explanation. Under these circumstances there has been a great deal of very unprofitable speculation as to the reason of the driver's action, or failure of action. It has been suggested that he was "unconsciously drowsy," whatever that may mean; that he suffered from temporary "absence of mind;" that he was suddenly overcome by premature senility; and there have been various other hypotheses, culminating, of course, in demands for more legislation to render such occurrences impossible in future. Engine-drivers should, it is said, be medically examined once a year after the age of fifty-five; they should not come on duty at five in the morning; they should not be on duty more than eight hours a day; and so on, and so forth. As to all these suggestions, we would point out that it is quite useless to propose remedies until we know the actual nature of the malady. All that we know at present is that the driver did in fact overrun his signals. When we ask how such a thing can possibly happen, we are confronted with a number of alternatives besides those which have been suggested, and in suggesting these we do not intend to imply that any of them was actually operative in the Slough case, but that such alternatives must be considered before legislative remedies are decided on. A man might overlook his signals from pre-occupation of mind, his attention being absorbed in internal contemplation. He might, for instance, have a favourite child lying dangerously ill at home, and be able to think of nothing else. His circumstances might be so desperate that he had determined on suicide, and, in the selfish absorption in his own misery, he might be reckless of the misery that he inflicted on others. He might have had a row with his wife, and be determined to punish her by a reckless and desperate act, on the same principle as an aggrieved wife so often puts her hand through the window-pane. These and other alternatives should be considered before we invoke the explanation of a premature sudden senility.

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### *Dr. St. John Clarke.*

A lamentable affair occurred at Leicester on October 9th, Dr. Clarke having been fired at and wounded by a man named Kirby. Kirby had been several times sent to a lunatic asylum, and Dr.

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Clarke had on at least one occasion made the necessary certificate. The lamentable element in the affair is that it was preventable and ought to have been prevented, for Kirby had repeatedly threatened Dr. Clarke. When will people learn that a lunatic with delusions of persecution is always a danger to the community, and ought never to be allowed at large; and that a lunatic with delusions of persecution directed against a specified individual is as dangerous to that individual as a mad dog loose upon his premises, and ought not to be allowed at large for an hour?

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### *The English Commission in Lunacy.*

The inadequacy of the Lunacy Commission to cope with the amount of work and responsibility heaped on it has been so often dwelt on in this JOURNAL, that our readers must long since have placed this topic in the same category as the smoke of London, the narrowness of the Strand, the red tape of Government offices, and the many other anachronistic abuses which the conservatism resulting from mediæval modes of education permits us to endure.

An apology is almost necessary for reviving this antique grievance, and recapitulating the time-worn arguments against it. It is, for instance, almost incredible that three physicians can be thought capable of inspecting upwards of a hundred thousand lunatics, of deciding that they are all proper objects for detention in asylums, that they are not ill-treated, and the thousand and one other matters relating to the medical care of the insane.

The first Lunacy Commission, appointed in the early years of George III, consisted, it is well to remember, of five Fellows of the College of Physicians, the scope of their duties comprising a seven-mile circuit of London with a total population of half a million or so. A century and a quarter later we find that three physicians are considered sufficient to look after the welfare and interests of upwards of a hundred thousand lunatics scattered throughout England and Wales. Either the first Commission was excessively over-manned, or the present one is totally inadequate.

The scanty supply of medical Commissioners at this late

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