have to-day. He next reviewed several drugs in use as hypnotics, and spoke highly of his experience of hyoscin. He had a sort of paternal interest in this drug, as he believed he was the first to use it, and recommend its employment, in Irish asylums. Dr. Daniel had read a paper at the annual meeting on the use of hyoscin, but in the cases described, rather heroic doses were used. He (Dr. Drapes) never gave more than $\frac{1}{100}$ gr. for an initial dose, and seldom over $\frac{1}{80}$ gr. at any time. Sulphonal he used frequently, and it had been a favourite remedy of Dr. Clouston, who thought it raised the spirits and promoted cheerfulness, in melancholics, and at Morningside many years ago it had even been described as "smiling powder" when given in such cases. This good result had not, so far as he was aware, been observed by others in similar cases. In his experience veronal did not produce unfavourable results. Luminal he had recently tried and found most efficacious. Omnopon he also found of use, and in his hands it had produced no unpleasant after-effects. He had, however, not made sufficient trial of it as yet to enable him to form a decided opinion as to its merits. The prolonged warm bath and wet-pack were amongst the most valuable adjuncts to sedative treatment. In conclusion, he said that papers read at their meetings upon research work, valuable as they were, could only be discussed by experts in research, but all could join in discussions upon clinical subjects, and he considered the Division owed much to Dr. Rainsford for having introduced this discussion, and he hoped others would bring forward subjects of clinical interest more frequently at their meetings.

Dr. RAINSFORD, in replying, spoke favourably of the administration of hyoscin in doses of $\frac{1}{80}$ gr. and mentioned a case when this treatment was eminently successful, and discussed the relative merits of trional and sulphonal as hypnotics; he thanked the meeting for the very kind way in which they had all joined in the discussion he had introduced.

Dr. GREENE having pointed out that owing to the war attendants had volunteered and gone to the front in the interests of the nation, and were thereby prevented from presenting themselves for the preliminary examination for the nursing certificate, requested the meeting to secure, if possible, that these attendants should be allowed their examination. After discussing this matter, the following resolution was proposed by Dr. ADRIAN GREENE, seconded by Dr. EUSTACE, and passed unanimously: "That we, the Irish Division of the Medico-Psychological Association, request the Educational Committee to recommend the Council in the case of those attendants who were attending the lectures being delivered to qualify them for entrance for the preliminary examination for the Medico-Psychological Association's Certificate, and who are at present serving in either the navy or the army, to sanction their being allowed the examination, provided that they be recommended for the privilege by their resident medical superintendent, and that they have served the necessary period of years in an asylum."

The Hon. Secretary was directed to forward the resolution without delay to the Hon. Secretary of the Educational Committee of the Association.

It was proposed by Dr. DONELAN, seconded by Dr. RAINSFORD, and passed unanimously: "That the best thanks of the Division be tendered to the President and Fellows of the Royal College of Physicians for the use of the rooms of the College for meetings of the Division."

A cordial vote of thanks to the Chairman terminated the proceedings.

LONDON COUNTY COUNCIL (1).

MENTAL DEFICIENCY ACT.

Mental Deficiency Act, 1913—Administrative Difficulties.

THE Mental Deficiency Act has now been in force for upwards of seven months, long enough to enable some conclusions to be drawn as to its value, and to indicate some of its difficulties. These latter are conspicuous, and we think the time has come when the more important difficulties with which the local authority is faced in discharging the duties placed upon it by the Act should be brought specifically to the Council's notice.

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The earliest date allowed by the Act for the appointment by the Council of a Committee for the purposes of the Act, as required by Section 28, was 1st April, 1914, and there was therefore no period of anticipatory preparation possible, within which accommodation might have been secured, and other necessary administrative machinery might have been set up ready for the commencement of the Act. The Council began its work as the local authority under the new Act subject to considerable disadvantage in that it was faced with demands for action in a number of individual cases which called for prompt action, if any, while the means for handling cases, and even the principles upon which cases should be dealt with, were to a large extent absent or indeterminate. The Act left many vital points to be settled by regulations and rules which were not issued until dates subsequent to that upon which the Act came into force, and then only in a provisional form. The regulations made by the Board of Education have since been confirmed, but the important regulations made by the Home Secretary under the Act, which are essential to the administration of the Act, still remain provisional and subject to amendment. Upon some points which the Act leaves for definition by regulation, regulations have not yet been made, *e.g.*, the transfer and discharge of patients from institutions. It will be seen, therefore, that the Council's task has been, and continues to be, performed under difficulties occasioned by doubt as to how effect should be given to certain provisions of the Act, added to which are further difficulties due to the obscurity of the Act itself upon certain points. Nevertheless, much of the procedure necessary for the administration of the Act has been established, and work is being carried on as far as possible upon definite lines.

