

these distinguished investigators, or of the work which they have done, we have said enough to shew that there is yet room for further additions and improvements in the sixth edition, which we hope the author may live to publish, and those of our readers, who are not weary of the sun, may live to see.

The Practice in Lunacy under Commissions and Inquisitions, with Notes of Cases and Recent Decisions; an Appendix containing Forms and Costs of Proceedings, the Statute and General Orders; also an Index and Schedule of Cases; the Fifth Edition, adapted, with considerable additions, to the Provisions of the Lunacy Regulation Acts, 1853 and 1862.
By JOSEPH ELMER, of the Office of the Masters in Lunacy.
London: Stevens and Sons, 1872, pp. 487.

This is a very useful manual for all interested in the care and treatment of the so-called Chancery lunatics, and contains a mass of well arranged information regarding every detail of the practice in lunacy of the Court of Chancery. We strongly advise every member of this Association, who may have the care of Chancery lunatics, or be likely to be consulted regarding the subject of commissions in lunacy, to place a copy of this most useful compilation on his shelves. It has a complete index and a table of contents, and is, altogether, put together in a business-like manner, and reflects great credit on the legal knowledge and industry of the author.

PART III.—PSYCHOLOGICAL RETROSPECT.

American Psychological Literature.

By T. W. McDOWALL, M.D., Assistant Physician, Inverness District Asylum.

I. *American Journal of Insanity*, Vol. xxvii., July, 1870, to April, 1871.

This volume contains several good articles and notices of English and French books.

Vol. xxviii., July to October, 1871.

July, 1871. No. 1.—“Pathological Anatomy,” by S. Oakley Vanderpoel, A.M., M.D.; “The Physiological Action and Therapeutic Use of Chloral,” by J. B. Andrews, Assistant Physician, New York State Lunatic Asylum; “Insanity in Relation to Law,” by Henry Landor, M.D., Superintendent of London Asylum, Ontario; “In-

VOL. XVIII.

9

sanity and its Treatment; Lectures on the Treatment, Medical and Legal, of Insane Patients," by G. Fielding Blandford, M.D. Oxon., &c. BIBLIOGRAPHICAL: "Reports of Hospitals for the Insane." SUMMARY: "The Action of Neurotic Medicines in Insanity;" "The Subcutaneous Injection of Morphia in Mental Diseases;" "Epilepsy;" "Simple Acute Meningitis;" "An Act to Provide for the Safe Custody and Care of Insane Criminals, &c.;" "An Act to Authorise Judicial Inquiry as to the Sanity of Persons Indicted for Capital Offences."

October, 1871. No. 2.—"Theories of Evolution;" "Demonomania and Witchcraft," by Joseph Workman, M.D.; "Labio-Glossolaryngeal Paralysis," by E. R. Hun, M.D.; "Proceedings of the Association of Medical Superintendents." SUMMARY: "On Nosological Position of General Paralysis," by G. Mackenzie Bacon, M.D.; "An Act in Relation to the Chronic Pauper Insane."

Hæmatoma Auris.

Dr. Hun, in this paper, gives an account of his observations on the cases of this disease which occurred under his notice in the New York State Lunatic Asylum. He considers that the causes of hæmatoma are cerebral congestion and centripetal irritation of the sympathetic system by the emotions. Dr. Hun concludes his paper, which is illustrated with four photographs, by stating that the disease "is idiopathic, depending upon a pathological condition of the brain, and is incapable of being produced by external violence alone."

In Re William Winter. (The Value of Expert Testimony.)

Professor Ordonaux, taking a very interesting medico-legal case for a text, preaches a useful sermon. Without entering on the merits of the case (we do not require to go to America for instances of miscarriage of justice through the mental blindness of lawyers and juries when dealing with cases of disputed sanity) we shall give a few extracts from his paper.

"It is not as generally known as it should be that the testimony of experts in any branch of science is the least fallible of all the forms of human evidence. In fact it is that one which, beyond all others, approximates most nearly to certainty of judgment, because it consists of circumstantial evidence, superadded by way of corroboration to skilled perception. To lawyers, indeed, this assertion will seem paradoxical, accustomed as they are to summon experts for the express purpose of contradicting each other. But it should be remembered at the outset that it is a rare thing for any skilled witness to contradict himself or others on an examination in chief, if precisely the same questions be put to both. Assuming that the expert testifies without bias, and that the subject under investigation is one within the range of demonstrative knowledge, all the probabilities are in favour of agreement, rather than disagreement between experts.

“Of course we cannot undertake to discuss here the vexed question of qualifications in experts. That it is a very grave one, and the pregnant source of many errors in judgment and much consequent condemnation of skilled testimony, is every day made painfully manifest. Nor, until courts shall more nearly agree in some standard of qualifications for such witnesses, can we hope to see this evil remedied. But taking the word expert to import one *skilled by experience*, we repeat that there is a logical necessity for considering such testimony as the least fallible of any. We will admit, nevertheless, that upon cross-examination experts are often *made* to contradict themselves and each other. The reason for this can be easily given, and it flows from the paradoxical position in which they stand before courts. The object of cross-examining an *ordinary* witness is to test his memory or veracity. But it is not as readily evident what the object and (if he were not called most improperly as a *witness*) where the right can be to cross-examine an expert. For *cuiuslibet in sua arte perito credendum est*. Certain facts are admitted, and a professional opinion required upon them. This opinion is founded upon a special interpretation of those facts, and the skill and experience necessary for that interpretation reside exclusively in the expert. Now, to admit that a man is an expert by allowing him to testify as such, and to permit his skill to be afterwards questioned and tested by one who is not an expert, seems little else than a judicial farce.

