PART III.—QUARTERLY REPORT ON THE PROGRESS OF PSYCHOLOGICAL MEDICINE.

I.—*Foreign Psychological Literature.*

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American Journal of Insanity.—Since the last notice of this excellent Journal in January, 1865, five additional quarterly numbers have been received continuing the work until October, 1865. The original articles are on—'Acute Delirium in 1845 and 1860;' 'Legislation on Lunacy,' by Dr. J. Pargot; 'Case of Pellagra of the Insane,' by Dr. John P. Gray; 'Cordelia,' by Dr. A. O. Kellogg; 'German Psychiatrie,' by Dr. W. Griesinger; 'Homicide, Plea Insanity,' by Dr. John P. Gray; 'The Imagination in the Production of Disease,' by Dr. E. Bouchut; 'The Social Relations of the Insane in Civil and Criminal Cases,' by Dr. J. Parigot; and on the 'Psychological Analysis of Courage,' by M. A. Castle. The new volume (commencing July), volume xxii, contains articles on—'Feigned Insanity, Motives, Special Tests,' by Dr. W. S. Chipley; 'The Case of Bernard Cangley,' by Dr. Ray; 'Nineteenth Annual Meeting of the Association of Medical Superintendents of American Institutions for the Insane;' 'Memoranda on Anæsthetics,' by Dr. Chipley; and on 'The Physiology of the Brain and Nervous System,' by Dr. Brown-Sequard. To the contents of the July number of volume xxii is to be added that for the October number (1865), including 'Tests of Insanity,' by Dr. J. E. Tyler; 'Pathological-Anatomical Manifestations of Insanity,' translated by Dr. Workman; and the 'Willard Asylum and Provision for the Insane.'

Besides the foregoing original articles and translations from foreign authors, there are the usual Bibliographical notices and a summary, made up of notes from various works and periodicals on subjects cognate to the purposes of this Journal of Insanity.

The paper on 'Acute Delirium' consists of a review of the opinions held on that subject by MM. Brierre de Boismont and Calmeil. The object of its writer is to show that acute delirium is a distinct affection, though one generally confounded with meningitis or phrenitis on the one side and with mania on the other. M. de Boismont regarded it as a simple neurosis

or functional disorder; whereas, Calmeil asserts it to be an acute periencephalitis, in harmony with his views respecting the nature of mental disorders in general as dependent upon inflammatory lesions of the encephalon.

However, it seems to us that in the periencephalitis of Calmeil are included many phases of mental derangement besides the one designated under the name of "acute delirium" by Dr. de Boismont, and differing widely from it, as, for instance, the acute maniacal stage of general paralysis.

In "acute delirium," the countenance indicates the high mental disturbance, which is further displayed in the rush of incoherent thoughts and words, the noisy and violent character of the excitement, the exaggeration of muscular activity, the destructiveness, and in the frequent violent opposition to taking food, but more especially drink. A remarkable peculiarity is the tendency to temporary remissions of its violence. These lucid intervals are sometimes of considerable duration, lasting several hours.

The disease presents two well-defined stages or periods—one of excitement, the other of collapse. The former varies greatly in duration; sometimes continuing to the last hours of existence, at others ceasing almost at the onset. Usually, however, it declines, and is gradually replaced by the stage of collapse. This last, again, is sometimes very brief, appearing only in the last moments of life; at other times it lasts a considerable time. Muscular spasm, local or general, is not uncommon. The refusal of liquids, so common in acute delirium, seems to depend upon spasms of the œsophagus. Paralysis is a very rare symptom. Disordered sensibility is shown in excited action and in the hallucinations and illusions; but it is seen to diminish as the disorder advances, and finally to disappear without being followed by the oppression and stupor observed in the last stages of meningitis.

Repugnance to liquids occurs in almost all cases. The pulse is frequent, and either full or soft in the first stage, whilst it is weak and grows thready in the second. The skin is generally hot, dry, and harsh at first, but finally a cold sweat bedews it. Emaciation proceeds rapidly; the secretions are unhealthy, and an abundant tenacious mucus collects about the fauces; the breath is very offensive, and the tongue inclines to dryness and to be coated with sordes. Sleep is absent, or replaced by a sort of stupor or lethargy; when calm sleep returns for some hours, it may be regarded as an indication of recovery.

That acute delirium is not identical with, or a form of insanity, is shown by the suddenness of the attack, the general aspect of the case, and character of the symptoms. The simple form generally terminates favorably after a few days or hours

existence. But it may be complicated with an inflammatory condition of the brain or with mania, and then its diagnosis is difficult. Its most fatal form is that of hydrophobic insanity, or phrenetic hydrophobic delirium. In nine cases of this form, seven proved fatal.

Patients whose attack is owing to the striking in of an exanthem or of rheumatism, or to derangement of the digestive or biliary functions commonly recover. A fatal sign noticed in the hydrophobic delirium is a purulent discharge appearing in the angles of the eyes.

Abercrombie has given an excellent sketch of acute delirium (at least of a principal variety), under the heading of "A dangerous Modification of the Disease (*i.e.* meningitis), which shows only Increased Vascularity," in his well-known book on 'Diseases of the Brain,' at p. 64 (2nd ed. 8vo); in which he refers to it "as apt to be mistaken for mania, or, in females, for a modification of hysteria," and therefore to have its dangerous character overlooked.

Other writers have called attention to the temporary acute delirium consequent upon previous severe bodily disease, and apparently referrible to exhaustion as a cause; and it is a still debateable question how far the acute delirium seen in rheumatic fever, particularly when the rheumatic affection of the joints recedes, is assignable to meningeal inflammation or to the action of the rheumatic poison on the cerebral matter, or to induced anæmia. Then, again, we are familiar with acute delirium seen now and then in pleurisy, in pericarditis and pneumonia, in erysipelas and fevers, and as a consequence of surgical operations, of deprivation of stimulants, or, indeed, of necessary food and drink.

