

H—, a Hindu, æt. 30, was admitted into the asylum on May 11, 1913. Mentally he was deficient, but could understand a few simple questions and carry out instructions. He had no idea of place or time. His ideas in other respects were childish, and his speech was slow, interrupted and slurring. He was subject to periodical epileptic fits, followed by violent mental excitement. In the intervals between the attacks he was quiet, well-behaved, and diligent at garden work.

Physically he was well developed, except that his right arm and hand, the lower part of the right half of the face and the right half of the tongue were atrophied and paralysed. The lower limbs showed no abnormality. He took his food and did other work with his left hand.

On December 6, 1924, he died from chronic dysentery. On *post-mortem* examination it was found that the dura mater was thickened, and on incision an unusual quantity of serous fluid escaped. The brain was generally under-developed, the convolutions not well marked and the sulci were shallow. The right hemisphere was of normal consistence and the several structures forming it were well-defined. The left hemisphere was saccular and contained milky white fluid. The whole of the cortex formed the wall of the sac, with the left crus cerebri standing out prominently in the hollow of the cavity, not unlike the trunk of a tree.

The lungs were tuberculous. The mucous membrane of the large intestine was ulcerated, particularly that of the rectum, and the submucous tissue was considerably thickened. The right kidney showed tubercular nodules.

It is remarkable that, unlike Dr. Wilson's case, this patient showed no atrophy and paralysis of right leg, and could walk well. Tuberculosis and dysentery were the terminal stages in both the cases. This case cannot altogether be one of hemiatrophy, for the cortex on the affected side was fairly firm in consistence, and on incising it and evacuating the contents of the sac it collapsed partly, like a half-inflated football. The convolutions, though not well marked, were easily distinguishable.

The history of the patient prior to his admission was very meagre, but during the time he was in asylum his condition was not progressive.

There was complete cessation of fits during the last days of his life, when he was in the infirmary for dysentery.

The brain is preserved in the Museum of the Medical College at Bangalore.

Medico-Legal Notes.

AN interesting experiment in improved criminal procedure is now being tried in Greene County, State of New York, U.S.A. Information concerning this has been kindly supplied by Mr. Charles C. Coffin, the district attorney (an office corresponding to that of our prosecuting solicitor).

The scheme applies to all cases which are not disposed of summarily. The accused person, having been brought before a police magistrate, is remanded to sessions. While he is awaiting trial (not necessarily in custody) a specially experienced and qualified

psychiatrist is called in, and a full physical and mental examination is made. The latter examination appears to be of an exhaustive character. We are informed that "not only is there a diagnosis of the presence or absence of insanity and mental defect to be made, but the whole field of behaviour peculiarities is to be investigated, mental conflicts are to be located, and emotional trends to be diagnosed, in order that the conduct of the offender may be understood and the proper way of dealing with it evolved." A psychological examination is conducted which includes "several intelligence scales" (we presume this to mean that several alternative scales are in use), "a number of performance tests, and some tests of special abilities and disabilities." A psychiatric examination follows, which includes "the probing of the emotional life in the light of modern psychology, and for the purpose of identifying the various mechanisms which were at the root of the offender's conduct; so that a complete personality study of the individual is made." The physical examination is also of a searching character, and includes a Wassermann test. More stress is laid in the United States upon the importance of syphilitic infection in the production of delinquency than we should be prepared to allow it in this country.

The psychiatrist is expected to formulate recommendations "which will give the offender the best opportunity to arrive at an understanding of his duty to society, and the best chance for him to refrain from further crime." And the psychiatrist must be prepared to go into the witness-box and "testify, in an impartial and exhaustive fashion, as to the whole personality and mental life of the offender." The authors of the scheme claim, and rightly, that its adoption would mean "in the end, less expense to the community, and less chance of further wrong-doing; if the weakness is incurable, then the offender must be protected, in his own interests as well as in those of society."

It reads very well. And such a scheme is, without doubt, on the right lines. But we may venture to feel a little uncertain as to how far, in practice, the scheme will be carried out. It is of a very elaborate character. The examinations will take a long time, and, if any large number of cases is dealt with, will require a large staff. Further, let us suppose that some mental conflict has been located. To remove its influence from the patient, the conflict will have to be treated. We have no information as to how, or by whom, this treatment is to be carried out. Of course, even the recognition of the existence and influence of such a conflict is a great help to the correct understanding of the case, and is far more than a court, as a rule, has before it.

We have reports of nine cases which were recently dealt with

under this scheme. The subjects were charged, in most cases, with the offences of larceny and burglary; in one case the charge was that of rape. This last case, as also one of the others, was found to be mentally defective. These two were sent to an institution for defectives, under a statute which is, in material particulars, much the same as that in force in this country. One of the remaining cases was sent to a reformatory. The other six were sentenced to indefinite periods of detention in Elmira Reformatory (corresponding, more or less, to a Borstal institution), but the operation of the sentence was, in each case, suspended, the offender being put on probation, and being told that if he behaved well, he would not be called upon to undergo his sentence. The physical treatment advised by the examining physician was also made a condition of the probation. In most cases this suggested treatment consisted of attention to tonsils and teeth; in one case vaccination was advised, the subject being unprotected in this way. It would be interesting to learn whether neglect of this last condition would have involved detention. The medical reports were full and precise, and the suggestions for treatment and disposal were certainly more extensive than are generally made by those who conduct similar examinations for British courts. Mention of mental conflicts, and of certain other mental abnormalities, was made in some of the reports. But of these points the court appeared to have taken little notice, except for some pious advice. It seems somewhat futile to set up an elaborate machinery for examination, and to neglect to make due provision for the treatment advised by the examiner. It is, however, probable that the magistrates are not yet educated in the comprehension of the full implications of modern psychological findings. This defect will be remedied in time.

Occasional Note.

Revision of the List of Recognized Training Institutions for the Mental Nursing Certificate.

At the Quarterly Meeting held in May, 1924, the Educational Committee appointed a Sub-Committee to examine the answers to a questionnaire sent out by the Registrar to certain recognized institutions, and to report thereon.

The Sub-Committee appointed for this purpose were the Chairman, the Deputy Chairman, and the Secretary of the Educational Committee, with Dr. Bedford Pierce and Dr. Menzies.