“So long, however, as experts are called by parties litigant, this absurdity will continue to be inevitable. But the worst feature of this is, that it entails upon counsel the necessity of endeavouring to invalidate such testimony by cross-examination. Consequently, leading questions are put to experts precisely as to ordinary witnesses; propositions are laid down containing the most irrelevant premises, and courts permit counsel to insist upon categorical answers to such questions. It is not difficult to foresee the result. When one man can compel another to draw conclusions from premises already prepared for him, he becomes master of that other's opinions; and when those premises are purposely intended to entrap his judgment, and though discovered by him, he is still compelled to use them in forming his conclusions, he is doubly at the mercy of counsel,” &c. We might continue quotations from this interesting paper, but the following, on the Constitution of Commissions in Lunacy, must suffice. “It should not, therefore, require any argument to show that upon the simplest principles of analogy and justice, a Commission of Lunacy can never be a *competent* tribunal to try such an issue where one or more experts are not members of the court. Nor can we see how the presence of a jury adds aught to the competency of the tribunal, or the illumination of its investigations. Certainly, the summoning of experts is a virtual confession of the want of light by some one, and, inasmuch as the jury are to be the final triers of the issue, it is plain that it is more on their account than that of the Commissioners that experts are called. In

other words, in enlarging the court, we have diminished its competency. The conclusion which follows is inevitable. If a judge can sit in equity without a jury, and administer justice impartially, simply because he is both competent and honest, by parity of reason a Commission of Lunacy, properly constituted, can as justly, in the same way, determine an issue of insanity. Numbers by themselves can add nothing to the competency of a tribunal, where one branch of it is notoriously below the level of the other in judicial capacity. Nor, because insanity is an issue of fact can a jury of laymen decide it better than expert commissioners, or even be of any assistance to the latter in helping them to a conclusion. It is always seen that experts have to be summoned for the purpose of illuminating the minds of the jury, because, although the latter are the judges of the facts, they are not able to pass upon them until they have first been taught how to read and interpret their value. The competency of a lay jury to decide an issue of insanity is thus shown to owe its origin solely to the agency of experts. In the presence of these facts, we are forced to the conclusion that the introduction of a jury into an Inquisition of Lunacy is superfluous, and more of a hindrance than a help to the discovery of truth." An opinion with which we most heartily agree.

Hospital and Cottage Systems for the Care of the Insane.

Accepting as correct Dr. J. Batty Tuke's account of the treatment and condition of chronic and harmless lunatics in the village of Kennoway, Scotland, the writer reviews the various methods which have been suggested to provide for the proper care and supervision of lunatics. He objects to every method except the Asylum method as practised in America. He would limit the number of patients in one asylum to five or six hundred. "With such a field of observation, he ought, however, to be able to command sufficient leisure to record and digest his experience, and to give his profession and the public the benefit of it; instead of being confined so exclusively to his daily routine as to sacrifice such an important fruit of his labours." Most wholesome advice. But we need not quote from the paper under observation; it strongly disapproves of all methods which would presume to displace the Asylum treatment of the insane. The paper contains nothing new or likely to assist the energetic, not to say impetuous, assailants of the Out-door system as pursued at Kennoway. How astonished the patients in that quiet village would be could they understand the interest taken in them, and how well they would behave could they but believe that some people are anxious to make out that they are not fit for living outside an asylum, in which institution they would be happier, freer, and better cared for!

Nearly one hundred pages of the Journal are devoted to reporting the proceedings of the June meeting of the Association of Superintendents. The importance of affording facilities for the study and instruction in mental diseases at the medical schools formed the subject

of some conversation. Dr. Ray read a paper on "The Prognosis of Insanity," which, however, is not given in the Journal; but from the discussion which followed much useful and curious information may be obtained on the value of Bromide of Potassium in epilepsy; clitoridectomy in some forms of epilepsy, &c., &c. On prognosis in cases of puerperal insanity, Dr. White says:—"In almost all cases of puerperal mania, my prognosis has depended very much on the condition in which I find the uterus. If I find two, three, or four inches, or more of variation from the normal size, which frequently occurs after labour, I have much greater hope than where I find it restored to its normal condition, when I find it measuring three and a half or more inches. I have found the best treatment of the insanity to consist in giving remedies, and making such topical applications as will restore it to the normal condition. Sub-involution of the uterus, will, I doubt not, often be found the cause of puerperal insanity, a condition which has been frequently overlooked; and by addressing our remedies to its restoration, we consult the best interests of our patients. It is impossible to estimate the proportion of cases of puerperal mania in which hypertrophy of the uterus will be found present; but it certainly exists in a large number of cases. It is nearly useless to undertake the treatment of those cases without topical applications."

A discussion followed the reading of Dr. Barstow's paper on "Asylum Schools in Ireland." The general opinion appeared to be, that, any system which not only amused the patients but permanently benefited them, was to be preferred to that followed by some who appear to think that a constant round of amusements is the best remedy for the tedium of asylum life. It might not be practicable in all institutions to systematise the education of patients as successfully as at some asylums where French, German, &c., are taught, but no one can deny the great value of, in suitable cases, singing classes, instruction in industrial pursuits, readings, &c., &c.

Then followed a discussion on Chloral, from which we may safely draw the conclusion that this drug has not given the satisfaction which some sanguine individuals predicted of it.

