

hyperæsthetical sensations.—That the bromide of potassium does possess anodyne properties Dr. C. Browne feels assured, though its exercise of them has, in his experience, been arbitrary and uncertain.

5. *It promotes sleep.*—This action of the drug seems to have been discovered by Dr. Brown-Séguard. It has been announced by Dr. Garrod, and further set forth by Mr. Henry Behrend; and the statements of these gentlemen has been amply verified by Dr. C. Browne's experience.

6. *It exercises a sedative influence over the sexual functions.*—The lowering action of the bromide of potassium upon the sexual functions has been a matter of observation for some time. Many years ago, a German physician intimated that he had known it to produce temporary impotence. Sir Charles Locock found it useful in epilepsy connected with sexual excitement, and many physicians have found it serviceable in the treatment of nymphomania, and have thus satisfied themselves of its anaphrodisiac action.

7. *It exercises a beneficial influence over certain mental diseases.*—Without minutely considering here the uses of the bromide of potassium in the treatment of insanity, it may be mentioned that Dr. C. Browne has seen it of signal service in orectic and thymic derangements. He believes he has seen it moderate excessive manifestations of the instincts and appetites, and afford assistance in subjugating degraded and vicious impulses and propensities. He has certainly seen it efficacious in alleviating melancholia, simple, suicidal, akinetic, hypochondriacal, sexual, emotional, &c. It is in these forms of insanity enumerated that he anticipates that it will be of most utility.

1. *The Personal Responsibility of the Insane.* By JAMES F. DUNCAN, M.D., T.C.D. Dublin, 1865, pp. 98.
2. *On the Definition of Insanity considered Medico-legally.* By JAMES RORIE, M.D. Edin.
(‘Edinburgh Medical Journal,’ July, 1865.)
3. *Acquitted on the Ground of Insanity, from a “Mad Doctor’s” point of View.*
(‘The Cornhill Magazine,’ October, 1865.)

DR. DUNCAN states his well-written publication to be intended rather as a popular essay than a regular scientific treatise. “The subject (he writes) is one of great and admitted difficulty, more especially when it comes to be a matter of practical application, and although the writer, in common with others who have traversed the same path, may have failed to make that simple which is essentially

obscure, yet he thinks something will have been gained if he has succeeded in making the public acquainted with the true difficulties of the question, and in indicating the course which alone can lead to their solution. Hitherto it has been treated very much in a one-sided aspect, and the views presented to the public have been, consequently, partial and imperfect. The moralist, the jurist, and the psychologist have each looked at it exclusively from their own peculiar stand-point, a course of proceeding which has given rise to controversies and contradictions."

The conclusions which Dr. Duncan draws from a careful consideration of the entire subject are briefly summarised in the following propositions:

"I. Persons labouring under ordinary mania, where there is incoherence, excitement, and the general symptoms of complete mental estrangement, are thereby rendered entirely irresponsible for whatever criminal actions they may commit in that state.

"II. Persons labouring under the various forms of partial insanity are irresponsible for the criminal actions they may commit, which are plainly traceable to that condition, even though such actions may not admit of justification, on the hypothesis of the causes which provoked them being real instead of imaginary.

"III. Where criminal acts are committed by persons partially insane, although no connection may be traceable between those actions and their insanity, their condition must be looked upon as a ground of mitigation of punishment, and treated accordingly.

"IV. Where persons convicted of crimes are exculpated, either wholly or partially, on the ground of insanity, their condition requires them to be transmitted to a proper hospital or asylum for their immediate medical treatment.

"V. That, subject to proper precautions, as soon as such patients are restored to health, reason and humanity require that they should be set at liberty, unless there should appear to be special risk of a relapse.

"VI. That where unoffending persons have suffered personal injury from the violence of insane persons, reasonable compensation should be made to them out of the lunatic's estate.

"VII. That coroners' juries should not be expected or required to append to their finding in cases of suicide the usual formula, 'when labouring under temporary insanity,' unless some urgent necessity arise to require the person's state of mind to be carefully investigated, and the fact of such condition existing has been clearly established.

"VIII. That unless in clear cases of positive mental derangement some modified form of the obsolete mode of unchristian sepulchre should be maintained as a means of checking the too prevalent tendency to suicide."

DR. BORIE, in his paper in the "Edinburgh Medical Journal" views the question of the criminal responsibility of the insane, both in its legal and medical relations. His remarks on the relative legal relations of the insane before the English and Scotch law respectively are of interest, and worthy of quotation here :

"If we turn now to the laws of Scotland we shall find that by them criminal irresponsibility is to a great extent based on similar principles; but in the Scotch law there do not appear to exist those minute definitions which we have seen exist in the laws of England. Thus, Alison, in his 'Principles of the Criminal Law of Scotland,' states that 'if insanity be of that complete and perfect kind which entirely overpowers the reason and takes away from the pannel the power of distinguishing right from wrong, or knowing what he is doing, it forms a complete bar to any criminal prosecution.' But he adds, 'several nice and delicate questions arise as to the degree of insanity which in law have this effect.'

