

ment in the Management of such Institutions and the Treatment of the Insane, and the acquirement of a more extensive and more correct knowledge of Insanity."—Dr. Shute, Gloucester Asylum (in the chair); Mr. Gaskell, Lancaster Asylum; Dr. Hitch, Gloucester Asylum; Mr. Powell, Nottingham Asylum; Dr. Thurnam, York Retreat; Mr. Wintle, Oxford Asylum.

York, Lancaster, Gloucester, and Nottingham, but not London, were, it will be seen, the localities which distinguished themselves on this occasion.

The next meeting of the members of the Association, and regarded as the first annual gathering, was held on Nov. 4, 1841, at the Nottingham Asylum, Dr. Blake in the chair.

No annual meeting has been held at Birmingham till this year.

We only express the unanimous feeling of those who were present at the recent meeting in this city, that the commemoration of the institution of the Medico-Psychological Association (originally entitled Association of Medical Officers of Hospitals for the Insane) was a great success, and would certainly have fulfilled the hopes and intentions of the men who decided to establish it. There was a large attendance, and a reference to the report of its proceedings in "Notes and News" will show that there was no lack of interest in the discussions which took place. The Association was ably represented and presided over by Mr. Whitcombe, whose conduct in the presidential chair contributed largely to the satisfactory transaction of the work performed at the meeting, and whose Address was fully appreciated by the assembly. Marked by warm and thoroughly humane feeling for the insane, it did not end in mere sentiment, but was practical in its aim, definite in its proposals, and specially appropriate to the suggestions and schemes which in recent times have emanated from men within and without the pale of our Association. The observations which were offered to the meeting were all the better for raising points upon which considerable difference of opinion exists among mental physicians. No one, however, can complain of the tone in which the President enunciated his personal views.

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#### *The Cathcart Case.*

This is probably one of the most prolonged and costly cases of inquiry into the state of mind of a patient which has ever been held, and the result is another example of the uncertainty as to the result of such an inquiry.

The facts of the case, as disclosed by evidence given at the inquiry, are as follows:—A lady, approaching the age of fifty, four years ago married her cousin, who was a good many years her junior. The lady had a large fortune and her husband had expectations. There is reason to believe that there was some real affection on both sides as the foundation of the marriage. There was a history of insanity in an uncle of Mrs. Cathcart. Almost directly after marriage the wife began, without cause, to suspect her husband. She accused him of having given her syphilis, and also accused her own mother, among others, of having given her drugs to prevent her from having children. Steadily ideas of poisoning and of persecution developed, till she lived in a perpetual state of anxiety and excitement. She distrusted everyone, and accused her own trustees of having altered her marriage settlement. She began to suspect that political influence was used against her, and she wrote to secretaries of political clubs letters expressing her feelings about these plots; she wrote to the Home Secretary and to others. She believed, too, that the influence of the Court and the army were secured by her husband against her.

In this frame of mind she seems to have fallen under the influence of those who either believed her accusations to be true or else preyed upon her. She changed her legal advisers constantly, and, believing they were not to be trusted, she appeared on her own behalf and was involved in various legal actions. The judge, at least, considered that she was not fit to conduct these affairs.

On one occasion she was forcibly seized by her husband and detained on one of her estates, and, doubtless, this seizure had some weight with the jury. All endeavours to restrain her failing, Mr. Cathcart appears to have determined to make use of an urgency order and certificate, and Mrs. Cathcart was forcibly seized as she left the Law Courts and removed to a private asylum, where the ordinary certificates were provided. She was visited by her lawyer, or rather lawyers, and by medical men sent by them and by her own friends, yet only one could be induced to give evidence in her favour.