Dr. John P. Gray writes on "The Dependence of Insanity on Physical Disease." He first discusses the causes of insanity, and as the result of over twenty years' observation, comes to the decided conclusion that "in those cases of which full and reliable information could be obtained, the physical cause was generally found. That some change in some part or parts of the organism preceded the earliest manifestations of mental disturbance. That in those cases, some diseased condition of the body, outside of the brain, generally preceded the cerebral symptoms and the consequent insanity." He has found that "investigation and clinical observation constantly strengthen the conviction that more careful inquiry into this subject, by a more searching examination in each case on admission, and more patient and exhaustive inquiry of friends, with more thorough record and sift-

ing of clinical facts while the patient is under treatment, would reveal, in a larger number of cases, the real operative causes inducing insanity. Such inquiry must also tend to place study and treatment on a true foundation—that is, of disease.” Cases which cannot be grouped under the head of what is usually called sympathetic insanity, are, however, due to physical causes. “While experience shows that the morbid conditions of organs and tissues more frequently act on the brain than the converse, and thus disease of special organs, and general ill-health from lowered vitality, precede and become the cause of the morbid state of the brain, ultimating in insanity; still, there are cases where the general ill health and the insanity are due to an over-worked brain, or the anxiety and prolonged tension and sleeplessness which are often the result of grief and pecuniary losses. Even here, however, the cause is physical, because insanity comes on only as a result of defective nutrition in the tissues, those of the brain included; the sleeplessness and deprivation of rest acting powerfully, not only against appetite and the simple ingestion of food, but also by wearying the nerve-tissues, and preventing ultimate cell-nutrition.” Dr. Gray passes on to the consideration of the physiology of mental phenomena; he abhors the materialistic tendencies of this present generation; he considers the brain the organ of mind, but maintains that “the mind, the spiritual principle, the immortal being, cannot be the subject of disease.” Entertaining the opinions he does, (and he strengthens his position by references to many great writers, ancient and modern), it is not surprising that he has no sympathy with those “to whom faith is not given to believe more than they can see and understand, or who do not choose to believe more, and to whom mind and all mental phenomena are mere physical results; mental manifestations of whatever order, hopes, fears, joys, sorrows, immortal longings, deep affections, are, like hunger and thirst and pain, but expressions of a physical organization; the restless mind of man, instead of being all we believe of it, an immortal spirit, manifesting itself in this life and in this body, preparing for a life to come, and using the brain as an organ or instrument for its purposes, is a mere secretion of the brain, depending on its existence, and sickening and dying with it,” and so on. In concluding this paper Dr. Gray arranges the results of experience as follows:—

1st. Disease of any part of the organism may be the pathologic cause of insanity.

2nd. In such cases insanity is not manifested until the brain is actually involved.

3rd. Disease of the brain or its membranes may be the primary exciting cause of insanity, and other parts of the organism subsequently become affected.

4th. Insanity more frequently has its primary origin in pathologic states outside the brain, than in primary diseases of the brain.

5th. There are physical symptoms and signs of brain diseases, which

experience has enabled us to recognise as pathognostic of certain brain changes, by knowledge of which we are able to anticipate and understand the progress of cerebral disease.

The following are considered the subjects calling for future consideration:—

1st. Whether there are specific changes in the brain in insanity, and if so, whether there are any means of ascertaining positively or proximately what those changes are?

2nd. Are there physical signs and symptoms indicating the presence and progress of such changes, which may be detected and relied upon, and what these are?

3rd. Are there *post-mortem* appearances in the brains of those who die insane, which would justify the assumption that morbid cerebral changes were the potential and only ultimate causation of insanity?

4th. Are there any sound reasons for the assumption that the mind can overthrow itself independent of cerebral changes?

5th. Do the secretions of the skin, kidneys, &c., throw any light upon the morbid condition of the brain in insanity, either regarding the pathologic state, its nutrition, or action?

The Physiological Action and Therapeutic Use of Chloral.

In the paper by Dr. J. B. Andrews, Assistant Physician, New York State Lunatic Asylum, we have the results of much observation; it also contains the opinions of the leading American and European physicians who have written on the subject. The drug was administered in doses varying from 10 to 120 grains; the latter dose having been given with good effect in a case of profound melancholia. In some cases of mania and melancholia the drug, in 20-60 grs. doses, was given nightly for protracted periods, from 105 to 257 days. Dr. Andrews appears to have been much pleased with the drug.

“In cases of insanity, of either an acute or chronic character, the great value of the remedy is as a hypnotic. In the result, when used for this purpose, we are rarely disappointed. Patients who would otherwise be out of bed and noisy at night, to their own injury and the disturbance of a ward, are usually quieted and kept in bed, and at last put to sleep by a dose of chloral timely administered. The great advantage to be derived from a remedy of this character can nowhere be more fully appreciated than in an institution for the insane. It is also administered during the day in smaller doses to act upon the motor nervous system, and as an ordinary nervous sedative.” From February, 1860, to the time of the paper being written, 90 lbs. of chloral were used in the New York State Lunatic Asylum. The *advantages* of chloral are said to be:—it is a hypnotic which seldom fails to produce sleep, which usually lasts from four to eight hours. The sleep is natural, and one from which the patient can be easily aroused. It is more generally tolerated by the stomach than other sedatives. It does not constipate the bowels or disturb the secretions. It does

not injuriously affect the appetite. It rarely produces headache or leaves unpleasant effects. It does not lose its power by repetition, but the dose may often be reduced after the patient has become accustomed to its use, and seldom demands to be increased. When the necessity for its use has ceased, it often, for the first time, becomes disagreeable to the patient. Thus far we have met with no case where its administration has induced the habit of its use, which is one of the dangers of opium, cannabis Indica, &c. It allays muscular spasm and rigidity. No ill effects have been experienced from its use in cases of disease of the brain. We have observed no ill effects from its use in the reduction of the pulse or of the temperature. In cases of the opium habit, it has proved a valuable remedy to secure quiet and sleep, and allay nervous irritation, until the system has rallied from the depressing influence of the former drug. In insanity it is particularly useful to quiet restlessness and muscular activity. The strength of the patient is thus preserved, and time is gained for building up the general health by tonics and nutritious diet.