A review of delirium in relation to its etiology shows, indeed, an immense diversity in kind; but we are much in the dark as to the actual condition of the brain associated therewith; and in numerous cases it becomes hard, or impossible, to draw the line between acute delirium and mania on the one hand, and between it and meningitis on the other. Some writers have described a form of mania under the name of "mania transitoria," which appears identical with the typical form of acute delirium; whilst the hydrophobic variety has, doubtless, largely figured in essays on hydrophobia as exemplifying this malady.

Legislation on Lunacy is the subject of two papers by Dr. Parigot. He expresses himself dissatisfied in several particulars with Dr. Ray's report and scheme of legislation, an abstract of which appeared in our notice of American psychological literature in the number of this Journal for January, 1865; but he

does not discuss the question of legislative interference in a concise, practical form, but in a diffuse general manner from which little or nothing can be culled of interest to our readers. Doubtless, however, the papers will possess a higher interest for readers in the United States, where the lunacy laws are more imperfect and vary much in different States, and the interests of the insane are far from being so well protected as they are in Great Britain.

Case of Pellagra of the Insane.—Dr. John P. Gray recounts the history of a case he presumes to have been one of pellagra; but, in our opinion, this identification of its nature is doubtful. The history is that of a man thirty-one years of age, who, after some ill-defined bodily ailments, following upon an attack of rheumatic fever, falls into a state of "melancholia," haunted by fears of persecution and various suspicions leading him to wander about; and on one occasion to hide in a wood for ten days. It was after this occurrence, and when the prolonged want of food had produced very much exhaustion and emaciation that he was taken to the asylum. On admission his bowels were costive, but soon after diarrhœa set in, and simultaneously with this event a scaly eruption, "analogous to ichthyosis," was discovered extending over the hands, fore-arms, and the feet and legs. By and by, the extremities began to swell, the skin "became of a dark purple colour, glistening in appearance and parchment-like in feeling. In other places vesicles formed, which, when opened, exuded a yellowish-white serum." At the same time, the face began to swell and deepened in hue; the conjunctivæ were suffused, and intense pain affected the back of the head, attributed by the patient to enemies driving red-hot nails into his head. Following this swelling, squamæ, in successive crops, formed on the face and spread also more largely over the extremities, accompanied by intense itching and burning, and by stiffening of the joints, due probably to swelling and infiltration of the skin and areolar tissue. He was treated with Fowler's solution, and gradually improved; the squamæ falling away, but leaving still the skin of the hands and feet of a dark purple colour. From a foot-note we learn that the improvement has not continued, but that after the lapse of nearly a year squamæ have reappeared on the extremities, with emaciation and the hypochondriacal state become aggravated.

From what we have seen of pellagra in Italy, and from the descriptions of the disease given by authors, we are indisposed to regard the foregoing case as a genuine instance of the malady. However, it doubtless resembled pellagra in the main features of its etiology, by being the consequence of insufficient

and improper nourishment, and of undue exposure to the weather. A cachectic state, followed by skin-eruption, was the result; and this superadded to the mental disturbance, which had for a long time continued prior to the cutaneous affection. Experience has shown ofttimes on an extensive scale, the production of scaly and other eruptions on the skin in company with preformed cachexia, and even mental disturbance, as the result of improper food; but these maladies so engendered, though etiologically allied to pellagra, could not be referred to as examples of that disease. For instance, Rayer has pointed out the relation between pellagra and the morbid consequences of eating spurred rye, and between that disease and the epidemic prevailing in Paris in 1828, and then described as acrodynia.

The Social Relations of the Insane in Civil and Criminal cases, is the subject of a well-written essay by Dr. Parigot, which presents especial points of interest in the notices he gives of the practice and rules of the courts of law on the Continent, touching the relations of the insane in question. We append some important extracts, and extract the propositions he advances.

"French juries have, besides their power as judges of facts, that of mitigating the punishment by adding to their verdict, 'that there exists in the case extenuating circumstances.' It happens often that such declaration implies a contradiction with their verdict. The term 'dementia,' in French legislation, means insanity in general, and the only point is, whether the perpetrator was insane or not at the moment of the deed. Nevertheless, the law punishes a crime perpetrated during a lucid interval, or during the intermittence of attacks of mental derangement."

"The general principle of the French code of laws concerning crime is, that where there is no intention of doing harm there is no criminality."

"In Belgium, France, and the Rhenish provinces, which have the same code of laws, the question whether an accused is insane or not, must be submitted to experts. Sufficient time is allowed for that purpose, and the person to be examined is ordinarily sent to an asylum where experts have their residence. This procedure is much preferable to our mode of taking the opinion of physicians (some having no experience in psychopathy) in the court, and without a written report made by them on the special case. . . . The courts of appeal of Belgium, acting in these cases as our American grand juries do, nominate the experts, and order the examination to take place in one of the asylums. The report being made by the experts, and approved by the court, the accused is either committed for trial