Cases which can be dealt with.

The Act strictly limits the cases which may be dealt with to four classes, *viz.*, idiots, imbeciles, feeble-minded persons and moral imbeciles, and the definition of each class which the Act gives provides that the particular degree of defectiveness specified must have existed from birth or from an early age. It has been found that this stringency of definition excludes from the operation of the Act many cases of which particulars are communicated in the expectation that they will be dealt with. But there is a further considerable limitation of the Council's powers over those cases which do come within the scope of the Act, for of such cases, apart from those notified by the local education authority, and those who have come within reach of the law in certain specified ways, the local authority has an obligatory duty to deal only with those who are found neglected, abandoned, or without visible means of support, or cruelly treated. The greatest difficulty has been found in many cases, which seemed to call for action by the local authority on all other grounds, in finding that there has been "neglect" or absence of "visible means of support" within the meaning of the Act. For instance, the parent of a defective child has given, and is prepared still to give to the child as long as it remains at home, the best care and attention in his power. The child does not lack food or clothing. At the same time the parent, who cannot afford to provide institution care at his own cost, feels that institution care is needed in the child's interests. Such a case seems to be one in which the local authority ought to act. The difficulty has been partly solved by concluding that the word "neglected" used in the Act must cover cases where, without wilful omission, the care and accommodation provided, which might be adequate for a normal person, are inadequate for one who is defective; in other words, that neglect may be constructive as well as positive. This has enabled action to be taken in a number of cases.

Ascertainment of Cases.

Information as to cases of alleged defect has been received from various sources. Parents and relatives of persons supposed to be defective have applied for advice or assistance; Poor Law officers have given notice of a few cases, and particulars of several have been communicated by charitable societies, and persons interested in the care of the feeble-minded. But the majority of the cases considered so far have been those notified by the local education authority for the reasons specified in Section 2 (2) or on other grounds, those of which notice has been received from the police, and those undergoing imprisonment, as to which two medical certificates

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of defect have already been given to enable the Secretary of State, under Section 9, to order the transfer of the cases from prison to institutions for defectives, and as to which the Board of Control have made inquiry whether the local authority is prepared to deal with them, and as to their character, antecedents, and home surroundings.

The first duty of the local authority (Section 30*a*) is to "ascertain what persons within their area are defectives subject to be dealt with" under the Act otherwise than at the instance of a parent or guardian, that is (*a*) under an order made by a judicial authority upon a petition (Section 5) presented by a relative or friend or an authorised officer of the local authority, or (*b*) under an order of a court of competent criminal jurisdiction (Section 8), or (*c*) under an order of the Secretary of State (Section 9). The duty of ascertainment involves the medical examination of cases of which notice is received (but not, presumably, if they have already been certified for the purposes of an order under Section 9), and, if they are found to be defective within the meaning of the Act, further inquiry as to home circumstances, etc., to enable a decision to be made whether as defectives they are "subject to be dealt with." The provisional regulations issued by the Secretary of State deal at some length with the nature of inquiries which should be made, which are to extend to the family history, and are to be made under the directions of a medical officer. A register of cases "ascertained" has to be kept. We are appending to this report a statement of cases of which such information has been received, which shows that of these cases a large proportion has been found either to be not defective within the meaning of the Act, or, being defective, not subject to be dealt with under the Act. The duty of ascertainment is very important and really difficult, and it is not rendered easier by the fact that the local authority has been expressly warned by the Home Office that it has no right to institute "domiciliary visitations without the consent of the occupiers, or to carry out inquiries in other ways which might reasonably be regarded as inquisitorial and objectionable." Evidently, therefore, the local authority is expected to proceed with caution in the ascertainment of cases.

The duty of ascertainment alone, apart from other duties under the Act, imposes a considerable burden of detail work upon the staff at our central office, engaged primarily for lunacy work, and upon the staff in the public health department who are entrusted with duties under the Act, and the volume of work is greatly disproportionate to the number of cases which, in the result, have actually been dealt with.

Consent of the Parent necessary to an Order for a Defective to be dealt with.

In cases in which, after ascertainment, it has been decided that petitions for orders for detention in institutions shall be presented to a judicial authority, further difficulty may arise because the written consent of the parent or guardian has to be given to the making of an order, unless the judicial authority considers that the consent is unreasonably withheld. If consent is withheld the difficulty of determining whether there is neglect, already referred to, may be increased and it may not be possible to deal with some cases which in their own and the public interests probably should be dealt with. In the first case dealt with under the Act by petition the mother's consent was withheld, and the judicial authority, after very careful consideration, felt that he could not pronounce the withholding to be unreasonable. A second petition, however, was presented to another judicial authority, who took a different view, and an order for the defective to be sent to an institution was ultimately made.