The *ill effects* of chloral observed were—"In some instances it has induced nausea and vomiting. Unless largely diluted it produces a burning sensation in the fauces and stomach. In many cases its influence is very rapid, the person falling asleep at once, which sometimes gives alarm to those unused to it." To these, from experience in this country, might be added—death from the administration of doses not approaching the magnitude of some given by Dr. Andrews; he notices a number of these and asks, "What medicine can be named which has been used so extensively, which allows of such variable limits in dose, and which has passed into common use, even in the hands of nostrum vendors, and against which so small a list of casualties can be adduced?"

In Dr. Landor's paper on "Insanity in Relation to Law," we have a full review of the vexed questions, so much discussed at present, connected with the evidence of medical experts called in cases of insanity. It is really to be hoped that some better understanding will at last be come to by the medical and legal authorities: one only requires to look over the cases given by Dr. Landor to see the enormous evils which have their origin in the peculiar views entertained by the legal mind on all matters connected with insanity. Accepting Dr. Combe's as the happiest definition of insanity yet propounded, the writer proceeds:—"If the principle on which this definition is founded is the right one, and that it is essential to institute a thorough examination of the individual's past and present condition before determining his state of mind, then the definition and proceedings of lawyers are in complete antagonism to this and to truth. There can be no antagonism between principles more complete. Medicine declares that insanity is a physical and corporeal disease; Law that it is not. Medicine says that imbecility and insanity are different conditions; Law that they are identical. Medicine asserts that a theoretical study of mental diseases

and defects is necessary to a proper understanding of such diseases and defects; Law denies this, and says that insanity is a fact to be determined by any dozen of ordinary men in consultation on the case selected at random from any class of the population. Medicine says that a man may be insane and irresponsible, and yet know right from wrong; Law says that a knowledge of right and wrong is the test both of soundness of mind and of responsibility to the law. Medicine says restrain and cure the insane and imbecile sufferer. The object of the action of the law is punishment, and if its severity is mitigated, it is not by the law, but by the suspension of the law, by authority above the law. The Law is thus entirely antagonistic to Medicine on all those questions of mental science which involve the freedom and well-being of the imbecile and the insane, and which often determine whether they shall be put to an ignominious death or not, whether they shall be deprived of their property or suffered to retain it. This antagonism is, therefore, a most serious matter to the insane, their friends and families, not less serious to Judges and Legislators, and of the deepest interest to both medical and legal professions. For with such opinions inculcated by the law, existing ignorances are more deeply rooted in the public mind, so that the difficulty in treating the insane by medical men, and in giving testimony in Courts, is greatly increased; especially when great Judges remark (influenced, no doubt, by the degrading exhibition of opposing bitterness of medical men in Courts), 'that the introduction of medical opinions and theories on this subject has proceeded from the vicious principle of considering insanity a disease, whereas it is a fact to be ascertained by evidence, in like manner as any other fact, and no more is necessary than to try the question by proof of the habits, the demeanour, conversation and acts of the alleged lunatic.'

It must be very gratifying to Dr. G. Fielding Blandford that his recent work on "Insanity and its Treatment" has been as cordially welcomed in America as it has been in this country. It is reviewed at length in the "Journal of Insanity" for July, 1871; and the following favourable opinion is expressed thereon:—"Notwithstanding the modesty of the claims set up by our author in his preface, we doubt if any treatise which has appeared of late will be found more satisfactory, even to the professed alienist, than Dr. Blandford's book; and we are quite certain that none can be more highly commended as a text book to the student of psychology, or those outside the medical profession, to whom a knowledge of the subjects discussed is sometimes necessary."

Anyone interested in the subject of diabolic possession may read Dr. Joseph Workman's paper on "Demonomania and Witchcraft:" he will there find a few of the leading facts connected with the history of witchcraft in this country and on the Continent. This paper is followed by one by Dr. Hun, in which is given the history of a case of labio-glosso-laryngeal paralysis. A careful microscopical examination

of brain and spinal cord was made, and the results so detailed are exceedingly interesting.

The June meeting (1871) of the Association of Medical Superintendents appears, from the report of the proceedings, to have been one of great interest. In the discussion which followed the reading of Dr. Landor's paper, the subject of recovered criminal lunatics cropped up. Dr. Workman and Dr. Kirkbride expressed very decided opinions on the undesirability of releasing recovered patients who, during attacks of insanity, have committed homicide. The latter gentleman remarked:—"I have always believed that, except under very extraordinary circumstances, a person who has taken life in a state of insanity and been acquitted on that ground, ought not to be released. The exceptional cases are just what Dr. Workman has mentioned (homicide during acute mania). It does often seem hard for the particular individual; but it would be still worse to have others, who had committed no crime, exposed to a similar occurrence. Let every such case be treated with the utmost gentleness and consideration; but let those who have committed no offence be properly protected. In Pennsylvania, only a few years since, it was not uncommon to have a man acquitted on charges like these, on the ground of insanity, and to see him in the streets in a few days without there having been any pretence of his having been subjected to treatment, or, indeed, of being restrained of his liberty. The present law, based on the recommendations of this Association, is a wonderful improvement, and the scenes we used to witness, and which rendered many of these judicial proceedings little more than a farce, can hardly, hereafter, be possible."