before a court of assize, or sent to an asylum, to be kept until cured. In case of recovery the court pronounces that he may be set at liberty. When the suspected accused, who pleads insanity, is sent before the court of assize and a jury, the president of the court has power to put to the jury the question whether the accused was insane or not at the time he committed the crime. If the president of the court does not put the sanity in doubt, it has often been seen that the jury acquitted, because the verdict of 'guilty' implies sanity, and that 'not guilty' declares the accused irresponsible. . . . . A person under twenty-one years of age is an infant, and at the time of his coming of age he may be interdicted, if his reason has not been developed, or if, after possessing his faculties, he should have lost them. Any weak-minded person may be subjected by the court to a judiciary counsel over him, in order to give him assistance in all the public acts of civil life. The French law goes still farther, and enacts, 'that a person of age who is in an habitual state of imbecility, dementia, or furor, must be interdicted, even when that mental state presents lucid intervals.' The word *habitual* means here that the person must be ordinarily in a state permitting no control of actions. Of course, errors or physiological delusions, bad morals, or disorderly conduct, are no sufficient cause for interdiction, since in these cases the conscience is the supreme judge of the sane individual. Therefore, in case of interdiction, the mental affection must be well characterised by experts. Article 488 of the Code refuses all civil rights to the interdicted. . . . The French civil code recognises that mental incapacity may also annul certain acts . . . to make a donation or to execute a will, there must be a sane mind. . . . To cancel or annul the validity of such acts demonstrative proofs of insanity must be given by the plaintiff. Partial insanity, if such a thing could exist, would not be sufficient to make a will void, if the act itself was proof of the sanity of the testator when he made it."

In Prussia, the following principles obtain. Juries alone decide questions of moral responsibility, and a person not being in possession of the faculty of acting freely is not amenable to the law. Those who are completely deprived of the use of their reason are in law termed furious, or demented; and those who have lost the faculty of reflecting on the consequences of their actions are called imbeciles. To prove a suspected person furious, demented, or imbecile, a medical investigation must be carried out in the presence of a judge; and thus the joint action of a jurist and physician is secured in arriving at a decision affecting the liberty and civil rights of an individual. Examinations for the purpose of interdicting, or for relieving a patient

from interdiction, must take place in the presence of a judge in court, and of a guardian and the family. "In criminal courts judges are ordered by law to study the mental dispositions of the accused, and if they find indications of insanity or mental weakness, they must conduct the examination with the assistance of experts." If in the course of proceedings to interdict a patient a disagreement arise between the family and the guardian, the unanimity of the experts carries the decision. If the two experts disagree, the judge calls in a third. "At last, their written opinion, with its motives, founded on science, may be sent for ulterior adjudication to a superior court."

Dr. Parigot gives credit to Prussian law and to its administration for the weight attached to the scientific evidence of competent medical men; and contrasts this deference to medical opinion in Prussia with what too often happens in French as well as in English law courts, where such opinion is contemptuously treated. At the same time, he considers that medical men have in a great measure to thank themselves for this state of things, by reason of their ill-judged meddling in pure legal questions. Moreover, the due appreciation of medical opinion in Prussia follows from the pains taken in forming it. Physicians specially versed in insanity are bound to make a conscientious study of the cases submitted to them. They must visit repeatedly the accused parties, have conferences with the members of their families, and with their usual medical attendants; and from the knowledge thus obtained, present a provisional opinion, accompanied by a detailed written report of the whole investigation, recording conversations held, &c.

Before presenting the summary of principles for lunacy regulation Dr. Parigot has a thrust at Dr. Bucknill's arguments and conclusion in the case of the murderer Buranelli, to which we would call the attention of this latter physician. The propositions put forward by Dr. Parigot are as follows:

"1. A case of insanity must be considered under three different points of view, to bear on all its social relations—

"*a. Medically*, implying the possibility of a medical diagnostic by physical and mental symptoms.

"*b. Legally*, as presenting the question of responsibility, mental capacity, and its civil and criminal consequences, which question belongs exclusively to judges and juries.

"*c. Administratively*, as whether or not the insane person must be isolated, his property taken from him; or that he be placed under guardianship, as an infant.

"2. The liberty of a person being insane, or suspected of it, can only be broken upon or infringed under the following circumstances—

"*a.* When there is actual furor, or raving insanity.

"*b.* On the warrant of a judge or court, with the sworn affidavits of two physicians. This document, to be legally valuable, should contain both the mental and corporeal symptoms of the patient. These affidavits must not have more than ten days of date before the isolation.

"3. No private isolation of insane patients can be permitted, even in their own house or that of their families, without the license of judges or courts of the district. Sufficient security for the moral and and material benefit of the isolated persons must be afforded.

"4. During the first five days of the isolation of insane patients, either in their own house or in a public or private asylum, an official statement, signed by the physician, will be made each day, and sent to the clerk of the court of the district or county.

"5. In each case of insanity, its history, symptoms, diagnosis, and treatment shall be reported in a special case-book, and signed by the physician.

"6. In cases of recovery from insanity or imbecility it is the duty of the physician to record it instantly in the case-book, and give notice of it to the court or judge who gave the warrant, and to the family of the patient.

"7. If the patient is only convalescent, the medical officer may send him home for trial, and trust him, under certain conditions, determined in a written document, to the care of his friends.

"8. All public or private asylums, or any physician keeping even one insane boarder in his family, must be legally authorised to receive such patient or patients as boarder or boarders.

"9. All public or private asylums, or physicians keeping even one insane boarder are placed under the immediate inspection and supervision of Commissioners in Lunacy. The insane kept by their family must be submitted to the same rule.

"10. All insane poor to be attended to at the expense of the State.

"11. For each insane person in good circumstances the surrogate shall order and direct that his estate or property, or the proceeds thereof, be employed for the welfare and recovery of the patient.

"12. No letters or written documents emanating from isolated patients and directed to public authorities shall be stopped.

"13. A law will determine the functions of the Board of Lunacy as a judiciary court."

For the most part these propositions are clearly based upon the enactments for regulating asplums and protecting the insane in force at the present time in this country. Where they depart from this basis—in some instances at least—they are question-

able improvements, and would be of difficult application in practice. The jurisdiction of the Lunacy Board proposed appears very limited; most of its functions being assigned to the officials of common law courts, who could, in fact, not be charged with their performance.