Liability of Local Authority to take action.

There has been much difficulty in some cases in determining as to the liability of the Council or other local authority to take action. An order sending a defective to an institution, or placing him under guardianship at the cost of a local authority, has to specify the authority in question, which by Section 43 (1) is defined to be "the council of the county or county borough in which he resided." A question has been raised as to the meaning of the word "resided," because in the following Section 44, "place of residence" in case of doubt is construed to mean the county or county borough "in which the person would, if he were a pauper, be

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deemed to have acquired a settlement within the meaning of the law relating to the relief of the poor." It seems open to doubt whether residence should in every case be determined on the strict law of settlement, or whether a wider and more general interpretation is to be placed upon the word "resided," leaving resort to Poor Law settlement only in cases where there is doubt as to place of residence in the ordinary non-technical acceptation of those words. Inquiry as to the settlement of every case which appears subject to be dealt with will increase enormously the work to be done under the Act. Reference to other local authorities has been made in some cases of which information has been given to the local authority for London. In the case of a girl brought before one of the Metropolitan police magistrates on a criminal charge, and dealt with by the magistrate as a defective, the question has been raised whether the Council should be held liable to deal with the defective, who appears to be settled in Kent. The magistrate, however, on the ground that the defective had committed her offence in London, and was homeless within the London area, held that the London County Council was *prima facie* responsible for the maintenance of the defective in an institution, and made an order sending the defective to a certified institution, eaving the Council to take steps within three months to secure the transfer of liability to another local authority.

Contributions to Expenses of Maintenance of Cases dealt with.

Where orders are made for cases to be dealt with at the Council's expense, inquiry has to be made as to the means of the parents or other relatives, and, wherever possible, arrangements for contribution by the relatives in relief of the Council's expense have been made. In some cases, judicial orders directing contribution have been obtained.

Accommodation.

Brief comment should be made here upon the steps which have been taken for the provision of accommodation for defectives by the Council. It has been felt that until the scope of the Act is somewhat more clearly ascertained, it would not be proper that the Council should embark upon the provision of specially-built institutions, but inquiry has been made as to properties which could be taken on lease, and adapted at small cost for temporary use. Many properties have been inspected, but few have appeared suitable for use as accommodation for cases of mental defect. The Council, however, has decided to purchase one property, the mission schools at Streatham, for use in the first instance for defective females of certain classes, and as a place of safety and receiving home to provide accommodation for some seventy cases. Another property is receiving consideration with a view to a lease, and we contemplate the use of the old industrial school at Brentwood, which is already the property of the Council, for male cases of defect. The only accommodation actually in use, so far, is what has been provided by means of arrangements with various voluntary agencies.

Cases of which Information is received from the Police.

Special difficulties have been experienced in connection with the procedure for dealing with cases of which information is received from the police, and cases in prison where action under Section 9 is proposed, and with cases between the ages of seven and sixteen.

Section 8 of the Act provides that on conviction of certain offences by a Court of Criminal Jurisdiction a person proved to be defective may be dealt with by the Court, which may direct that a petition may be presented for the case to be sent to an institution or placed under guardianship, or may itself make an order sending the case to an institution or placing it under guardianship. The Court has to be satisfied of the defect on medical evidence, and the section places upon the police the duty of bringing before the Court such evidence as may be available. The police, also, when it appears that a person charged with an offence is defective, have to communicate with the local authority, presumably in order that the local authority may "ascertain" the case, and may have an opportunity to make representations to the Court if it appears that the case is not subject to be dealt with at

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its expense. Particulars of many cases of alleged defect have been received from the Metropolitan Police, and, except in a few instances, have been examined by the Council's medical officer as part of the duty of ascertainment, and in order to safeguard the Council's interests. Many of the cases have been found not to be defective within the meaning of the Act. The examination having been made, however, it is apparently expected that the Council's officer will assist the Court with evidence as to the mental condition, and the Board of Control have asked whether, in all cases where alleged defectives are charged with offences, the Council will be willing on application by the police to provide medical evidence. We have suggested that if this were agreed to the police should defray the expenses of the witnesses, but there seems to be difficulty as to this. The Board of Control, however, intimate that as "ascertainment" is an obligatory duty of the local authority, and the medical examination of cases of which notice is given by the police is a necessary part of this duty, they would be able to defray half the expenses of such examination. This question is still engaging attention. There is a further purely administrative difficulty to be borne in mind in this connection, occasioned by the burden of work which is likely to be imposed upon the Council's officers if they have to examine every case of alleged defect which comes before a "court of competent jurisdiction," and by the fact that cases not infrequently come before different courts at the same hour.

