces to accomplish what they wanted, and they accordingly met together in Edinburgh and drew up a memorial, showing that whilst superannuation powers existed in regard to similar institutions in England, there was nothing of the sort in Scotland. In their investigation of the subject, they found that within the last few years—for it was, of course, only within the last few years that the effects of long service would have come into operation—there had been a great many cases of evasion of the law on the part of the magistrates governing the asylums. In one case a matron had been continued as matron whilst there was no longer residence in the asylum. At another asylum, a medical superintendent who had fallen into ill-health, and had served a long time, was made consulting physician, with a salary of £600 per annum. However satisfactory these arrangements may have been to the persons who were the recipients of such misguided charity, they were not satisfactory to those who were placed in the position of having to resign their appointments without getting anything. Their memorial upon the subject had been duly sent in, but, unfortunately, the Marquis of Lothian did not see his way to inserting a clause in the Bill. He, therefore, thought that the Association should take some very active steps in the matter of pensions, and at the same time not forget Scotland.

Dr. OUTTERSON WOOD, quoting Sub-section 4 of Clause 28, said that he thought that the Commissioners should be required to visit single patients in unlicensed houses at least twice in every year, or that in any case some provision should be made for other visitation. There were several paragraphs providing for recapture in case of escape from England into Scotland or Ireland, or *vice versâ*, but there was nothing to cover escape to the Isle of Man, which island, from some northern portions of the United Kingdom, was very easy of access.

Dr. S. W. D. WILLIAMS said that he could not endorse the words of the

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memorandum, that "the statutory question 'whether any near relative has been afflicted with insanity' is looked upon as unnecessarily inquisitorial, and cannot be defended on the ground of scientific interest." He thought the question was of very great scientific interest.

Dr. HACK TUKE agreed with Dr. Williams, and said that he had strongly upheld in the Committee the attempt made by the Government to obtain this information in the statement, and was disappointed to find that the general feeling of the Committee was against it. He did not see what the Association had to do with the penalties the friends of the patient might incur by not giving correct information.

Mr HAYES NEWINGTON said that as he was responsible for the objection to that information being specified on the statement he would like to explain the grounds of the objection. Perhaps the words of the memorandum were too strong. Of course they were all scientifically interested in having information of this sort, but the fact was that it was a tremendous farce for anyone to have to answer that query as a statutory inquiry to start with, considering that any malfeasance would be a statutory crime and punishable. It was a question whether the patient's friends would not be sufficiently frightened by the intervention of the magistrate without having such an inquiry as this to meet. The question of its scientific interest was brought up in the Committee, and was answered in this way: That the returns already supplied to the Lunacy Commissioners, at their request, sufficiently answered the inquiry. He had given it as his experience (and he believed most of the Committee agreed with him) that if they were to deal with an answer to such a question in an admission paper they would be dealing with a mass of lies. A person who would be absolutely truthful on any other subject would, without a blush, tell a lie upon the subject of insanity in his family. They had therefore considered it important, in the interests of science, that the matter should not be answered straight off, but at the end of the year, when they would be better able to judge and give a well-formed opinion in their returns to the Commissioners.

Dr. S. W. D. WILLIAMS said that his exception to the Committee's objection was taken on the score of the words used—that it could not "be defended on the ground of scientific interest." Perhaps the sentence might be improved.

Dr. SAVAGE said he thought it would be best merely to say that the statutory question referred to was "unnecessarily inquisitorial." He had felt in the Committee its immense importance, but it would be inquisitorial if the friends had to state this in the first instance on the statutory document, in the same way as it would be inquisitorial if they were required to make a statement as to intemperance or syphilis.

The CHAIRMAN, referring to Dr. Murray Lindsay's remarks respecting pensions, said that it should be borne in mind that where the emoluments of resident officers were taken into consideration in fixing superannuation allowance, the value put upon such emoluments was generally considerably below what the cost would be to officers living outside.

In the course of further discussion on the subject of pensions it was suggested that, in view of pensions being apportioned among different counties, some uniform rate of superannuation would be desirable. Dr. WILLIAMS pointed out that all the arguments were in favour of making the pensions chargeable to some central fund, a proposal which Dr. SAVAGE reminded the meeting was brought forward some years ago by Dr. Lockhart Robertson. Dr. RAYNER advocated the principle of "deferred pay."

Dr. HACK TUKE said he thought that members of the Association might do a good deal through Members of Parliament. He was surprised that more had not been said in medical papers on the subject of the proposed check upon patients being received into the houses of medical men. He believed that the late Lord Chancellor, in introducing this clause, entertained the idea that none but medical men took patients, and unless Members of Parliament were properly informed in regard to the whole subject, it was to be feared that the only

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result of their pointing out the distinction which had been drawn between medical men and other classes of persons, would be that no one at all would be permitted to take patients without the restrictions indicated.

Dr. AGAR said that with a view to carrying out Dr. Hack Tuke's desire that members of the Association should use their efforts with members of the House of Commons, he would suggest that a copy of the Memorandum of the Parliamentary Committee should be posted to each member of the Association.

Dr. OUTTERSON WOOD supported this proposal, which was agreed to; Dr. TUKE intimating that copies of the Memorandum would be furnished quite distinct from the Journal.