Feigned Insanity—Motives—Special Tests—is the subject of a dissertation by Dr. Chipley, read, in the first instance, before the Association of Medical Superintendents of American Institutions for the Insane, in 1865. He first reviews the various motives which have led persons to feign insanity, illustrating his sketch by notices of historic characters, and of cases recorded by various writers. In speaking of the plea of insanity in criminal cases he expresses his opinion that too much stress has been laid on the discovery that motives for simulation existed; and he fears "that judgment has been rendered in some cases with little other data to justify it."

"It has been held that in cases of insanity suspected to be feigned a development of the probable motives of the offender is the first consideration, and where these appear strongly to favour such an attempt they must have considerable weight, and *vice versâ*. This principle has been laid down broadly by recognised authority, but I do not think it is correct. The discovery of the existence of motives which may be supposed sufficient to induce an attempt at simulation should have no other influence than to authorise suspicion, inciting to a close scrutiny and a more thorough, cautious, and energetic investigation into all the antecedents and present condition of the suspected person. Surely the existence of such motives should have no weight of itself in determining whether the insanity be real or feigned. Instead of being the first consideration it ought to be the last, and should have no weight whatever until the dissembler has been exposed and his deceit unveiled by other means. When a great crime has been committed, it would be far more humane, and quite as consonant with justice and reason to infer the existence of insanity than to deduce from the magnitude of the offence and the strength of motive simulation on the part of the accused. The inference of guilt from such premises has laid the foundation for horrible cruelties, practised on real as well as pretended maniacs."

Further on, Dr. Chipley writes:

"In every case of alleged insanity, whether there be motives for feigning or not, it is a sound principle to assume that the individual is of sound mind until the contrary is proved. Sanity is the normal state of man, and insanity the exception, and the latter cannot be allowed to exist without satisfactory evidence."

The rough and ready tests of insanity resorted to in a past generation are rightly rejected by Dr. Chipley, and a thorough examination of each individual case of presumed madness advocated as the only legitimate means of diagnosis.

The object of his paper "is to inculcate that diagnosis as applied to insanity is a science founded on knowledge and observation, and not a mere art; that in making a diagnosis we have no rules particularly applicable to cases suspected of feigning; that in no case are we authorised to resort to unusual or cruel appliances; and that potent remedies which may cure are not reliable tests of the mental condition of the subject."

The Case of Bernard Cangley; by Dr. J. Ray.—This was a case of murder perpetrated in the North of Ireland in January, 1864. Cangley, the murderer, was found guilty and executed. Dr. Ray, in strong language, says that this case "adds another to the long list on record which have disgraced the administration of the criminal law in the British dominions. This is strong language, certainly; but what can deserve it more than that spirit which systematically repels the light of science and allows an issue of life or death to be determined by a metaphysical dogma," such as "that delusion is not a valid defence for a criminal act, unless the act is amply warranted by the circumstances, supposing the notion that prompted it to have been really true, instead of a delusion."

These and other very decided criticisms follow upon the conviction arrived at by Dr. Ray, that Cangley was insane at the time of committing the murder. To arrive at this conviction he examines the circumstances of the case as recorded in the 'Belfast Journal' of March 4th, 1864, and given in evidence by the wife of Reilly the murdered man. These circumstances in brief are, that Cangley had been in the service of Reilly, a small farmer and pretty well off, some ten years previously, and had whilst so lost a hand by the bite of an ass belonging to the latter. After an absence of ten years from the district in which Reilly resided, Cangley suddenly appears at the house of the latter, and recals himself to Reilly's mind, by remarking, "Do you not know Cangley, that the ass took the hand off?" He is welcomed to the cottage, hospitably entertained, and lodged for the night in company with a servant lad of Reilly's. Some time after one in the morning Reilly and his wife were aroused by a noise of some one overhead moving about; the wife called to the boy, supposing it was he, when Cangley answered, "It is not James, Mrs. Reilly, it is me." From the voice, the wife thought Cangley was standing at the room door, which was not locked, and proceeded to ask why he could not sleep. He said

he saw flashes of fire through the window. There was no window in the loft (where he was lodged). Any person in the loft could see the kitchen window. Any person in bed could see the light on the floor, but not the window. Reilly said it was the moonlight, and got up with only his night-shirt on, and went out of the door to go into the kitchen, and presently, in about a minute, the wife heard him shout, "I am murdered." Thereupon she went out and saw Cangley standing beside her husband, who was at the back of the kitchen door, standing. On her appearing Cangley stabbed her several times with a knife, and then went out of the house, shutting the door after him, and proceeded to the nearest police station and gave himself up, saying he had stabbed Reilly with a clasp-knife, which he had thrown into a bog. After the murderer went out, Reilly went towards the bedroom door, but almost directly fell to the ground, the blood spurting out from his wound with a noise, and died at three o'clock.

"It was stated, that shortly before the homicide, Cangley had been in prison, but for what cause, or how long was not stated. When asked by the Court why sentence of death should not be pronounced upon him, he replied, that "He was unconscious of the act."

"The counsel for the Crown, in referring to the motives for the act, suggested that he might have been actuated by a feeling of revenge on account of the mutilation he had suffered while in Reilly's service, or that his intention was to get possession of Reilly's money. It was not pretended, however, that either of these suggestions was supported by one tittle of evidence. The counsel for the prisoner rested his defence on the plea of insanity. No medical expert testified; but the surgeon who was called to the Reilly's was asked some questions respecting insanity. The Court laid down the rule of law according to one of the oldest patterns, viz.: If the prisoner did not understand the nature of the act, or, if he understood it, did not know it was wrong, then he is not responsible for the act. The verdict of guilty was approved by the Court, who seemed to have been much scandalised by the pretence of insanity."