The cases of which information is received from the police are amongst the most difficult of those with which the Council is expected to deal, and the problem of finding suitable accommodation for such cases, in the absence of any provided specially by the Council, is at present acute. Many of these cases are habitual prostitutes, of whose moral improvement there seems small prospect, and practically all the accommodation for fallen defective women which is available under contract arrangements is confined to those of comparatively improvable mental type who are susceptible of moral benefit. Negotiations, however, are being pursued for accommodation for this particular class.

Defectives in Prison.

As regards defectives already in prison, who it is proposed shall be transferred to institutions for defectives by orders made by the Secretary of State under Section 9 of the Act, the procedure hitherto has been for the Board of Control to intimate to the Council that two medical certificates have been given upon which the Secretary of State is satisfied of the existence of defect within the meaning of the Act. Apparently, therefore, no further duty of "ascertainment" as to the existence of mental defect is expected of the local authority in these cases—in fact, this view has been expressed to the Board of Control by the Prison Commissioners—but the Board of Control inquire in each instance whether the local authority is prepared to provide for the defective under the Act, and if so in what manner, and ask for a report from the local authority as to "the character, antecedents, and home surroundings" of the defective to enable the Secretary of State to judge of the expediency of dealing with the case under the Act. Prosecution of inquiries upon these points involves a great deal of work and much time, for which there is little result to be shown. The Council has not at present accommodation suitable for these prison cases, though it has been found possible to send a few of the younger cases to accommodation available under contract, but for the great majority of cases the Council has been obliged to say it is unable to make any provision. For cases of dangerous or violent propensities the State is liable to provide accommodation, and of the cases as to which the Board of Control have made inquiry, some, at least, have appeared to be subjects for a State institution. Such an institution is understood to be in course of provision by the Board of Control, but has not yet been brought into use.

We have been informed that the Board of Control receive from the Home Office communications about a great number of defective prisoners concerning whom they are at present refraining from writing to the local authority, as they realise the difficulty occasioned, at present, by lack of accommodation. The need for providing for this class of case is, however, being urged, and apparently the prisons may be expected to be a source whence many cases subject to be dealt with at the Council's expense will come.

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It has been stated that the Council is not expected to arrange for further medical examination of prisoners who have already been certified to the satisfaction of the Secretary of State to be defective. Inquiry, however, has to be made of some of these cases to ascertain what are their character and antecedents, and in the course of such inquiry, made by the Council's medical officer, the opinion sometimes has been formed that the case is not actually defective within the meaning of the Act. The question of the existence of defect "from birth or from an early age," already referred to, occasions great difficulty in these as in other cases. Doubtless, with time and wider knowledge, there will be established some common ground for decision upon this matter.

Defective Children.

Cases of mental defect between the ages of seven and sixteen present special difficulties of their own. The duty of "ascertainment" of all such cases, referred to in the Act as "defective children," is by Section 30 of the Act expressly removed from the local authority, and imposed upon the local education authority, which in London operates through the Council's Education Committee. It is enacted further that "the local authority shall have no duties as respects defective children except those whose names and addresses have been notified to them by the local education authority" under the provisions of the Act. Such notification is possible (Section 2 (2)) in the case of defective children: (i) who have been ascertained to be incapable, by reason of mental defect, of receiving benefit or further benefit in special schools or classes; (ii) who cannot be instructed in a special school or class without detriment to the interests of other children; (iii) as respects whom the Board of Education certify that there are special circumstances which render it desirable that they should be dealt with under the Act by way of supervision or guardianship; or (iv) who, on or before attaining the age of sixteen, are about to be withdrawn or discharged from a special school or class, and in whose case the local education authority is of opinion that it would be to their benefit that they should be sent to an institution or placed under guardianship. The "special school or class" referred to is a special school or class within the meaning of the Elementary Education (Defective and Epileptic Children) Act, 1899. The local education authority has communicated particulars of some cases of defective children who are undergoing detention at the Council's expense in industrial schools or reformatories (which are not "special schools or classes"), the term of detention being about to expire on the child reaching the age of sixteen, where it is thought desirable that there should be continued detention after the age of sixteen in an institution for defectives, and where the Secretary of State might make an order for transfer to such an institution under Section 9 of the Mental Deficiency Act. The Secretary of State's order could be made only while the case is undergoing detention, *i.e.*, before the child reaches the age of sixteen. The order, moreover, could be made only on an institution the managers of which are willing to receive the case, and in the absence of accommodation specially provided by the Council the managers of any other institution obviously would be willing to receive only those cases for which the Council would be willing to pay. But the local authority has no obligatory duty to perform with regard to a defective child under the Mental Deficiency Act unless the case has been "notified" by the local education authority, and notification, which can be made only on one or other of the grounds specified in Section 2 (2), as already quoted, has been found in some instances very difficult. As a result, some cases have passed the age of sixteen without an order having been made, and, having then been discharged from the industrial school or reformatory, it becomes impossible for the local authority to deal with the defectives unless they are found subject to be dealt with as neglected, abandoned, without visible means of support, cruelly treated, or again within reach of the law. This condition of affairs might, in many cases, lead to unfortunate results.

