the asylum. His opinion was that this Association should take up the question of the number of the Lunacy Commissioners in England, and urge upon the Government that it should be increased. It was absurd to suppose that the same number of men as were required when the Commission was constituted could now overtake the work as efficiently.

Dr. CUMING (Belfast) said he believed that the relation between asylums and workhouses was unsatisfactory; he hoped the section would give as much light as possible on the subject of what class of cases could be justifiably transferred to Union hospitals.

Dr. CARLYLE JOHNSTONE also considered that boarded-out patients should be under the supervision of the Asylum Superintendent of the district.

Dr. GEORGE M. ROBERTSON said that the majority of cases that were sent out were those whom the Superintendent felt certain did not need daily inspection by a skilled alienist, but who simply required ordinary home comforts.

Dr. TURNBULL, in replying, said that he did not at all mean that the English Commissioners were slack in their work, but he thought that more of them should be appointed, and that the boarding-out system should be adopted. The service of the asylum medical officer should be utilised for the boarded-out patients. He agreed with Dr. Cuming that the workhouse was not the place to send patients to from the asylum.

Abstracts of papers and discussions on "Morbid Shyness," by Dr. H. Campbell; "Insanity in Children," by W. Ireland, M.D.; on "Mental Strain in Education," by J. E. Shuttleworth, M.D.; and on "Post Influenza Insanity," by Dr. Rutherford Macphail, are postponed to the January number.

PATHOLOGICAL EXHIBIT.

Dr. R. W. Philip (Edinburgh) showed a preparation of brain in the Annual Museum, which was of interest as having been taken from a case of hemiplegia with aphasia following on pulmonary phthisis. The most careful examination, with naked eye and microscope, failed to discover any pathological change. Dr. Philip has described this rare case in the fourth volume of the *Edinburgh Hospital Reports*, to which reference should be made. Some slight degree of engorgement of the veins on the surface of the brain and a trifling degree of softening of the left hemisphere were noted, but it is apparent from Dr. Philip's statement that there was no cerebral lesion in the ordinary sense.

RECENT MEDICO-LEGAL CASES.

REPORTED BY DR. MERCIER.

Reg. v. Allen.

Herbert E. Allen, 23, barman, was indicted for the wilful murder of Henry James Skinner. Deceased was manager of a Bodega in which prisoner was employed. The deceased, who had been a kind master, had occasion to discharge the prisoner. Two days after, the prisoner called at the Bodega, and, with a revolver, shot Skinner dead.

It was proved that the prisoner's father had attempted suicide; that a brother at the age of fifteen had committed suicide; that a second brother had attempted suicide; that the prisoner had had, about six months before the crime, a fall from a tree, by which his jaw was broken, and that since this accident his disposition had been changed. Before it, he had been kindly disposed and would do anything for anyone. Since, he had been of a sullen disposition, gloomy, irritable, and depressed. He would fly in a passion for no earthly reason, and when in a passion seemed to lose control of himself. Several of his associates considered after the accident that he was "going daft," and was not responsible for his actions. He suffered since the accident from intense pain in the head, and optic neuritis.

Dr. Whitcombe, Medical Superintendent of the Winson Green Asylum, called by the defence, deposed that he examined the prisoner on behalf of the Crown on five different dates. "I found the prisoner intelligent and of good memory, and apparently unreserved. . . . His conversation was lucid and collected, and

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there was no effort at simulation. At the same time I found a great disposition to disregard his own life and to look upon the act he had committed with levity." . . . Do you form any opinion upon the evidence given here to-day?—I formed the opinion previously that the prisoner at the time this act was committed was conscious of the act, but that at that time he was suffering from brain disease, which would have the effect of weakening his mental powers, and that that disorder has not yet passed away.—What do you say as to his condition as to suddenly developing definite symptoms of insanity? I think the prisoner is peculiarly liable at any moment to show active symptoms of insanity.—Might that be in the direction of homicide? It might be in any direction—including homicide? Yes.—What do you say as to the hereditary taint in the family? There appears to be a neurotic tendency in the family, and a peculiar tendency to disregard their own lives and to play with firearms. There also appears a disposition to suicide. I think the complaints about the head are consistent with the disease from which he was suffering.—What effect would they have on the prisoner? To weaken his mind.—What do you say as to the tendency to insanity? The tendency to insanity is much increased by the disease.—Judging from his actions would you say he was developing insanity? I think he has shown the early symptons of insanity.—Previously to the act? Yes, speaking from the general evidence.—Might this act have been the climax of the symptoms? There is nothing about his symptoms that points to such an act developing.—But might it? It might have been, certainly.—Cross-examined: When I examined him I found him a sane man.—Do you think this man when he shot at Skinner knew perfectly well that he was shooting Skinner? Yes.—Prisoner was suffering from inflammation of the membranes of the brain, but not sufficient to obscure the knowledge of what he was doing.

