Lunacy (Ireland) Bill, 1901.

Lord Ashbourne, Lord Chancellor of Ireland, has introduced a bill, which has passed its third reading in the House of Lords, with a view to amending the Irish Lunacy Laws by applying to Ireland certain provisions which have been in operation in England for some years. The bill provides that the Lord Lieutenant may have the power of discharging criminal lunatics conditionally, and may be able, in case the conditions are broken or the discharge is otherwise revoked, to again order by warrant the detention of the criminal lunatic.

"Sections three hundred and twenty-two (which relates to ill-treatment of lunatics) and three hundred and twenty-four (which relates to abuse of female lunatics) of the Lunacy Act, 1890, shall apply to Ireland, and the said section three hundred and twenty-two as so applied shall extend to striking, and shall include any person employed in the care of a single patient or of a lunatic in a workhouse." These are excellent provisions, and many recent and remarkable examples show how urgently they have been needed in Ireland.

We hope that the machinery for prosecution in cases of cruelty or criminal assault is already provided in Ireland. Section 325 of the English Act of 1890 makes special provision for this, but that clause does not appear to be extended to Ireland.

The protection of female lunatics, however, will remain imperfect in one respect in Ireland as it is in England. While all the unsound of mind are protected from the employés of asylums under the Act of 1890, only idiots and imbeciles are protected from persons not employed in asylums, because "idiots and imbeciles" are the individuals mentioned in "Stead's Act." The term "idiots and imbeciles" is capable of a very narrow interpretation. This was shown a few years since in a case which occurred in Ireland. In a certain asylum two criminal assaults on female patients occurred within a short time, one committed by a workman of the asylum, one by a stranger who had managed to obtain access to the asylum grounds, solely with criminal intent. Both were tried under Stead's Act. One was found guilty, the patient assaulted being an idiot. In the other case, tried before Mr. Justice

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Gibson, the learned judge directed an acquittal, on the ground that the patient of whom advantage had been taken was a secondary dement and not a congenital case, Stead's Act from its wording being held only to apply to the latter. The framers of Stead's Act probably did not intend this, and there is no reason why the secondary dement, and indeed every other lunatic, should not have the full benefit of this enactment.

Lord Ashbourne's bill further provides that the sixteenth section of the Act 38 and 39 Vict., cap. 67, shall be extended to include persons committed to asylums under the Act 30 and 31 Vict., cap. 118. In other words, the property of this class (known to the Irish law as "dangerous lunatics" and forming the greater number of the admissions to public asylums in Ireland) can, when this bill becomes an Act, be rendered available for their support.

Notes and Queries.

Sense of Smell in Nietzsche.

THE sense of smell is so closely related to the sexual instinct in a large number of animals, that there has long been thought to be a direct relation between them, and the relation of defect of smell and of sexual power in general paralytics was investigated many years ago without success. It may be doubted, therefore, that Nietzsche's acute sense of smell is, as Dr. Watson suggests, a reversion to a lower type; if it were so it should be rather accompanied by enhanced sexual instinct. The conclusion is that it was entirely pathological—a morbid sensory irritability, cultivated and exaggerated by habit.

Recovery.

Is it possible to arrive at a general understanding as to what constitutes *recovery* on the discharge of a patient from asylum care? A recurrent case may *recover*, yet there is every probability of relapse sooner or later. An acute case may *recover* sufficiently to take his place in the world, yet some indelible trace of his disorder may remain. A patient may be reported as having *recovered* after removal from the asylum, while he remains on the register, yet there may be doubts as to the value of such a report.

What constitutes a *recurrent case?* Should the term be used

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