The attention of the Association was then occupied with Dr. Ray's paper on the "Evidence of Experts;" and a paper by Dr. Wilbur on the "Moral Causes of Insanity," opposing the opinions of Dr. Gray as expressed in his paper on the "Dependence of Insanity on Physical Causes," and which has already been noticed in this summary, led to a partial rediscussion of some points in mental physiology. On the subject of Statistical Tables, the general opinion appeared to be that it was possible to attach too much importance to statistics, which were, especially in medical matters, an imperfect and often misleading method by which to attempt to express the results of clinical and pathological experience. It was, however, resolved to recommend the adoption of the twenty tables as drawn up by the Committee on Statistical Tables; the value of uniformity in such matters being very properly recognised. The last matter of importance brought before the Association was the Proper Provision for the Insane. The old topics of asylum construction and management; the boarding-out system; the treatment of recent cases in private houses, &c., were turned over; but it would be useless to attempt to give a condensed account of this discussion, beyond saying that it appeared much easier for the speakers to point out faults and difficulties in existing systems, than to suggest improvements thereon.

II. *The Journal of Psychological Medicine*, Vol. iv. July to October, 1870.; and Vol. v. January to October, 1871.

A Medico-Legal Study in the Case of Daniel McFarland.

The facts of this interesting case of homicidal impulse as given by Dr. Hammond, are these :—On the 25th of November, 1869, at about five o'clock in the afternoon, the accused was standing at the end of a counter in the office of the "Tribune," in this city. A few minutes previously he had been writing at a desk. While standing, as above stated, Albert D. Richardson entered the office, crossed it, and went to a desk at the end of the counter near where the accused stood. The counter was between the parties. The accused, distant about four feet, drew a pistol and fired at Richardson, wounding him in the abdomen. Death ensued on 2nd of December. Immediately after the shooting, the accused left the office without molestation, and proceeding to the Westmoreland Hotel, at the corner of Fourth Avenue and Seventeenth street, registered his name in full, and had a room assigned to him. A few hours afterwards he was arrested. It is in the evidence, that the accused, who was a married man, was devotedly and passionately attached to his family; that he had intercepted a letter from the deceased to his wife, which was calculated from its sentiments to arouse the most powerful emotions in the human mind; that his wife had left him, taking with her both the children; that he had instituted legal proceedings to obtain the possession of his offspring; that he was opposed by his wife and the deceased, the latter supplying the funds for the resistance of the father's efforts; that these troubles partially unsettled his reason, so that several persons who knew him, and were thrown into contact with him, remarked that he was incoherent, rambling, excited, and the thought of his domestic difficulties was almost continually present, as shown by his conversation and actions; that he was unable to sleep; that he wandered through the streets at night in all kinds of weather, talking of his troubles to policemen and others; that he could not, by reason of his mental condition, perform properly the duties of the office he held under the Government of the United States; that various powerful medicines, such as morphia, Indian hemp, hyoscyamus, and bromide of potassium had been prescribed for him in large doses by his medical attendants; that for several days previous to the homicide he had taken large quantities of morphia; that during this period, and even before, his pulse was never below 104 per minute, and was frequently much more rapid; that his face was flushed, that there was involuntary twitching of the facial muscles; that his eyes were suffused and his pupils contracted; that he had flashes of light and dark specks before his eyes; that he suffered from vertigo; that his head was painful and hot; that he had frequent outbursts of excitement; that he had hallucinations and delusions; that he had doubts as to his identity; that he had threatened to commit suicide; that his memory was impaired; that while in this con-

dition he had heard that a divorce had been granted to his wife in the State of Indiana, on *ex-parte* statements; that the symptoms of mental disorder then became greatly aggravated; and that on the afternoon of the homicide he was met in the street by a friend who remarked his wild expression, and who was convinced that he was not in his right mind. It is also in evidence that a first-cousin of the accused died insane." In this case the jury returned a verdict of not guilty; and Dr. Hammond congratulates himself that in this instance the ends of justice were promoted by the evidence of the medical experts called in the defence. Anyone interested in the subject of homicidal impulse is referred to Dr. Hammond's interesting remarks thereon.

Observations on the Physiological and Therapeutical Effects of Galvanization of the Sympathetic Nerve.

Without attempting to condense the account of the experiments performed on the ganglia of the cervical sympathetic, we must content ourselves by giving the results attained by Drs. Rockwell and Beard. These gentlemen found the physiological effects to be:—

1. A slight feeling of drowsiness; but this was by no means always observed. In order to determine the effect of galvanization of the cervical sympathetic on the cerebral circulation, ophthalmoscopic examinations were made just before, during, and about five minutes succeeding the applications; and it was observed that the arteries of the retina increased in size and became more numerous during the passing of the current. In about five minutes after the applications had ceased, a marked decrease was observed in the size and number of the arteries; but further observations are necessary.
2. Decided vertigo, together with a feeling of warmth throughout the system.
3. A very marked effect upon the pulse. On this subject they believe their results may be arranged as follows:—"First, when the pulse was in a normal condition for the age and temperament, the effect of the application was less marked than when it was either above or below the natural beat. Secondly, when it was below the normal, it was usually raised a number of beats. Thirdly, when it was above the normal standard it was usually reduced, and the extent of this reduction was, as a rule, in proportion to the height of the acceleration." The pulse also became changed in its character.
4. Slight dilatation and contraction of the pupil.

Drs. Rockwell and Beard consider the following to be the indications for such treatment:—

1. Cases in which the sympathetic is itself diseased.
2. Cases in which the sympathetic is in a condition of abnormal irritability, as in hysteria, locomotor ataxy, muscular atrophy, &c.
3. Cerebral hyperæmia, which is associated with a large number of diseases.
4. Disorders of the vaso-motor nerves.
5. Functional diseases of the digestive and genital apparatus.

Notes on Ecstasy and other Dramatic Disorders of the Nervous System.