The Judge directed the jury that the question for them was a very simple one. Did the prisoner know what he was doing when he shot Skinner, and did he know that it was wrong to do it? He then paid a very high compliment to Dr. Whitcombe, and wished that other doctors who had to give evidence in such cases would acquire as much knowledge of the law. (Dr. Whitcombe had asked for and received permission to read in Court the notes that he made when examining the prisoner on behalf of the Crown. A part of these notes consisted of statements with regard to the crime made by the prisoner. These statements Dr. Whitcombe refrained from reading, at the same time handing the notes to the Judge in explanation of his omission. It was this course on the part of the witness that was so warmly commended by the judge.) If the jury thought that the prisoner knew what he was doing when he shot Skinner, they must find him guilty; but if, on the other hand, they thought that he was not capable of appreciating the consequences of his act, they would acquit him.—The jury having consulted for forty minutes returned into Court and asked to have the evidence of Dr. Whitcombe read over to them. Eventually they found the prisoner guilty but strongly recommended him to mercy. On being asked in the usual form if he had anything to say, the prisoner read a remarkable statement to the effect that as long as he could remember he had always, whenever a misfortune befell him, turned his thoughts instantly to suicide; that he had several times attempted suicide; that in taking the life of a fellow creature his intention from the first had been self-murder; that it had been only the hope and the certainty that he would be condemned to death which had prevented him from committing suicide while in prison. "I have tried," said he, "other ways to get rid of myself, but that does not matter now, as you are going to do it for me, and I am very pleased that I shall not commit suicide after all. I . . . trust no one will petition the Government for a reprieve for me, as I should only strangle myself the first opportunity if you obtained one.—Birmingham Assizes, March 16 (Mr. Justice Grantham).—*Birmingham Daily Post*, March 17, 1896.

The criminal was clearly a man of morbid mind. He inherited a strong

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tendency to suicide, and the effect of the fall had been to produce organic disease of the brain, or its membranes, or both. His companions had considered before the crime that he was "going daft," and one of them had actually told him that he was mad. The motive for the crime, as stated by himself, was the same as in the case of Hadfield, who was acquitted on the ground of insanity. The whole circumstances of the case take it out of the category of ordinary criminality, and show that the crime was committed by a man of morbid mind, and was in part the direct result of the morbidity of mind from which he suffered. Why was he not then found insane? Was the verdict due to the terms in which the issue was left to the jury? The jury were told that if the prisoner knew what he was doing when he shot Skinner, and that he was doing wrong, they must return a verdict of guilty; and the evidence of the medical expert was, "I think he knew he was shooting him." It does not appear that any evidence was given that the prisoner knew that he was doing wrong, but this is, of course, presumed until the contrary is proved, and there was no evidence at all to the contrary. It appears therefore on the face of it that this man of morbid mind was convicted of a crime that was due to the morbid state of his mind, and that the conviction was due to the terms in which the issue was left to the jury. There now arises the further question: Ought he to have been convicted? Was the disorder of his mind, which unquestionably did exist, such as would, and did, render him irresponsible for the act? The expert evidence was that he was suffering from brain disease, which would have the effect of weakening his mental powers, and that he had shown early symptoms of insanity. But on the other hand, when Dr. Whitcombe was asked "Did you find him a sane or an insane man?" he was obliged to reply "A sane man." And after this answer the jury had surely no alternative but to convict him, whatever the precise terms in which the issue might have been left to them. This point is very important, for it has been alleged that insane prisoners are sometimes convicted because the expert evidence is that they know what they are doing and know right from wrong, and that the expert is not given the opportunity of stating whether the prisoner is insane. If indeed the issue had been left to the jury in terms that have been suggested, viz.:—Was the prisoner of unsound mind: and was the act due to his unsoundness of mind? it is possible that the jury might have answered in the affirmative, and it seems certain that in so answering they would have answered rightly. But it is evident that behind the questions that are left to the jury, in whatever terms they are left, is the vital question: Ought he then to be punished for what he did? This is the real question that the jury have to settle, be the terms of the questions left to them what they may, and this question has, in the last resort, to be settled by ascribing the motive by which the act was prompted. In the present instance the motive appears to have been two-fold: (1) The desire for vengeance. (2) The desire to practically commit suicide by being hanged for murder. These motives acted upon a mind that was disordered (*a*) by hereditary instability and (*b*) by cerebral disease. It is evident that the verdict of the jury will be determined by their judgment as to whether the crime was due mainly to the desire for vengeance, or whether it was due to a desire to be killed dominating a mind hereditarily predisposed to suicide, and further disordered by injury and disease of the brain. In short, they had to apportion the relative amounts of sanity and insanity that entered into an action that was partially sane and partially insane. Of the motive of desire for self-destruction they were not aware until after the verdict was given. So to apportion the motives of any human being is a task of the utmost difficulty. The jury, after hearing the evidence, determined, with considerable hesitation, that the sane element preponderated, and they convicted the prisoner. It is possible that with the additional evidence of motive supplied by the prisoner's speech after conviction, they might have come to a different conclusion. It is possible that, with this additional evidence, one or more experts examining the prisoner after conviction, may determine that upon the whole insanity may have preponderated over sanity in actuating the crime and may recommend a