In Dr. Ray's opinion all this was very monstrous and wrong.

"The act in question (writes Dr. Ray) was prompted, of course, either by some rational motive of interest or passion, or by an insane impulse; and although we are obliged to found our conclusions upon a very meagre account of the case, yet we can scarcely doubt their correctness."

"The counsel for the Crown did not pretend to assign a motive for the act, for he was well aware that the circumstances attending it absolutely forbid it. Whoever heard of a man

arising in the night for the purpose of robbing or murdering his host, and walking so heavily as to wake him up, and calmly speaking to him as he approached the door? It is impossible to believe that any one in his senses would proceed to execute such a purpose in such a manner; and the absurdity of the notion is heightened by the fact that the person, after accomplishing his end, straightway goes to the police and tells them what he has done. The annals of crime, we venture to say, furnish no parallel to such a case. If his purpose were to kill, he scarcely accomplishes it; and if it were to rob, he leaves the house without even making the first attempt."

"The only other theory on which the prisoner's conduct can be explained is that of insanity. The indications of this disease, it must be admitted, were few and indecisive, but this is just what might be expected in the form of mental disease supposed to have existed here. It must have been a paroxysm of transitory mania, suddenly beginning and as suddenly ending, after the briefest possible duration. The grounds on which we must rest our belief that Cangley's was a case of transitory mania, apart from the absence of all rational motive, are his own declarations that, at the moment, he saw flashes of fire, and that he was unconscious of the act. This statement about the flashes of fire does not look like one made up for the occasion. Such a notion would not be likely to occur to a person of his grade of culture, and the perception which it implied has been often noticed in abnormal movements of the cerebral system. The simulation of such a trait implies more knowledge of disease, and a nicer art than can be fairly attributed to the prisoner. Indeed there was no need of simulation, at that moment, certainly. He had only to get down quietly into the room of his hosts, and either rob them, or inflict the fatal wound while they were yet sleeping, and hurry away before being recognised."

"It cannot be, as he declared at the trial, that he was 'unconscious' of what he was doing, using the term in its ordinary signification, because after the homicide he told the police precisely what he had done. He probably meant to say what multitudes of the insane have said before, under similar circumstances, that he did not know why he should have done such a thing."

"There can scarcely be a reasonable doubt that Cangley committed the act in a short and sudden paroxysm of mania, and under an impulse that he could neither understand nor restrain. . . . . The occurrrence of the homicide shortly after going to bed, and, probably, going to sleep, would naturally raise a suspicion that Cangley was in a state of somnolentia, or

sleep-drunkenness, as the Germans call it, when the person suddenly awakes while dreaming of being assaulted or threatened in some frightful manner, some minutes elapsing before he fully comes to himself. In this state of mental confusion and alarm he mistakes the first person who comes within reach for his imaginary foe, and attacks him with whatever weapon comes to hand." This, however, Dr. Ray only puts forward as a rather probable occurrence in Cangley's case, but he is conscious of the absence of all testimony from the culprit or others in favour of it.

At the same time he is much scandalised at the absence of an expert at the trial to testify to the prisoner's mental condition, and to enlighten the court and jury respecting the nature of transitory mania, and contrasts this neglect with the extraordinary measures resorted to in the investigation of Townley's case. The inference drawn reflects very harshly upon the administrators of the law in England, viz.: "The difference between these two cases was, that one had friends able and willing to obtain for him every possible privilege, while the latter had none. Had Cangley been subjected to the same sort of inquisition as Townley was, who can suppose his fate would not have been averted? . . . . The law says that when insanity is pleaded in defence of crime it must be proved; but it ignores the fact that the party, if really insane, is necessarily incompetent to prove it, and, if poor and friendless, is unable to procure the assistance of others to the fullest extent. Are we not warranted by the united voices of humanity and science in claiming as a right, not as a favour to be purchased by wealth or influence, that when reasonable doubts are raised respecting the sanity of the prisoner in a criminal suit, the law shall provide for a satisfactory inquisition into his mental condition?"

This critical review of the above case of murder was read at the meeting of the superintendents of American asylums last year, and gave rise to considerable discussion. This discussion would however not be so palatable to Dr. Ray, since many members dissented from the views he so dogmatically and somewhat petulantly propounded, and dreaded to popularise the hypothesis of sudden impulse as an apology for criminal acts committed by persons never known to have been insane.

The result of our examination of the circumstances of the case as above detailed, and of Dr. Ray's remarks thereupon, is, that the insanity of the murderer is by no means clear; and that Dr. Ray's discussion of facts is marred by special pleading, or a determination to represent the case as one of transitory mania.

The Report of the Nineteenth Annual Meeting of the Associ-

ation of Medical Superintendents of American Institutions for the Insane offers few particulars demanding notice in this place. Eighteen members were present, and the meetings were presided over by Dr. Kirkbride, Dr. Curwen acting as Secretary. Dr. Storer attended "*as a delegate*," duly accredited, from the American Medical Association. The principle of co-operating with other societies having cognate objects, exemplified in this admission of a delegate, seems to us worthy of imitation in our own Association. The meetings extended over three days, and were agreeably diversified by a splendid evening entertainment given on the second day at the Dixmont Hospital for the Insane, in Pittsburg, Pennsylvania. The reading of Dr. Ray's paper, analysed above, called forth from the members, besides criticisms on its opinions, the narration of several cases of apparent impulsive insanity. Dr. Chipley's paper "On Feigned Insanity" was followed immediately by an essay demonstrating "what insanity is," by Dr. Tyler, and then the two communications were discussed simultaneously, and illustrated by the detail of various curious examples of simulated insanity.