The difficulty which has been felt hitherto has lain in the fact that, as the local authority has no obligatory duty to perform with regard to defective children unless the children's cases have been notified, any action taken under voluntary powers (which exist) would have to be taken at the sole cost of the Council without aid from the Treasury grant, which is to be administered by the Board of Control since the Board have intimated that the grant will be applied to defray half the

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cost of the performance by local authorities of those duties which are obligatory. It is now understood, however, that the Treasury grant may be applied to some extent to defray half the cost of the performance of voluntary duties in cases such as those now under discussion. We are awaiting further information from the Board of Control upon this matter, but in the meantime it may be pointed out that a means of escape possibly lies in this direction from the dilemma with which the education authority and the local authority have been faced in their joint desire to deal with certain cases where action is very necessary but far from easy.

(1) Report (Abstract) of the Asylums and Mental Deficiency Committee submitted to and received by the Council on December 1st, 1914.

A HOMICIDAL ATTACK ON DR. HETHERINGTON, MEDICAL SUPERINTENDENT, DISTRICT LUNATIC ASYLUM, LONDONDERRY.

At a special Court in the Boardroom of Derry Asylum, before Colonel Johnstone, R.M., a patient, named Thomas Baird, was charged by District Inspector M'Hugh with assaulting and stabbing Dr. Charles E. Hetherington, Resident Medical Superintendent, occasioning him grievous bodily harm.

Dr. Hetherington stated that while returning on the afternoon of November 3rd from the female department to the office he met defendant in the passage. When witness was passing he said something about getting out, and witness replied it would be all right. Witness proceeded, but observed defendant, who was then behind, raising his hand. Witness caught defendant's hand. They had a struggle, and witness felt him cutting his throat. They both struggled out to the yard, defendant still cutting at witness's throat. Witness called for help, and an attendant came to his assistance. Witness did not remember getting free from defendant, but he remembered returning to the passage holding his neck, which was bleeding badly. Dr. Watson, who was then called, attended to witness's wounds. Witness did not see anything in defendant's hands.

Michael M'Laughlin, an attendant, stated that he saw the doctor and defendant struggling on the ground, and went to the doctor's assistance. Witness pulled defendant away from the doctor, who was underneath. Defendant was striking at the doctor's neck and face, and, as witness went forward, he observed him throw away something like a cutter-knife. When the doctor was being taken away defendant then tried to kick him.

James M'Laughlin, the head attendant, said accused, who had been in his charge prior to the attack, had gone down the passage to wait on other patients going to dinner. Witness went to fetch a patient whom Dr. Hetherington wanted to see, and on returning, his attention was attracted by the struggle between the doctor and the patient in the yard. Witness assisted the other attendant in freeing the doctor, and afterwards found the knife, which Baird had thrown away.

Dr. Watson, Senior Medical Assistant, said after the attack Dr. Hetherington was brought to him bleeding profusely. Describing the doctor's injuries, witness said there were two incised wounds on the right side of the throat about an inch long, and on the right lower jaw there was an incised wound about two inches long. This cut was through the facial artery, and caused most of the bleeding. On the left side there was an incised wound about two inches long, running parallel to the lower jaw. There were several smaller abrasions about the temples, and the collar and necktie which the doctor was wearing were cut in several places. On the middle and ring fingers of the right hand there were incised wounds, and also incised wounds on both wrists and in the middle of the left hand. The doctor was suffering very much from shock, and witness would say that his life was in danger. The wounds described could have been caused by the instrument produced. Accused had been a patient in the institution for four years.

The R.M. returned accused for trial at the Assizes.—*Belfast Evening Telegraph*, November 26th, 1914.

At the Assizes, the jury found that the prisoner was insane, and he was ordered to be detained during the Lord Lieutenant's pleasure.

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