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reprieve. But if this should happen it by no means follows that the jury ought, upon the evidence before them, to have come to a different conclusion, or that the prisoner was wrongfully convicted owing to the terms in which the issue was left to the jury.

The prisoner was subsequently reprieved and committed to Broadmoor.

Reg. v. Waterhouse.

The prisoner was charged with wounding Thomas Hall, with intent, &c Prosecutor sold prisoner a watch, to be paid for in instalments. Payment being due, prisoner wrote to prosecutor appointing to meet him and they met accordingly at a Railway Station. Thence they went to an inn, which being crowded, they adjourned to prisoner's lodgings. They were on good terms, and prosecutor wrote out a receipt, when suddenly prisoner seized him by the forehead, forced him back in his chair and cut his throat. Prisoner then ran away. Insanity was pleaded.

Prisoner's mother deposed that when a child he was kicked in the head by a horse, and had always suffered from headache and dizziness, "and had shown other signs of a diseased mind." Also that her uncle and his son had been confined in a lunatic asylum. It appears that among the "other signs" above mentioned was that of epilepsy, for another witness deposed to prisoner biting his tongue till it bled.

Dr. Chadwick and Dr. Brown, physicians to the Leeds Infirmary, said the symptoms described were those of *petit mal*, the effects of which they described. Prisoner was found guilty but insane. – West Riding Assizes, March 11th.—*Yorkshire Daily Post*, March 12th.

The plea of irresponsibility from *petit mal* is very rarely successful. The result of the above case points to the direction of an enlightened judge, whose name is unfortunately not given in the report.

Reg. v. Baxter.—"*The Sefton Murder.*"

Prisoner, a married woman, was indicted for the murder, on February 17th, of her two children. Prisoner was seen on the afternoon in question running about her garden trying to cut her throat with a razor and crying out "It won't cut." Her two children were found in the house with their throats cut. When arrested she "appeared to be out of her mind." She was not in a fit condition to be charged until next day. In answer to the charge she said "I don't remember it. I must have been mad."

Dr. Fitzpatrick saw the prisoner shortly after the crime. When he spoke to her she said "It won't cut; it won't cut." She had nothing in her hand then. She did not recognise witness. He had come to the conclusion that the prisoner was insane at the time the act was committed.

Dr. Wiglesworth said he examined the prisoner on the 3rd March. She was then insane, and he was of opinion that her insanity was such at the time of the murder that it rendered her irresponsible for her actions.

Dr. Beamish, Medical Officer of Walton Prison, had come to the conclusion that the prisoner's conduct was attributable to a deranged state of mind, that she committed the deeds referred to in a paroxysm, and she probably did not know what she was doing.

The Judge said it was quite clear from the evidence that the prisoner did not know what she was doing at the time, and

The jury found the prisoner guilty, but insane.—Liverpool Assizes, March 23rd (Mr. Justice Kennedy).—*Liverpool Daily Post*, March 24th.