A report was read from the Committee on Heat and Ventilation, reiterating the propositions previously adopted by the Association at their session in Philadelphia. Two of them are specially enforced as expressive of the unanimous opinion of members, viz., "All hospitals should be warmed by passing an abundance of pure fresh air from the external atmosphere over pipes or plates containing steam under low pressure or hot water, the temperature of which at the boiler does not exceed 312° Fahr., and placed in the basement or cellar of the building to be heated.

"A complete system of forced ventilation, in connection with heating, is indispensable to give purity to the air of an hospital for the insane; and no expense that is required to effect this object can be deemed either misplaced or injudicious.

"The Committee also referred to their conviction of the great value of the fan as the most efficient means of providing ventilation, and their opinion that its use should be as regular during the night as in the day-time."

The cost of fuel in American asylums constitutes a very serious item in their expenditure, owing to its comparatively high price and the severity of the winter in most of the States. In Dr. Chipley's asylum, in Kentucky, built for 220 patients, but crammed with 250, coal for the last few years had cost 6000 dollars instead of 3000, as formerly. At the Central Ohio Asylum, under the superintendence of Dr. Peck, about 30,000 bushels of coal are consumed in the course of a year.

Relatively to the employment of steam pipes for warming

buildings, Dr. Douglas, of the Quebec Asylum, threw out a useful caution against the danger of fire incurred by them when placed contiguously to wood-work. Steam, he stated, at 15 lbs. pressure, would be sufficient to set up combustion.

Dr. Kellogg, of the New York State Asylum, at Utica, read a paper on "Moral Imbecility, or Perversity, as exhibited by a class of Patients found in Lunatic Asylums;" Dr. Chipley, one on "The application of Anæsthetics in the treatment of Insanity;" both of which were discussed during the afternoon sitting of the first day.

At the Thursday meeting Dr. Curwen questioned the members as to the treatment they adopted in epilepsy, and from the replies educed it distinctly appears that bromide of potassium, in doses of from five to fifteen grains or upwards, is the medicine most trusted and found most useful. Dr. Tyler assigned a high importance to regulating the diet and regimen in the case of epileptics not insane. "He enjoined a regular time to get up in the morning, a regular time of going to school, a regular time for meals, a regular time for going to bed; in fact, a regular time for everything. The diet he recommended was boiled milk, Hecker's farina, and bread, except rye or Indian brown bread. Under this treatment he had been very successful." Dr. Butler had faith in the use of stramonium.

"Dr. Butler introduced the subject of 'the condition of the indigent and incurable insane' in a brief address, which gave rise to the most spirited debate of the session." It would appear that the wants of incurables have hitherto not been attended to as they ought. In Connecticut there are 500 cases which ought to be under hospital treatment. The question raised is, "What shall we do with them?" The Legislature entertained a proposition for a farm where incurable patients could be suitably cared for, and at the same time perform some labour which would partially meet the expense of their support.

Dr. Butler expressed his belief that "there was not an institution in the land in which incurables did not embarrass the care of the curables." Dr. Hills reported that, "In Ohio they had increased their asylums to four, but there was an increase of the insane. Not more than one half of the insane are cared for in these institutions; the rest were in the workhouses and gaols, and in the hands of friends, their cases being inadequately provided for."

In the course of the discussion a conviction was expressed by the majority by far, that the separation of the incurable from the curable in distinct asylums is undesirable, and would in no great measure relieve the general cost of maintenance. "By pursuing such a course the standard was lowered, and the

respect of the community was reduced in relation to the proper treatment of the insane." "The discussion was brought to a close by Dr. Butler moving the following resolution—That a committee of three be appointed to take into consideration the condition of the chronic and supposed incurable insane, and the best possible arrangement for their custody and treatment, and to report at the next meeting of the Association."

Dr. Gundry had been in the habit of treating, with much advantage, cases of recurring mania with doses of from fifteen to forty drops of the tincture of digitalis. He had used the same medicine in acute mania, but not with the like persuasion of its utility.

Two important resolutions were arrived at by the meeting. "That each member of this Association be earnestly requested to thoroughly consider the subject of the legal relations of the insane, and of a general law for the insane in all the States; to procure such legal counsel in the matter as may be possible for each, and to bring a written statement of his views to the next meeting of the Association, such consideration to be based upon the project of the law now before the Association." (See 'Journal of Mental Science,' January, 1865.)

"That this subject be assigned as the special business of the next meeting of the Association, and that each member be notified to this effect by the Secretary."

Dr. Chipley's paper "On Anæsthetics," read at the meeting, is printed in the July number (1865) of 'The American Journal of Insanity.' He gives in it a sketch of the history of the employment of ether and chloroform in lunacy. In 1847 the vapour of ether was given to sixteen patients at the New York State Asylum. "This was, perhaps, among the earliest trials of anæsthetics in the treatment of insanity. It was given to none highly excited or maniacal. Some were not affected, others appeared to be temporarily benefited, and still others were inspired with new delusions." For several years after this date the use of anæsthetics had made little way in asylums. In 1854 Dr. Ray read a paper on the subject, but it was not till 1858, when Dr. Tyler reintroduced the subject to the members of the Association, that evidence was furnished that the employment of these agents had been at all largely tried. In the course of the discussion in this latter year (1858) it was asserted that there was no case on record of death from the inhalation of sulphuric ether. Dr. Chipley has put this assertion to the test by a careful examination of more than one hundred volumes of the principal medical journals of the United States. The result is, that he has "not found a single fatal case recorded as having

occurred in America from the inhalation of sulphuric ether, while a most melancholy array of deaths from chloroform was constantly intruding upon my notice.