Dr. Clymer indicates the scope of his paper by saying:—"My attention having been called to the subject by reading the recently published account of the 'Ecstatic of Bois d'Haine,' I shall in this paper give a short account of this extraordinary and well-attested case, adding to it several other authentic instances of a like state, analyse their characteristic phenomena, show the kinship or connection between them and other emotional disorders, and endeavour to ascertain the conditions of the nervous system under which they happen. The subject is one of large extent, but it is not my purpose at this time to do more than study some of its chief points." It is impossible to consider minutely at present this exceedingly interesting paper, but we must be content to give an abstract of the case already referred to—the "Ecstatic of Bois d'Haine." The patient, Louise Lateau, was born in the department of Hainault, in Belgium, on January 30, 1850. She is the youngest of three children, all daughters; her family history is good, her parents having been free from any nervous or hæmorrhagic disorder. At eighteen years of age, the patient is described "as slightly below the middle height, of a not very stout frame, full face, with some colour, a delicate clear skin, light hair, soft, clear blue eyes, small mouth, very white and well-formed teeth, and a pleasant intelligent countenance. Her health is good, and she is free from any scrofulous or other diathetic taint." Her health began to give way in the beginning of 1867, and she became chlorotic. After an attack of quinsy in September, she became very anæmic, and subject to frequent attacks of neuralgia, chiefly of the scalp. Between March 29th and April 15th, she had several blood-spittings, but the source of the hæmorrhage is not stated; she was reduced to a state of great exhaustion through injudicious treatment, but again rapidly recovered. On the 19th April, the catamenia appeared; since then that function has been quite natural. Mentally the patient is described as of good understanding, unemotional and unimaginative, blessed with common sense, artless, straightforward, without enthusiasm, and very reserved. At home she suffered patiently from the unreasonable temper of her mother; unusually devout from childhood, "her piety was always of a practical kind, free from affectation or display; her religious life, like her domestic, being simple, earnest, and direct."

"On Friday, April 24, 1868, Louise Lateau first noticed blood on the left side of her chest, immediately below the mamma. She said nothing about it to anyone. The following Friday, she again remarked it on the same spot, and also on the top of the left foot. She now told her confessor, who reassured her, and directed her not to speak of the circumstance. Early on the morning of the third Friday, May 8th, blood began to ooze from the left side and both feet, and towards nine o'clock, flowed freely from the palms and backs of

the hands. Finally, on the 28th September, the forehead became also bedewed with blood." The bleedings have recurred regularly up to April 15th, 1870, the date of the last report. "On the 17th of July, 1868, she fell into the first fit of confirmed ecstasy, and regularly every Friday afterwards, at about the same hour, the fit has occurred, with unerring regularity, happening soon after the several bleedings have appeared, and while the subject is engaged in meditation and prayer; though they have come on while she was in the midst of conversation upon indifferent matters, or occasionally while at work. On Friday mornings the state of her hands rendering her ordinary duties impossible, Louise is accustomed to pass the time in prayer. Sitting quietly in a chair, the bleeding hands covered with cloths, her eyes suddenly become fixed and turned upwards. This marks the invasion. 'It is half-past four in the morning,' writes the reporter; 'we have been talking on common topics, about her health, education, occupations; to all my questions her answers have been simple, precise, and laconic; her appearance is natural and tranquil, the colour of the face good, the skin cool, and the pulse-rate 72. After a while, I notice that she answers more slowly, and finally not at all. She has become perfectly immovable, with her eyes wide open, but fixed and turned upwards, and a little towards the right. The ecstatic state has begun.' On one occasion (August 13, 1869), in the presence of Mgr. d'Herbomez, the Roman Catholic Bishop of British Columbia, while at work on her sewing-machine, with evidently much suffering and effort, the blood oozing from the stigmata on her hands, feet, and forehead, and trickling down her temples, cheeks, and neck, covering the machine, it suddenly stopped, for she had passed into the fit. This kind of onset has happened several times.

"Once established, the course of the attack is described as follows: The girl is sitting in a chair, the body slightly bent forward and perfectly immovable, the hands resting on the knees, the eyeballs as described, and the expression of the face that of rapt attention, she seeming lost in the contemplation of some object in the distance. Her physiognomy during the seizure frequently changes; sometimes the features become quite relaxed, the eyes are moist, the mouth half open and smiling; again, the lids will droop, and partly veil the globes, the face contracts, and tears run down the cheeks; at times she grows pale, and there is a look of terror, accompanied by starts and suppressed cries. The trunk sometimes semi-rotates on its axis, and the eyes accompany the movement, as if following some passing object. She rises from her chair, moves forward several steps, standing on tiptoe, the hands raised, and either clasped or open, like those of the Orantes of the Catacombs; the lips move, the breathing is short, the features are animated and full of emotion, and a face, which ordinarily is quite commonplace, becomes really beautiful.

"At half-past one in the afternoon she falls on her knees, the hands joined, and the body bent very much forward. The expression of the

countenance is now that of the profoundest contemplation. In this position she remains about half an hour, and then resumes her seat. Towards two o'clock she begins to lean slightly forward again, and immediately rises, at first slowly, then more quickly, and finally, as if by some sudden movement of projection, she falls to the ground. In this position, lying on her chest, the right arm is under the head, the eyes are shut, the mouth half open, and the lower limbs completely extended. At three o'clock she makes a sudden movement; the arms are thrown out at right angles with the body, the feet are brought together and crossed, the sole of the left foot lying on the back of the right. This posture is maintained until five o'clock, when she starts up on her knees with a bound, and assumes the attitude of one in prayer. After a few minutes of total absorption, she sits down in her chair and remains for a while perfectly still. Between six and seven, the arms fall and hang heavily by the side of the body, the head drops on the chest, the eyes are closed, the nose becomes pinched, and the face gets very pale, the hands are icy, and a cold sweat breaks out over the whole body; the pulse is imperceptible, and there is rattling in the throat. This state lasts for some fifteen minutes, when the pulse returns, the body-heat rises, colour comes into the cheeks, but there is still a peculiar indefinable expression of the face. In a little time the eyes open, one object after another is looked at and recognized, the features relax, and the ecstasy spell is over." Such are the leading features of this interesting case; it is, however, impossible to enter into further detail, but all interested in that wonderful class of patients, the "Stigmatisés," are referred to Dr. Clymer's paper.