When, as in this case, the Judge is satisfied, upon reading the depositions, of the insanity of the prisoner, he allows the utmost latitude to the medical witnesses, McNaghten notwithstanding.

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Reg. v. Holland.

Joseph Holland, 27, coachman, was indicted for the wilful murder of Annie Chambers. Deceased took some food to the prisoner, who lodged in her house. Prisoner thereupon struck her on the head with a hammer and cut her throat. —Dr. Bastian, who had examined the prisoner on behalf of the Crown, was called for the defence, and stated that he believed that the prisoner committed the act under the influence of an acute attack of homicidal mania. He thought that the prisoner did not know the nature and quality of the act at the time he committed it.—Dr. Pitcairn gave evidence to the same effect.—The jury found the prisoner guilty, but insane.—Central Criminal Court, February 26th (Mr. Justice Wills).—*Times*, February 27th.

The evidence of the medical experts who had examined the prisoner on the part of the Crown was placed at the disposal of the defence. They were allowed to answer the same questions in the same terms that were put to the jury.

Reg. v. Pett.

George Thomas Pett, 54, retired tradesman, was indicted for the murder of his daughter Lilian, at Brighton. Prisoner took his two children for a walk, took them to the end of the "Banjo" groyne, pushed them into the sea, and jumped in himself. Prisoner and one child were rescued, the other was drowned. Prisoner had left a letter on the groyne addressed to his wife and stating, "I have destroyed the last will, so the former one leaves you all. Life is unendurable; you will find me near the 'Banjo' groyne. Your sorrowful husband." The prisoner made a confession describing what he had done and added that he was very glad the eldest child was dead.—A number of medical and other witnesses were called, who proved that the prisoner was a kind father and husband and a man of means. He had had influenza and since then had suffered from melancholia with suicidal tendencies.—Guilty, but insane.—Lewes Assizes, February (Mr. Justice Wills).—*Times*, February 15th.

It was proved that the prisoner knew the nature and quality of his act, but as usual in such cases in which the evidence of insanity is strong, the prisoner was nevertheless found insane.

Carter v. Dove and others.

Plaintiff applied for probate of a will made on July 1st, 1895, by Mr. Charles Bathurst Woodman, who died on September 28th, 1895. Defendants opposed probate on the usual grounds. The testator was an old man of 87, and had been certified as a lunatic and taken charge of by the plaintiff in his (testator's) own house since September 24th, 1894. It was proved that during the year preceding his death the testator had been filthy in his habits and surroundings; that he was disgustingly indecent; that he was violent; and that he had delusions of poverty.—Dr. Savage testified that he examined the testator on January 12th, 1895, and found him suffering from incurable dementia. He was, in Dr. Savage's opinion, quite incapable of transacting business or of making a will.—Dr. Wallis, Commissioner in Lunacy, examined testator on July 4th and considered that he was not fit at that time to make a will.—Dr. Rayner deposed that the testator suffered from senile dementia.—Various other witnesses related insane conduct on the part of the testator. On the other hand it was shown that the testator had cherished for many years, and long before he became insane, a feeling of enmity and bitterness against the relatives whom he excluded from benefit under his will and who now contested its validity.—The jury found for the will.—Birmingham Assizes (Mr. Justice Mathew).—*Birmingham Daily Gazette*, March 20th, 21st, and 23rd.

An ordinary instance of the difficulty of upsetting a will on the ground of insanity.

https://doi.org/10.1192/bjp.42.179.895 Published online by Cambridge University Press

(*From the official shorthand notes.*)

CENTRAL CRIMINAL COURT, MAY 20-22, 1896.

Reg. v. Dyer.

Amelia Elizabeth Dyer, 57, nurse, was indicted before Mr. Justice Hawkins for the wilful murder of Doris Marmon. The prisoner was a baby-farmer on an extensive scale, and the facts were not disputed, she having confessed to many infanticides. The defence relied on her present mental condition, and on the fact that she had previously been under asylum treatment.

For the defence, Dr. Fred. Logan, Bristol, had examined the prisoner in December, 1893. She was very threatening, and offered him personal violence. Said she heard voices telling her to destroy herself, and that the birds said "Do it." Her daughter said she had attempted suicide. On this he certified her insane.