Dr. AGAR then said that he had heard that afternoon of the difficulty which existed in regard to patients in England going to Scotland or Ireland. This seemed very hard, for, supposing the case of a patient coming originally from Ireland or Scotland, and becoming sufficiently recovered to go home on leave, he did not see how the medical superintendent would have the right to send him.

Dr. R. BAKER said that it was evident that great difficulty was felt in regard to patients travelling. It was to be hoped that any extension of power which might be given in this direction to the Commissioners in Lunacy, would also be conferred upon the committees of persons in hospitals to whom the sanction of the Lunacy Commissioners did not apply, and who, being generally of the wealthier class, were more likely to travel than other classes of patients.

Dr OUTTERSON WOOD said it was to be noted that the recapture of patients in Ireland or Scotland was to be carried out under the seal of the Commissioners in Lunacy. This was a very important step for the Commissioners to initiate—to allow anybody to go into a country where the law was entirely different, and administered in a different way. It would be a very difficult thing to make any arrangement about, but if power was to be granted under the Bill as to recapture in this way, he did not see why similar power should not be given to enable patients to be sent to a neighbouring country for their benefit. On a recent occasion, he had arranged for Dr. Savage to take one of his patients for a time, and the Lunacy Commissioners in London strongly objected to it. In Scotland there was no difficulty at all in this respect, although, of course, it was illegal at the present moment. In regard to removing patients from one country to another at the instance of their friends, he cited an instance in which the curator bonis, or committee, of the estate of a lady under the charge of the Court of Session in Scotland wished to take the patient from England into Scotland, and yet it was possible for her friends to spirit her away, and he did not think her whereabouts had been yet ascertained. To convey a patient from England into Scotland, it was necessary to proceed under the English law till the border was passed, and then to proceed by the Scotch law—the whole business being most complicated. At the present time, a Chancery patient could not be recaptured in Scotland. On the border being crossed, the patient was legally free. The case was similar with Scotch patients going to England.

Dr. BAKER said he thought it very desirable that the clause should be extended in the way indicated by Dr. Wood. It would be a great pity to have it limited.

Mr. EVAN POWELL suggested that a clause should be introduced into the Bill inflicting a penalty on friends of patients for conniving at escape from an asylum. He was in the habit of allowing patients to visit their friends a good deal, especially when the cases became convalescent, or when they were chronic cases. On a recent occasion, a mother asked to be allowed to have her daughter out for a day. This was granted, and on the next morning he received a bundle of clothing, with a polite note from the mother, stating that the daughter had been sent to Birmingham for change of air, and that the mother did not think it necessary for her to come back to the asylum. If any asylum-official had thus acted there would have been liability to penalty, and he threw out for the consideration of the Parliamentary Committee the suggestion whether persons other than asylum-officials should not be also thus liable. Many present would

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remember the case of Elliot at the Barming Heath Asylum. He would also like to know whether the term "county asylum" would include "borough asylum."

The CHAIRMAN said that it would be well for this latter point to be made quite clear. It was to be sincerely hoped that every member of the Association would endeavour to press upon individual Members of Parliament the recommendations now made, so that when the Bill came forward for consideration in the House of Commons there might be an adequate number of supporters of their views in that House.

SUGGESTIONS FOR ASYLUM PENSIONS.

Dr. R. H. W. Wickham, Medical Superintendent of the Borough Asylum, Newcastle-on-Tyne, has forwarded us the following for publication.—[EDS.]

1.—Pensions should be obligatory.

2.—Asylum officers to be retired at 60, and at such less age as they may desire, or as may seem to the Committee of Visitors necessary, always provided that, except in the case of infirmity directly caused by the service, no officer should be eligible for a pension who is not both 40 years of age and who has not served for ten years in the asylum.

3.—The pension at 60 years of age and after 20 years of service, both inclusive, to be two-thirds of salary and all allowances.

4.—One-fortieth of the two-thirds to be deducted for each year below the age of 60.

5.—One-sixtieth of the two-thirds to be deducted for each year below the 20 years period of service.

6.—The pension to be chargeable, as at present, on the county or borough rates. To charge it on the Treasury Grant would be practically charging it to maintenance, and would introduce a new element into the discussion.

Examples.

1.—Superintendent: Salary, &c., £1,100. Aged 45. Service 18 years.

	£	s.	d.		
Two-thirds of £1,100...	733	6	8	60 years—45 years = 15 or $\frac{15}{40}$ age.	
Deduct.....	299	8	10	20 years—18 years = 2 or $\frac{2}{60}$ service.	
				$\frac{15}{40}$ of £733 6s 8d =	£275 0 0
				$\frac{2}{60}$ of £733 6s 8d =	24 8 10
Pension due	£433	17	10	Total deduction ...	£299 8 10

2.—Nurse: Salary, &c., £69. Age 51. Service 13 years.

	£	s.	d.		
Two-thirds of £69	46	0	0	60 years—51 years = 9 years or $\frac{9}{40}$ age.	
Deduct.....	15	14	4	20 years—13 years = 7 years or $\frac{7}{60}$ service.	
				$\frac{9}{40}$ of £46 =	£10 7 0
				$\frac{7}{60}$ of £46 =	5 7 4
Pension due.....	£30	5	8	Total deduction ...	£15 14 4

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