Undeterred by the failure of all who have previously attempted to give a definition of insanity, Dr. Lee gives the following, and considers it sufficiently accurate for all practical purposes:—"Insanity is a chronic disease of the brain, producing either derangement of the intellectual faculties, or a prolonged change of the feelings, affections, and habits, or both—its form depending on constitution, temperament, and various accidental circumstances—but, in all cases, perverting or destroying the freedom of the will." Dr. Lee proceeds to consider the mental condition of Carlton Gates, an interesting case in a medico-legal point of view. He reproduces from Edmonds ("Select Cases," vol. i., p. 85), the following definition of a *sane man*. He is one—

1. Whose senses bear truthful evidence.
2. Whose understanding is capable of receiving that evidence.
3. Whose reason can draw proper conclusions from the truthful evidence thus received.
4. Who can guide the thought thus obtained.
5. Whose moral sense can tell the right and wrong growing out of that thought.
6. And whose act can, at his own pleasure, be in conformity with the action of all these qualities. If we are to believe that "all these

unite to constitute *sanity*; that the absence of any one of them makes insanity," we can scarcely avoid the conclusion that we are all more or less insane—a most impotent conclusion, and one which would justly give the enemy cause to blaspheme.

The papers in the January number of "The Journal of Psychological Medicine," scarcely call for special notice at present. Professor Hammond's Clinical Lectures included the following subjects:—

Lecture I.—Partial Cerebral Anæmia, the Result of Thrombosis and Embolism. Lecture II.—Alternate or Cross Hemiplegia. Case in which there was probable Extravasation into the Pons Varolii. Lecture III.—Congestion of the Spinal Cord. Chronic Inflammation of the Spinal Cord. Reflex Paralysis. Lecture IV.—Lead-paralysis. Chorea.

Dr. Day's "Letters" contain, in a pleasant form, an account of recent contributions to Mental Science and Anthropology; and as he principally deals with these subjects as they have occupied attention in Great Britain, it is really unnecessary to direct further notice to them; indeed, several of the papers to which he refers have already appeared in the pages of this journal.

Passing over the paper by the Hon. R. C. Hutchings, concerning a will made by a general paralytic, and disputed by his widow, we may glance at a communication on "The Medical Relations of Insanity," by Dr. Tourtellot. After noticing such subjects as clinical instruction in lunacy, the vague and inaccurate ideas which prevail in the popular mind concerning insanity, he exercises himself concerning a definition of this disease. Dr. Tourtellot's remarks concerning the medical treatment of those suffering from mental diseases will probably surprise many in this country. "But the errors in the therapeutics of our asylums, reflecting the errors of doctrine which I have described, are also of serious importance. The notion that insanity is bodily disease would seem to have led to the practical rule that all the insane need medical treatment. How far this unnecessary inference from a doctrine which is itself a fallacy has been carried, may be gathered from the various asylum reports.

"In treating of medication in the Massachusetts' asylums," the Board of Charities of that State speak of "the guilt of wasting human treasure and poisoning human blood by the use of noxious drugs," as, in the case of the helpless insane, chargeable wholly upon those who prescribe them. This is extravagant language, for, as compared with some others, these asylums are quite moderate in their use of medicines. In the report of an asylum in a neighbouring State, I find its doctrine, that "insanity is one of the most curable of nervous diseases," illustrated, on another page, by the fact that the value of medicines given to an average of less than 650 patients in one year was 6,000 dollars. Yet it is true, as stated by the Massachusetts' Board, that "the most enlightened physicians had nearly abandoned the use of drugs in the treatment of the insane." Maudsley barely alludes to

the medical treatment of mental disorders, in his work ; and Griesinger warns his readers, repeatedly, against what he terms "vulgar therapeutic illusions." The latter scouts, especially, the experiments with phosphorus and other agents to "vivify" the brain, and declares that "alcoholics are to be wholly condemned in the treatment of the insane. We can hardly suppose that experiments with chloral and the bromides upon this class, to the extent now practised, would have met his approval." With these views many in this country cannot agree ; indeed, they are contrary to the whole spirit of modern enquiry ; but it is probable that some of Dr. Tourtellot's remarks concerning the proper class of cases for asylum treatment will gain more general approval. In answer to the question, "What is a medical diagnosis of insanity ?" the writer contends that only mental phenomena should be taken into consideration. As this subject is really of much importance, the following extract may be of interest :—"But a large class of medical writers hold that physical symptoms have an important place in the diagnosis of insanity. The celebrated Dr. Falret even declares that 'a mental disease is denoted by physical symptoms, by manifold psychical symptoms, and by a definite order in their succession.' Now, this is not only contrary to settled medical principles, but it is plainly calculated to render a medical diagnosis more difficult. If we are often at a loss how to classify a case when our categories are made up of mental symptoms alone, it must be nearly impossible to do so when they consist of a double series of symptoms, bodily and mental, and a special history. It is admitted, indeed, by Dr. Falret, that such categories are yet far from being established to meet all cases. He only hopes that this may be done in some not distant future. Meanwhile, as to those cases which cannot be placed in categories now formed, a diagnosis cannot be made. Generally, however, these writers do not seek to form a legitimate medical diagnosis. They are content to speak of both bodily and mental symptoms as affording proofs of insanity, which is for them a condition of irresponsibility due to disease. I have before said that Dr. Ray, perhaps the most widely-known American authority, speaks of these symptoms together as facts of nature, and compares conclusions drawn from them to those from sensible facts. It should be noted, however, that in his philosophy the mental and the physical belong to the same order of phenomena. Dr. Nichols, of Washington, also a well-known expert, rests his medico-legal diagnosis upon both physical and mental symptoms, considered as distinct categories. Of the former class he designated, in the case of Mary Harris, emaciation, frequent pulse, and insensibility to cold. Another distinguished expert in this country has lately given to physical signs the highest importance in his diagnosis. I refer to Dr. Hammond, of New York, by whom the *æsthesiometer*, the *dynamograph*, and the *sphygmograph*, were used to test the insanity of McFarland. I could name many other authorities, who, however else they may differ, agree in making their diagnosis one of irresponsibility rather than of disease,