Cross-examined: Had not seen prisoner before or since that occasion. Heard she was shortly after discharged from the asylum. Saw no other symptoms besides those mentioned. Did not use the ophthalmoscope. Saw no evidence of any suicidal attempt. His examination lasted a quarter of an hour, perhaps longer. Considered her conduct was due to disease of the brain and drink. Distress or fear might induce this form of insanity.

Dr. Lacy Firth, Clifton, treated prisoner in May, 1894, while house surgeon at Bristol General Hospital. She was there thirteen days for attempted suicide by drowning. Was very low-spirited, refused food, and said she had something on her mind. She would not say what it was. Did not consider her insane.

Cross-examined: In consequence of inquiries at the hospital he interrogated prisoner as to the loss of a child placed in her charge. She admitted partial knowledge of the affair.

Dr. William Eden, Hambrook, had examined prisoner at Fishponds, Bristol, in December, 1894, on relieving officer's order. She was excited and "bellicose," threatened to pitch him out of the window, said God had forsaken her and the world was against her. Daughter said she had threatened her with a knife and had attempted suicide. Examined her for about ten minutes and signed a lunacy certificate.

Cross-examined: She remained one month in Gloucester Asylum. Saw no traces of attempted suicide about her. She was not depressed; quite the opposite. Daughter said she had been in an asylum.

Dr. Forbes Winslow had examined prisoner for the defence on two occasions in Holloway Prison. Had formed no opinion as to her condition before he saw her. Considered her of unsound mind, suffering from melancholia, with delusions and hallucinations. There was no excitement nor any attempt to feign insanity. Concluded she was not shamming. She volunteered the statement that she often got depressed mentally, that voices spoke to her every night and told her to take her own life, and that she had made several attempts to do it, but had been prevented. Said she was frequently visited by the spirits of her mother and son. Her memory was good for what happened years ago, but bad for recent events. That, with the other symptoms, would show organic disease of the brain. She had no recollection of the crime, and said she became mystified when she tried to recollect it. Could not remember the names of any of the children, had never missed them, and could not tell when she had seen them last. She alluded to terrifying visions, but would not specify them as they were "too horrible." When pressed, said she was accustomed to feel as if she were handing her mother's bones out of her coffin and that rats were crawling all over her. This recurrent form of insanity was the most formidable of its kind.

Cross-examined: Depression in a sane person charged with murder was not unnatural. Prisoner did not mention the voices and visions until he had asked

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her if she heard or saw them. Did not expect to find excitement as in melancholia and monomania. There are no outward signs of insanity. People in trouble often conjured up visions and dreams. Should not be surprised either way if they had them or not.

For the prosecution, Dr. James Scott, medical officer of Holloway and Newgate prisons, had had prisoner under his observation since her committal to Holloway on 2nd May. Had seen and conversed with her daily, and had received reports about her from the attendants. Did not consider her insane. She had stated that she was suicidal, and that her memory of recent events was a blank. Had tested her memory and found that it was good as to previous events. She stated she had been an asylum attendant.

Cross-examined: It was possible for a homicidal maniac to be free from excitement. Considered her to be simulating insanity. Was present at her interviews with Dr. Winslow, and considered it would be unsafe to deduce insanity as a result of them. Had never seen any suicidal tendency in her, nor had she behaved in an insane manner.

Dr. G. H. Savage had examined the prisoner at the request of the Treasury. He came to the conclusion she was not mentally unsound. Although she said she did not recollect the crimes, he found all other facts of her life were clear in her memory. A homicidal maniac might hear voices, but they would incite to murder, not to suicide. The circumstances of the children's murders did not in his opinion suggest any homicidal mania.

Cross-examined: Had read of the case before examining prisoner, but was unbiassed in his report as to her sanity. Impulsive insanity was a very formidable variety. The hearing of voices was a symptom of homicidal mania; the voices might command or indicate. Homicidal mania was not usually periodical. Homicidal persons commonly attempted suicide, and did not wish to live. Confession of guilt was not characteristic of it. Understood there was no family history of insanity. Was aware of Dr. Logan's certificate of 1893 and of the symptoms he described, but had no right to deny or question facts relating to years gone by.

Prisoner was found guilty and sentenced to death, being executed June 10th.

(*From the official shorthand notes.*)

CENTRAL CRIMINAL COURT, JUNE 25, 1896.

