

floor is all of reinforced concrete. The total cost of the buildings is nearly Rs. 20,000, and the houses are to be rented at Rs. 5 per month. It is hoped that before long such buildings will replace all the filthy and unsightly huts in the many congested areas of Madras.

Small-pox Precautions in Barisal.

The town of Barisal has been sub-divided, each division being under a subcommittee, to see that all people may be vaccinated and that proper precautions are taken to check the progress of small-pox.

The Hottest Town in India.

On May 16th, when the mean temperature was normal or below normal almost everywhere, the highest reading recorded was 114° F. at Jacobabad.

The Supply of Vaccine in Burma.

The vaccine dépôt at Meikila, at which the lymph for the whole of Burma is manufactured, is being enlarged, as the present small building, with out-houses for calves, has proved utterly inadequate to the increasing demands for lymph.

Proposed Sanatorium for Assam.

The Assam Administration has addressed planters and other public bodies on the subject of a sanatorium at Shillong. If public support is forthcoming grants will be made from provincial revenues. Two estimates of the cost have been framed. In one initial expenditure (buildings and equipment) is placed at Rs. 54,000 and maintenance charges at between Rs. 11,000 and Rs. 12,000. A more modest scheme would entail charges of Rs. 27,000. In either case accommodation would be provided for nine patients, which, the Chief Commissioner is advised, represents the minimum that would permit of separation of classes and segregation of infectious cases. If the establishment of the institution is decided upon, it is proposed to appoint a body of trustees composed of representatives of the official and non-official communities, who would fix the charges to be made.

May 30th.

Obituary.

ALEXANDER OGILVY, M.D. T.C.D., F.R.C.S. IREL.

Dr. Alexander Ogilvy, honorary surgeon to the Bristol Eye Hospital, died suddenly last week whilst seeing his patients at the hospital. He was born in Dublin 51 years ago, and received his medical education at Trinity College, Dublin, studying also at Heidelberg and Vienna. He was formerly clinical assistant at the London Ophthalmic Hospital, Moorfields, and house surgeon at the Eye Infirmary, Dublin, and the Bristol Eye Hospital. At the time of his death he was clinical lecturer on ophthalmic diseases at Bristol University, ophthalmic surgeon to the Bristol Royal Infirmary, and surgeon to the Bristol Eye Hospital. Dr. Ogilvy was not only highly esteemed for his professional skill, but was exceedingly popular in Bristol and Clifton. He was a keen yachtsman, greatly interested in the volunteer movement, and his death has caused a general sense of loss in a large circle of friends, and evoked much sympathy for his widow.

JOHN SIDDON CROOK, M.R.C.S. ENG.,
L.R.C.P. LOND.

Mr. John Siddon Crook, who died at West Tarring, Worthing, on June 8th, after many years of suffering due to spinal trouble, was a well-known and

deservedly popular and respected practitioner. In spite of physical disabilities he devoted himself to his profession with zeal and success. He had a very extensive practice, and was esteemed by his *clientèle* alike for his medical knowledge and judgment, his powers of sympathy, and his personal pluck. Mr. Crook, who was 58 years of age, studied at Guy's Hospital where he was for some time senior house surgeon and resident obstetrician, and became M.R.C.S. Eng. in 1879 and L.R.C.P. Lond. two years later.

Correspondence.

"Audi alteram partem."

THE WORKING OF THE MENTAL DEFICIENCY ACT.

To the Editor of THE LANCET.

SIR,—All who are interested in the practical working of the Mental Deficiency Act will note the important point contained in the remarks made in court on the 11th inst. by the chairman of the London Sessions. In the *Times* of the 12th inst. Mr. Robert Wallace, K.C., is reported to have said that the Mental Deficiency Act was practically useless, as no one could be dealt with under it unless he could be shown to have been mentally defective from birth or an early age. In the *Times* of the 13th inst. it is reported that an official of the Board of Control, in conversation with a representative of the *Times*, and in answer to Mr. Wallace's remark, expressed the opinion that if a man had committed a crime and was mentally deficient he could be dealt with as a "lunatic," and said, further, that the words in the Act referred to by Mr. Wallace "came from the Royal Commission, the object being to provide means of dealing with congenital cases."

Mr. Wallace has certainly pointed out a defect in the Mental Deficiency Act that may, perhaps, diminish considerably the benefits which were widely expected to result from legislation framed on the lines proposed by the Royal Commission on the Care and Control of the Feeble-minded; and it seems to me that this defect is eminently fit for discussion in your columns by members of the medical profession in touch with the whole subject. As a member of the Royal Commission, who took an active interest in the whole of its proceedings, and also had some special knowledge of the particular question of the effective control of such criminals as are the subjects of marked mental defect, I beg for space for the following considerations suggested by the point made by Mr. Wallace, and by the reply reported to have been made thereto by an official of the Board of Control.

In the first place it is necessary to remember that the recommendations of the Royal Commission concerning the classes of persons to be controlled by a new Act were based on the reference given to them which included the consideration of such changes in the Lunacy Law as seemed desirable, and also contemplated the grouping under the term "mental defect" of all classes of persons now dealt with under the old law and proposed to be dealt with under the new one. There was nothing in these recommendations which implied any such restricted legislation as marks the existing Mental Deficiency Act.