"I did not look into any foreign journals, because I was seeking only to ascertain the results of American experience. I am aware that Professor Simpson alleges that fatality has attended the inhalation of ether; and that Dr. Kidd, in reply to a circular of the 'Boston Society for Medical Improvement,' gives the particulars of thirty-six cases of death from the inhalation of the same anæsthetic. I cannot account for this difference in the experience of Europe and America. It cannot be because ether is little used in this country. At one time it was resorted to exclusively; and some of the large hospitals, as the New York Hospital, have exhibited no other anæsthetic for many years. Chloroform has been excluded from this institution for nearly twenty years, and it is exclusively used in Philadelphia by only one gentleman of eminence.

"Other objections are urged against the use of the vapour of chloroform. Cases of permanent and serious impairment of the mind from a single exhibition of this article are reported. Six cases of insanity, which had continued from one to six years at the time of the report, are recorded in the 'New York Medical Journal.' Dr. Bell mentioned in 1853 one case, and Dr. Kirkbride two cases, of mental disorder after chloroform inhalation. One of Dr. Kirkbride's cases, indeed, was attributed to ether; if this be so, it is the only one on record."

Dr. Chipley notices the various agents proposed in lieu of chloroform, and their failure; and he alludes to a case of death from inhaling of one drachm of a mixture of ether and chloroform, consisting of one part of the latter and four of the former anæsthetic washed. He concludes his paper by propounding the questions—"What is the result of the last seven years' observation, since the subject was last discussed in the Association, as to the permanent benefit of anæsthetics by inhalation in the treatment of insanity?" and "Are not anæsthetics falling into disuse in the treatment of mental diseases?"

Tests of Insanity is the title of a short paper read by Dr. Tyler before the Association. He adopts Dr. Combe's definition of insanity as the best, viz., that "Insanity is a prolonged departure, without an adequate external cause, from the modes of thinking and the state of feeling usual to the individual in health."

The first indication of mental disorder remarked on by Dr. Tyler is the concentration of the mind on *self*, but it is one that has been generally noticed by those concerned with the treat-

ment of the insane, and cannot, we presume, be the test of insanity the writer does not remember to have seen distinctly pointed out. However, Dr. Tyler deserves credit for having given to it greater distinctness; although, at the same time, considered as a *test* of insanity, its application would in practice be very limited, as unluckily inherent, overcoming selfishness in purpose, in action, and thought, is a malady not peculiar to the insane.

In the case of the insane, Dr. Tyler says—"His *relations* to everything and every person are more or less changed by the different estimation in which he has unconsciously grown to hold himself. Upon any subject within the circle of his disease facts and external circumstances have little or no influence with him. His convictions come from his own personal laboratory. They are original. Sometimes they are strictly intellectual results; often they grow from a morbid emotion. But they are coined by *him*, and not received from another. And they are ultimate authority to him. . . . 'I know it is so,' and this is more to him than all the facts and logic of the universe." He is never led to distrust or to examine his convictions when they are called in question or even scouted as absurd.

To trace this feature of insanity, this assumed infallibility of opinion and egotism, one step nearer "its cause or mental antecedent, we come to this fact, that the insane mind comes to its conclusions by *intuition*—by the intuition of disease, of course, still by intuition. A healthy mind by the senses gathers facts, compares them, reasons upon them, and comes to an opinion. An insane mind inwardly begets a conviction with which it starts, and then gathers facts to support that conviction, if it is of importance to gather them at all. This is the quality of the insane mind which I have thought to be, oftener, perhaps, than any other, constant and distinctive, and therefore symptomatic and useful in diagnosis—this infallible knowing by intuition, or by the instance of mere feeling.

"Another general sign of mental disorder which has been too little estimated, and often estimated wrongly, is the inconsistency of the insane. . . . Is not one of the notable and distinctive characteristics of insanity its inconsistency with itself? And yet it is a popular notion that a monomaniac only *starts* wrong, and that his conduct and conversation are consistent with his wrong starting (according to the dictum of Locke, that madmen argue rightly from wrong premises). Indeed, it is a maxim of English law, that a man acting under an insane delusion acts consistently therewith, *i. e.* acts as a sane man would were the delusion a truth." But observation perpetually shows that the actions, the conduct, and conversation of lunatics, if in ac-

cordance with their delusions in some matters, are in most others inconsistent and incongruous.

"Lastly, there is another general sign of insanity . . . which is not, I believe, studied enough, nor often enough used by us as a practical *test* of disease . . . what I mean is found in the changed and peculiar expression of the countenance, of the eye, of the manner, movements, attitudes, &c." From the study of these matters the expert acquires a facility in recognising insanity by its general physiognomy, which the inexperienced cannot possess, and which, indeed, cannot be transferred to them by another.

Pathologico-anatomical Manifestations of Insanity.—This is a translation by Dr. Workman, of Toronto Asylum, of a chapter of the work of Dr. M. Leidesdorf on the pathology and treatment of mental disorders. It presents a brief outline sketch of the several lesions, noted by pathologists, of the cranium, the cerebral membranes and brain, as well as of abnormities in other organs of the body, accompanied by notes on such morbid changes as have been found in more frequent connection with insanity. The conclusion, unhappily, is, "that psychiatry receives but trivial positive benefit from the preceding facts. . . . The pathological discoveries connected with paralytic dementia" may be regarded "as of the greatest weight and consistency; (and) we have ascribed an extraordinary value to cerebral hyperæmia. It is beyond all doubt that every form of insanity, combined with high excitement, shows clear indications of cerebral hyperæmia in the great majority of cases, and that most generally the psychical disorder is the result of the cerebral condition which determines the hyperæmia, a condition which, in its incipient development, we are not, with our present state of imperfect information, in a position precisely to indicate."