Reg. v. Allison.

James Robert Allison, 28, publican, was indicted before Mr. Justice Hawkins for the wilful murder of his wife by shooting. The following medical evidence was produced by the Treasury:—

Dr. H. Charlton Bastian had examined the prisoner, and could find no evidence of insanity at present.

Cross-examined: Homicidal mania was abrupt, sudden, and without apparent motive. A homicidal maniac would not know the nature and quality of his act. It was quite possible the prisoner had an attack of homicidal mania on the occasion of the crime, in which he would be bereft of reason and the power of control.

Re-examined: Considered it possible from the facts of the prisoner's neurotic family history * and from his known intemperate habits, also as prisoner was stated to have been anxious as to his wife's health, also as there was no evidence of an altercation prior to the act, his habits and family history would render him liable to sudden gusts of passion—very near to irresponsibility. A sudden thought would impel him to do the act, and for some time the notion might linger in his mind, which would account for his asking "Have I finished the job? Is she dead?"

Dr. James Scott, Medical Officer of Holloway and Newgate Prisons, had had

* Two brothers were stated to have died by suicide.

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the prisoner under observation ever since his arrest. Had been unable to detect any trace of insanity in him. He probably had an exaggerated idea of jealousy as to his wife, which might have been a delusion.

Cross-examined: His examination was of course confined to the prisoner's condition subsequent to the act. Prisoner had not been so anxious as was usual in a person in his position. Agreed with Dr. Bastian that it was possible he had a sudden attack of homicidal mania at the time.

Prisoner was sentenced to death. The Secretary of State subsequently ordered his examination by Dr. Savage and Mr. Brayne, of Broadmoor, and in the result the sentence was commuted to penal servitude for life.

PARLIAMENTARY INTELLIGENCE.

House of Commons.

Treatment of the Insane in Ireland.

Mr. M'Cartan asked the Irish Secretary whether his attention had been called to the proceedings at an inquest held in Belfast Workhouse into the death of an inmate named Eliza Jane Hanna, in which it appeared that the deceased had been a patient in Belfast Asylum; would he state when and under what statute she was transferred to Belfast Workhouse; whether she belonged to the Belfast Union, and, if not, under what authority did the guardians of the poor there admit her and keep her confined in Belfast Workhouse at the expense of the ratepayers of Belfast; whether Belfast Workhouse had ever been certified by the Inspectors of Lunatics or the Board of Control as a suitable and proper place for the reception of the insane; whether he was aware that the doctor of the workhouse swore at the inquiry that the patient was transferred without any consultation between the doctors of the two institutions, and that the recreation yard at the workhouse was so small and usually so noisy that it had been described by one of the inspectors as a pandemonium; and whether he would have full inquiry made into the matter.—Mr. G. Balfour: My attention has been drawn by the question to the proceedings at the inquest referred to in the first paragraph. The Clerk of the Union states that the woman was received into the workhouse in December, 1893, as a presumably destitute person in exchange for another person sent from the workhouse to the lunatic asylum. The woman did not belong to the Belfast Union. The reply to the fourth paragraph is in the negative. No such certificate is required. As to the fifth paragraph, no consultation is held regarding the condition of patients between the medical officers of the two institutions. I understand the medical officer of the workhouse stated at the inquest that he had heard that the Inspector of Lunatics had described the recreation yard in the manner mentioned, but I have not ascertained from the Inspector of Lunatics whether he has been correctly reported.

Treatment of Imbeciles in Ireland.

Mr. Engledew asked the Chief Secretary to the Lord-Lieutenant of Ireland whether the Government had decided what steps they intend taking with regard to the recommendation made by the Inspectors of Lunatics and Commissioners of Control in the report dated Lunacy Offices, Dublin Castle, January 8th, 1896, as to the great want, existing in Ireland, of a national institution for the training and education of idiot and imbecile children, in order that these classes might be removed from what the report of the Commission describes as the neglect and poverty of their own homes and from the contaminating influence of association with the adult inmates of asylums and workhouses.—Mr. Gerald Balfour replied that he was aware of the views expressed by the Inspectors of lunatic asylums on the subject of providing State aid towards the establishment of an institution for the training and education of idiots and imbeciles in Ireland. The matter was one which had his sympathetic consideration, and he hoped to be able at some time to introduce legislation dealing with it.

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