"To amount to a complete bar to punishment, the insanity, either at the time of committing the crime or of the trial, must have been of such a kind as entirely deprived him of the use of reason, as applied to the act in question, and the knowledge that he was doing wrong in committing it;' and he adds, 'if the pannel, though somewhat deranged, is yet able to distinguish right from wrong in his own case, and to know he was doing wrong in the act which he committed, he is liable to the full punishment of his criminal acts.'

"But it is also stated that, 'if it appear from the evidence that the pannel, though partially deranged, was not so much so as to relieve him entirely from punishment, the proper course is to find him guilty; but on account of the period of infirmity of mind which he could not control, to recommend him to the royal mercy.' *

"In the case, however, of the trial of Alexander Milne,† in Edinburgh, for the murder of James Paterson, in February, 1863, where the plea of insanity was found not proven, and which has always appeared to me a singular miscarriage of justice, evidence is afforded that the strict view given above has, to a certain, though small, extent, been relaxed, for the Lord Justice-Clerk, in charging the jury, stated that 'the doctrine of criminal responsibility is exceedingly simple. If a person knows what he is doing—that is, if he knows the act he is committing—if he knows the true nature and quality of the act, and if he apprehends also its effects, he is responsible; but if he is in such a state that he does not know the act or its true nature and quality, or the effects which may follow from it, he is not responsible, provided he is in that condition

* 'Alison's Principles of the Criminal Law of Scotland,' 1832.

† This case was fully reported by Dr. Yellowlees in the 'Journal of Mental Science' for April, 1863.

through mental disease. If,' continued his lordship, 'you are quite satisfied that the prisoner was under insane delusion at the time of the act, you need not inquire whether he knew right and wrong. If the delusion be once established, the law will presume from that, that he did not know right from wrong. But you must be quite satisfied that he was under an insane delusion. It is not sufficient to say that a man is in an anomalous state, from whatever cause—in a state that makes the bad part of his nature get the better of him—a state, so to speak, of moral depravity. Weakness of mind, combined with moral depravity, does not make a man insane. There is no greater mistake. But if the mind is diseased, the man is insane; and if the mind is diseased, it is no matter what has caused it, if so be that the insanity is actually produced and present at the time.*

"From evidence admitted in a still more recent case, it would appear that further relaxation of the strictness of the Scotch law may be hoped for, and in a direction of the utmost consequence to a class now almost unquestionably recognised by the medical profession as insane, but for whom no legal protection at present exists, namely, impulsive and moral lunatics. I here refer to the admission, with the concurrence of the Court, of evidence regarding the mental state of the prisoner's maternal relatives as bearing on the question of the prisoner's sanity, in the case of J. S. Love, tried before Lord Ardmillan on 22nd September, 1864. Although in this case there was an extraordinary difference of medical opinion, which led to the medical evidence being virtually thrown aside altogether, there was no want of direct evidence to show that at the time of the deed the prisoner was so insane as to render him irresponsible; but the indirect, though strong, collateral evidence was also admitted, that his mother had been insane, and in an asylum, and that her brother had four idiot children. Now, the universal admission of such evidence would be of the greatest assistance in proving that moral and impulsive lunatics should be regarded legally as irresponsible, as the very essence of moral insanity appears to me to consist in the fact that their inability to act in accordance with the laws of their country is, in reality, a mental defect acquired by hereditary transmission."

The writer in the 'Cornhill'—said to be Dr. Blandford—has produced an article which cannot fail, through the large circulation of the 'Cornhill,' to exercise an influence for good on the public judgment in cases of lunacy. In treating of the several forms of insanity, of which homicide is the chief or a frequent symptom, the writer divides his subject into—

* 'Edinburgh Medical Journal,' March, 1863.

“ I.—Cases in which there is an ascertainable loss or aberration of intellect.

“ II.—Cases in which the intellect is apparently unaffected.”

Of the latter section he has the following sound observations :

“ In the second division are to be placed several classes of homicidal insanity, in which no intellectual deficiency or aberration is discoverable, and these are the great difficulties for the bench, the bar, and the jury. These are the cases which have caused the greatest outcry, where it has been said that mad doctors have set up what they have termed *moral* or *impulsive insanity* as a mere excuse, and where the whole trial has been looked upon as a farce. The phrase *moral insanity* in no way conveys a true or adequate idea of these mental states. In the majority of them there is a disease of some nerve-centre, recognisable by those who study such diseases, though they will hardly convince a jury of it. Many of them are analogous to certain bodily diseases, also connected with nerve-centres.