From both the Bills which were introduced into Parliament in the years 1912 and 1913 successively the classes of mentally defective persons previously

dealt with under the Lunacy Acts were omitted, and express provision was made that certain specified classes only should be dealt with under the new Act. The first Bill, which was withdrawn owing to considerable opposition, did not exclude, at least so explicitly as the present Act excludes, all cases of mental defect not shown as existing "from birth or an early age," and did explicitly include "mentally infirm persons; that is to say, persons who through mental infirmity arising from age or the decay of their faculties are incapable of managing themselves or their affairs." The present Act, taking up a standpoint which makes a hard-and-fast distinction, not contemplated in the recommendations of the Royal Commission, between cases of mental defect according to their supposed origin, and placing, in the very first clause of the Act as absolute and rigid definitions of the classes of persons to be included, the terms originally intended only as practical descriptions of the classes that should be generally indicated by the words "idiot," "imbecile," and "feeble-minded," has now given rise to the practical difficulty foreseen by others, and now emphasised by the chairman of the London Sessions.

It is especially, and perhaps mainly, in relation to the treatment of criminals that the difficulty thus caused will be felt. The urgent necessity for the establishment of some legal power to control habitual criminals who, quite independently of evidence drawn from their crimes, are clearly the subject of marked mental defect in all probability existing from birth, gave this subject a marked prominence among the deliberations and recommendations of the Royal Commission; and this prominence is now, of course, much greater, owing to the fact that the scope of the Act of 1913 is far less extensive than that contemplated by those recommendations. Unless, indeed, this difficulty of dealing with mentally defective criminals prove in effect less than it now appears to be, or unless it can be eliminated by amending the Act, it seems clear that the usefulness of the Act as a whole will be very seriously curtailed. It is impossible in many cases to establish, except by highly probable inference, the early mental state of a given criminal.

With respect to the opinion, attributed in the *Times* of the 13th inst. to an official of the Board of Control, that a mentally defective man who committed a crime could be dealt with as a lunatic, I submit for the consideration of members of the medical profession conversant with matters such as these, that such an opinion is not in accordance with fact or general experience; and I would further venture to state that if the opinion quoted be correct, one of the most urgent reasons for fresh legislation regarding mental defectives could never have been put forward. The practical impossibility of certifying under the Lunacy Acts (or of retaining them if certified) of very numerous mentally deficient persons, whether criminal or not, was almost unanimously attested by the large number of expert witnesses who gave evidence before the Commission. This position was never seriously challenged either by the Lunacy Commissioners at the time or by anyone either in or out of Parliament during the discussions which took place on this subject in the years 1912 and 1913. Those who would be further informed on the point may refer to the voluminous evidence taken by the Commission which sat from 1904 to 1908.

It would surely follow, on the assumption of the correctness of the opinion that all mentally defective criminals could be dealt with as lunatics, that any mentally defective person whose conduct was not "criminal" could, if necessary, be thus dealt with; and that therefore the passing of the Mental Deficiency Act of 1913 and the appointment of the Commission that occasioned it were equally futile.

The Board of Control has unquestionably a task of some difficulty in establishing the fruitful working of the new Act in accordance with the intentions of its framers; and it is possible that the knowledge and experience of medical experts in this country may be of some service to the Board in the administration of the Act, or in any efforts they may deem fit to make towards its amendment.

I would venture to suggest, in view of the fact that not only in matters of medical diagnosis but also in many other spheres of practical work, legal and otherwise, important procedures are frequently taken on the basis of overwhelming or very great probability rather than of rigid demonstration, that some certificates of mental defect which fall short of a positive statement or contemporary report of the mental condition of the patient in his earliest years might well be accepted by courts of law and by the Board of Control itself. It must be borne in mind that all certificates will be subject to periodical revision.

I am, Sir, yours faithfully,

H. BRYAN DONKIN.

Hyde Park-street, W., June 13th, 1914.

THE PLEA FOR IMMEDIATE OPERATION IN APPENDICITIS.

To the Editor of THE LANCET.

SIR,—In reply to the letter by Mr. Herbert J. Paterson, in your issue of June 13th, I wish to say that I do not maintain that all perforated and gangrenous appendices are surrounded by localising adhesions, but I do hold that those that are not are in a small minority, and that they set up fairly clear indications of the disaster that has occurred and of the dangerous sequelæ that are developing. It does not require keen diagnostic acumen to recognise the meaning of a generally rigid, sensitive, and distended abdomen, accompanied by persistent vomiting, a dry tongue, small, rapid pulse, subnormal temperature, no leucocytosis, and all the other symptoms of an "acute abdomen" with its general toxæmia. Such conditions are a clear indication that the measures of defence possessed by the peritoneum are in abeyance and that the abdomen must be opened at once so as to allow of removal of the appendix and of subsequent drainage. In the same way when I see a case of acute appendicitis that shows a distended abdomen with local rigidity and local tenderness and marked by only occasional vomiting and a furred but moist tongue, while there are also present a quick and full pulse, an elevated temperature, a marked leucocytosis, and no distinct abdominal look, I feel confident that the peritoneal defences are at work localising the attack, and if they are aided by rest and by medicine, dietetic and other measures the existing peritonitis will be kept within bounds, thus preventing the dangers that would follow its extension. Consequently I feel justified in "waiting and seeing" what the subsequent progress of the case is to be under the measures adopted, and my usual clinical experience is that quick improvement shows itself in the large majority of cases. This may not