Thereafter members were conducted throughout the various parts of the hospital and its annexes by Dr. Ross.

Members were kindly entertained to lunch at the hospital, after which the Rev. Mr. Macphail, in the unavoidable absence of the Chairman, welcomed the Division to Lochgilphead on behalf of the Joint Committee of Argyll and Bute Mental Hospital, and Dr. J. H. Macdonald thanked the Joint Committee and Dr. Ross and his staff for their kind hospitality and for the arrangements made in connection with the meeting. During lunch the pipe band and the brass band of the institution played musical selections on the lawn.

CORRESPONDENCE.

To the Editors of the 'Journal of Mental Science.'

SIR,—I have read with interest the review of *Family Council Law in Europe* in your October issue. As this is a subject of which I have made considerable study, I should be much obliged if you would allow me to make one or two comments.

I can well imagine that the book reviewed—*Family Council Law in Europe*—presents some matters confusedly, and that the statements which strike me as misleading in the review are due to faults in the book. None the less, it is desirable to put forward the facts with which I am acquainted, and which are in divergence.

Family councils are spoken of as "dying institutions," and this assertion is apparently drawn from the statement that they have "fallen into disuse in Germany and been superseded by State responsibility in Scandinavia." In regard to Germany, the case is really comparable to that of Scandinavia and Holland. In all these countries it may really be maintained that the problem of the borderline case—that is, the person who, from some temperamental disability or disease (including senility), is really only fit for the responsibilities of a minor—have been *extended*. The "supersession" of responsibility by the State instead of the family council seems to have come into being in order to deal with cases where there was no family to assume responsibility.

In all the countries named, legislation is codified. This system tends to legislative economy, and to creating one enactment to cover as many cases as possible. Thus in countries where, under some family council system, it has long been possible to deal with irresponsible persons who are not clearly insane and certifiable, by making their families responsible (with legal assistance) for dealing with their affairs, when further legislation was demanded for cases where no suitable relatives could be found, both sets of minors have been included under a State system which could be invoked equally by members of the family, or by social workers and institutions replacing the family guardians.

I know the book published by the Eugenics Society, and in my view its general trend emphasizes a serious gap in our English system in that we have no convenient means of dealing with cases which are either non-certifiable, or whom, as in the case of the senile, family affection hesitates to certify, while in almost every other civilized state a convenient system exists for treating as minors or partial minors such cases, either by the family council system, built up on Roman law, or by the substitution of State guardianship. This hardly makes the impression of an interesting study of an obsolescent system of no practical interest or concern to psychiatrists and those dealing with social problems.

CORA HODSON.

THE BOARD OF CONTROL.

On the retirement of Mr. O. E. Dickinson, the Board of Control have appointed Mr. P. Barter to be Secretary of the Board, and Mr. W. Fairley to be Assistant Secretary.

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