So much for the circumstances of the case, and now for the inquiry. Sir Charles Russell, Q.C., Mr. T. Bucknill, Q.C., and Mr. Costelloe appeared for Mrs. Cathcart, while Sir Henry James, Q.C., and Mr. Inderwick, Q.C., appeared for the petitioner. Most tedious and prolonged were the legal proceedings, but witness after witness gave evidence as to delusions of persecu-

tion which directly influenced the conduct of Mrs. Cathcart, and even her counsel was obliged to admit the existence of these delusions. On behalf of the petitioner, a local medical man was called to disprove the statement that Mrs. Cathcart had syphilis. Dr. Savage and Dr. Blandford were subjected to severe cross-examination, the tone of which was distinctly discourteous. Sir Charles Russell, in his examination of Dr. Savage, compared the mental state of Mrs. Cathcart with that of Rousseau, and asked if he considered the poet to be insane. Witness said he did, but declined to say whether he would have sent him to an asylum or not. Much was made of the fact that persons may have delusions and yet need not be treated as legally of unsound mind.

Dr. Blandford was also cross-examined on a recent inquiry, in which the jury granted liberty to a patient whom he regarded as suffering from delusional insanity. Dr. Playfair, who was requested to visit Mrs. Cathcart on behalf of her mother, gave evidence of her being insane.

Nothing very novel occurred in the medical evidence, there being a simple, straightforward statement of careful examinations of the patient and the discovery of all the ordinary symptoms of insanity of persecution. Though several eminent alienist physicians were present during part of the trial, only one, Dr. Claye Shaw, was called, who gave evidence to the effect that he failed to detect any delusions, and that Mrs. Cathcart was capable of managing herself and her affairs. We cannot help thinking that the lady must have been very carefully coached, for even her counsel admitted the delusions.

After very forcible addresses by counsel and an examination of the lady by Master Bulwer and the jury, a verdict in her favour was given by a large majority. As the *Saturday Review* says, "Mrs. Cathcart is certainly a rather lucky woman, though no fault need be found with the verdict. We wish we could say as much of the conduct of Mrs. Cathcart's counsel."

There are several important points to be noticed. First of all the jury were influenced to a great extent, we believe, by the social rather than by the medical evidence; they were influenced by the young and not wealthy man marrying a wealthy woman of mature years; with his attempts to seize her, and by the final seizure and removal to an asylum; they were also, doubtless, moved by the clear and business-like way in which she conducted herself, and the way in which she bore her examination. They decided on what they are pleased, doubtless, to call common sense.

It seems to be a pity that such a waste of time and money should take place in these cases, but, at the same time, we are inclined to believe that it is better that, from time to time, important questions of this kind should be fully discussed, for, we believe, there is a very widespread feeling produced by this inquiry, that the process should be modified in some way. We always recognize that there are certain cases in the borderland which, though they may be insane, do not necessarily require asylum treatment, and the verdict of a jury has to be accepted as a solution of the question under consideration.

It is rather a serious matter that a patient, with a litigious turn of mind, should be once more free to pursue her course, and we fear that no amount of legal advice will induce her to forget the past, and endeavour, by rest and quiet, to restore her faith and confidence in her nearest relations and the public in general.

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*The Duncan Case.*

The trial of Duncan for a homicidal assault upon his wife on May 12th, 1891, offers several points of considerable interest. It is necessary, first of all, to give a brief history of his antecedents. Early in 1854, when a lad of 15, he had two falls on his head, the first of which was severe. It occurred at school while wrestling with another boy. They fell on a stone step or flag in front of the school, Duncan coming down on his head in violent contact with the stone, and the other boy upon him. He was taken to a surgeon. He was stunned, suffered from headache for some weeks, and was at home for about two months. It was not long before a marked change in his character was observed. From being a most considerate and thoughtful boy, he became indifferent and careless, although he did well in his studies. His feelings towards his father, of whom he had always been fond, altered. He said it made him nervous to sit in the same room with him. He became unsettled in all his actions, shut himself up from society, and avoided speaking to people whom he met in the street. He had terrible fits of depression, and he suffered much from insomnia. However, he went to Lehigh University, but in the course of some months suddenly returned home. Indeed, his instability of character had become such that he made plans one day only to break them the next. In 1886 he went to Baltimore to prepare for the Johns Hopkins University. It was not long before he escaped and wrote a letter to his mother in