“ 1. First, we may mention one where the bodily and mental disease seem as it were to meet, where not infrequently the one takes the place of the other. This is epileptic insanity. Cases are on record of furious homicidal attacks, which followed close upon an attack of epilepsy. Others are related where the epilepsy ceased, and in place of it a disturbance of mental cerebral action arose, so that instead of an epileptic fit a sudden fit of homicidal insanity manifested itself. These are cases where, by cerebral disorder, phenomena are produced which are closely allied to the convulsive action of epilepsy, and during which volition, and the consciousness of right and wrong, and of the character of the act, are for the time suspended.

“ 2. Take another class of cases somewhat akin to the foregoing. Often in women, and occasionally in men, we meet with a short transient attack of violent mania, which has been called *hysterical* or *transitory* mania. If, as not infrequently happens, a person commits homicide in one of these short paroxysmal attacks, few would be able a week afterwards to find enough insanity in him, from mere personal examination, to deliver him from responsibility when tried before a jury. When the paroxysm has passed off, such persons are often unaware of what has happened. On the other hand, they sometimes feel its approach, and beg to be restrained ; nay, will even tie themselves, that they may commit no violence.

“ 3. We find a number of people whose whole insanity is a homicidal impulse ; who feel it, not occasionally, but constantly ; and who will put it in practice whenever opportunity offers. It is a chronic desire to kill. Many thought Macnaughten ought to have been hanged, because he showed purpose and design ; but these men will lay their plans for weeks and months. Witness the man who

hid his knife under the floor, as related in the *Times'* article on the Broadmoor Asylum. Most asylum officers can point to cases of this sort; to patients who show no other insanity, but are known to have made homicidal attack after attack, and who have probably inherited the disease. In fact, this last class is generally hereditary.

"4. Arising also from hereditary taint, homicidal insanity sometimes shows itself in quite young children—children of seven and eight years of age. These paroxysmal attacks of violence are valuable lessons in mental disease. They ought to teach us much which will assist us in the appreciation of disordered brain action as we find it in adults. They ought to teach us, and teach juries, that we must look to facts, and not to our own fancied and subjective consciousness of right and wrong.*

"These, then, are the conditions of a crime on which evidence has to be given before a jury. Was the prisoner's *volition*, his power of abstaining from the act, in a sound or a diseased state when he committed it? Secondly, had he at the same time an adequate knowledge of the character of his act? Did he, in plain words, know what he was about? On these, which are both questions of mental science, evidence must be given which will enable the jury to form an opinion on the responsibility of the accused, which is the issue for them."

Idiot Asylums; the 'Edinburgh Review,' July, 1865.—This article, on *Idiot Asylums*, in the 'Edinburgh,' is of interest, as showing that the public are beginning to take up the question, already so admirably and successfully solved by Dr. Langdon Downe at the Idiot Asylum at Redhill,† of the educational treatment of the idiot. In our review of the last Report of the Commissioners in Lunacy ('Journal of Mental Science,' October, 1865, p. 577) we quoted a passage showing the importance the Commissioners attach to the provision of suitable asylums for the treatment of the idiot paupers who now are either retained in the

* See an article by Dr. Maudsley on "Homicidal Insanity," in No. 47 of the 'Journal of Mental Science,' October, 1863.

† *Without a careful personal inspection of the Asylum at Earlswood, it would be difficult for any one who knew the idiot children only as they are in the wards of the County Lunatic Asylums to realise what the system of educational treatment, there so skilfully elaborated by Dr. Langdon Downe, can accomplish. Nothing can be more painful than the sight of these unfortunate children, listless and unoccupied, in the wards of a lunatic asylum; nothing, I think, can afford more gratification to any one interested in the advancement of civilisation than a visit to the idiot children at Earlswood. There is no similar institution—similar, I mean, in its successful treatment of the idiot—in any part of the continent of Europe. When the movement now begun by the Commissioners in Lunacy to provide proper treatment for the idiot paupers throughout England comes to be carried out, Dr. Downe's work at Earlswood will assuredly be the standard for us to copy from.—C. L. R.*

union houses or, if found very troublesome or dirty, are sent to encumber the wards of the County Lunatic Asylum.

The writer of this article in the 'Edinburgh,' in giving an historical introduction to his subject, falls into the error of accepting the stories of the late Dr. Guggenbühl's successes and work at the Abendberg. As a matter of fact, his undertaking was a miserable failure, not to say imposture.*

In this article in the 'Edinburgh,' which is of considerable general interest, the whole subject of the treatment of idiocy is passed in review. Our limits compel us to omit several passages we had marked for quotation. The whole article is deserving of perusal.

* See 'Journal of Mental Science,' April, 1864. "Stray Notes on Foreign Asylums," by Dr. W. C. Mackintosh.