while yet founding it, in great part, upon the bodily symptoms. The first effect of this incongruous scheme is to lead the witness out of his proper sphere of medicine, and place him in opposition to legal doctrines. And here he is unable to explain the first step of the process by which a series of symptoms, mental or bodily, or both, is made to prove a loss of moral freedom. The attempt to do this has never failed, I believe, to illustrate a very common fallacy in reasoning; however disguised, the argument finally resolves itself into this: *Insanity is a disease. Insanity is also irresponsibility. Therefore, disease is irresponsibility.* It is, in fact, this convenient use of the word *disease*, which has tempted medical experts to base their diagnosis of insanity in part upon bodily symptoms. That, like insanity, it is a term representing neither a real existence nor a definite idea, and that, meaning only a bodily disorder, a sense both technically and practically false has been forced upon it, I have already shown. Let me conclude, then, by inquiring what are the nature and true value of expert testimony where it assumes to decide the question of responsibility."

The Medico-Legal Value of Confession as an Evidence of Guilt.

Professor Hammond very justly condemns the very common opinion that the confession of an individual accused of an offence is the very best evidence which can be adduced of guilt, and maintains that confession, unsupported by collateral evidence, is very unreliable testimony. He specially refers to the very extraordinary case of Constance Kent, who accused herself of having murdered her brother nearly five years after the child had been found dead under very peculiar and mysterious circumstances. Without entering into the question of the guilt or innocence of this young woman, Professor Hammond considers her criminality not satisfactorily established by her confession. The following is a very good instance of self-accusation, the individual being apparently overcome with a morbid desire for notoriety:—"A few months ago I [Dr. Hammond] was requested by Colonel Whitely, the chief detective officer of the Government, to visit in the Tombs prison a man who had confessed himself to be a member of a gang of counterfeiters. This individual had written a letter to the Secretary of the Treasury, in which he detailed, in the most consistent and minute manner, the organisation of the band, and as members of which he gave the names of the most eminent and respectable citizens of the United States, of both political parties; his statements were believed, and Colonel Whitely was directed to investigate the whole affair with the utmost secrecy and completeness. Colonel Whitely, with the perspicuity for which he is noted, soon had his suspicions excited that the man's story was a fabrication. Nevertheless the evidence the fellow had sent to Washington, was so far credited, that it was under consideration whether or not the alleged members of the band, embracing governors of States, senators, representatives, high officers of the army, and others, should be arrested. At this juncture Colonel Whitely

requested me to examine the man. I found him perfectly coherent, but wavering and contradictory in his statements. Examination of the skull showed that he had received a wound from a musket-ball, and this, with the facts that he did not sleep, that he had cerebral congestion, and was evidently labouring under a delusion, convinced me that he was a fitter subject for a lunatic asylum on Blackwell's Island than for a prison, and I accordingly had him sent there. In this case a desire for notoriety and the self-inflation resulting from the association of his name with others of exalted station had been the primary force of his action, and had eventually rendered him insane."

In a paper read before the New York Medico-Legal Society, Dr. O'Dea reviews "The Sphere, Rights, and Obligations of Medical Experts," and it may be truly said that, did medical witnesses consider the excellent advice therein contained, we should be frequently saved the painful spectacle of members of the profession making fools of themselves in courts of law. He insists on the necessity of approaching any medico-legal case with minds free from prejudice, and of observing and examining the facts in their true light. That he may be able to do so the witness is advised to follow the rules taught by Descartes; these are the following:—

1. "Never to accept anything for true which you do not already know to be such; that is to say, carefully avoid precipitancy and prejudice, and comprise nothing more in your judgment than what is presented to your mind so clearly and distinctly as to exclude all ground of doubt.

2. "Divide each of the difficulties under examination into as many parts as possible, and as might be necessary for its adequate solution.

3. "Conduct your thoughts in such order that, by commencing with objects the simplest and easiest to know, you may ascend by little and little, and, as it were, step by step, to the knowledge of the more complex; assigning in thought a certain order even to those objects which, in their own nature, do not stand in a relation of antecedent and sequence."

Professor Hammond's Clinical Lecture (V.) on Aphasia has called forth a paper from Prof. Dickson, Jefferson Medical College, in which he combats the following propositions of the former gentleman:—(1) that there exists a special faculty of speech or language; (2) that it has a special part of the brain appropriated to it as its organ; and (3) that the location of this organ has been discovered and so clearly made out that we may look upon it as one of the established facts of physiology that the seat of the intellectual power of "expressing ideas by language" resides in "the posterior part of the third convolution of the anterior lobe of the left side . . . in the immediate vicinity of the fissure of Sylvius, in that region nourished by the middle cerebral artery." Dr. Hammond's sixth lecture is devoted to the consideration of facial paralysis; and lecture vii. treats of Glosso-laryngeal Paralysis.