"If the hyperæmia passes off without any permanent morbid result being left, the psychical disorder disappears," but if organic changes ensue, then the primary form of mental disorder assumes a secondary and usually an incurable character. "In opposition to the concurrent views of Griesinger, Bartolini, and Bottex, we must believe our own observations, which have shown us that in both melancholy and dementia cerebral anæmia is most commonly the associate of œdema. If these forms of insanity pass into fatuous dementia, then we find poverty of blood in the brain far more usually than the contrary, whilst we may in general say that the curable forms of insanity mostly proceed with nutrient disturbances of the brain, without leading to deep disorganizations or textural metamorphoses; we find, on the other hand, in the incurable forms,

conditions of disaggregation, or the so-called regressive metamorphosis of the textural elements of the brain, or manifest destruction of the whole brain, or of certain important parts, for example, the cortical portion."

The general conclusion to be gathered from Leidesdorf's researches is, that pathology as yet throws no light upon the phenomena of mental alienation in their relation to definite organic changes in the encephalon.

The dissertation on "*The Willard Asylum and Provision for the Insane,*" bears no author's name. The Willard Asylum is of recent institution, the fruit of an inquiry ordered by the Legislature of the State of New York, in April, 1864, relative to "the condition of the insane poor in the various poorhouses, almshouses, insane asylums, and other institutions where the insane poor are kept, not including, however, such institutions as are now required by law to report to the Legislature of the State."

The asylum derived its name from Dr. Willard, the Secretary of the State Medical Society, appointed by the Legislature to collect the required information, who so earnestly and zealously performed his duties that, to perpetuate his memory, the asylum that originated from the inquiry has had his name attached to it. For, it is to be regretted, Dr. Willard died prematurely before the passage of the law, founded upon his report, creating the new institution.

It is a "State Asylum" for the chronic insane poor. The law that the Governor of the State should appoint three commissioners to carry out the erection of the building, and also seven trustees empowered "to appoint a medical superintendent, one assistant-physician, a steward, and a matron, and adopt the necessary by-laws for the government of the asylum, and fix the rate per week, not exceeding two dollars, for the board of patients, and, with the approbation of the governor, designate the counties from which the chronic pauper insane shall be sent to the said asylum.

"The chronic pauper insane from the poorhouses of the counties thus designated shall be sent to the said asylum by the county superintendents of the poor, and all chronic insane pauper patients who may be discharged not recovered from the State Asylum at Utica, and who continue a public charge, shall be sent to the asylum for the insane hereby created.

"The county judges and superintendents of the poor in every county of the State, except those counties having asylums for the insane, to which they are now authorised to send such insane patients by special legislative enactments, are hereby required to

send all indigent or pauper insane coming under their jurisdiction, who shall have been insane less than one year, to the State Lunatic Asylum at Utica.

"Seventy-five thousand dollars are hereby appropriated for the purpose of carrying into execution the provisions of this Act."

"The asylum hereby created shall be known as the Willard Asylum for the Insane."

Such are the leading features of the recent law of the Legislature of New York State, enacted to provide for chronic pauper lunatics, who had heretofore been very badly cared for, as a rule, mingled among the inmates of poorhouses, and even of gaols. Dr. Parigot, in his essay noticed at the beginning of this article, has commented severely upon the wretched condition of numerous poor insane people in the several states of the Union, scattered here and there in establishments totally unfitted for the care and management of such cases, a state of things calling loudly for State interference.

The writer of the article "On Provision for the Insane," under notice, proceeds to point out disadvantages accruing from the above system adopted by the New York Government. He comments upon the necessity of early treatment, as by it only "can the State be relieved of the burden of chronicity;" and upon the advantages of proximity to asylums in facilitating early treatment. He then proceeds to show that the State Asylum at Utica, filled with 600 patients, is not adapted to the purposes assigned it, as being the only receptacle for the treatment of recent or acute cases of madness. For it is too large and unmanageable to permit of individual medical treatment being accorded to its inmates. "Hurried and routine practice must, to a large extent, usurp the careful and deliberate examination which is the sacred and inalienable right of each individual case." He urges, moreover, that in an asylum for chronic cases similar medical and moral treatment must be provided; the accommodation must be of a special character; the diet must be superior to that allotted to persons not lunatic; and the arrangements for nursing, warming, ventilation, &c., must partake of the same expensive character as in asylums occupied by recent cases; and his general conclusion is, that the distribution of acute and chronic cases is economically not important, and with regard to the welfare of the patients themselves is prejudicial.

After enumerating the several schemes for providing for the ever-multiplying victims of insanity, and recognising that additional hospital accommodation is requisite, the writer goes on to propose the division of the State into three equal sections, to the central one of which the existing Utica asylum should be

allotted for the reception of its insane generally. "Two hospitals for the treatment of acute, paroxysmal, or violent cases, should be built, one in the eastern, one in the western, section. . . . . Separate buildings, less expensive and of simpler construction than the hospital, and disconnected with it, should be provided for the quiet, the filthy dements, and paralytics. Buildings of a suitable form should also be erected for the treatment of epileptics. Each hospital should have a farm attached to it, of from 300 to 500 acres. . . . Upon the farm there should be cottages for the employés engaged in the various agricultural and industrial departments of the institution. With these employés the orderly industrious chronic, or the convalescent acute, patient might reside. Such an arrangement would permit a certain degree of family life, and a larger liberty to this class than are compatible with the organization of the hospital proper. It might be found practicable to withdraw a certain proportion of patients from the hospital, and domicile them in cottages, which would, in great measure, be constructed at small expense, by the labour of patients themselves."

Whilst on this subject of the legal provision for the insane, it will be convenient to introduce a few extracts from the 'Report of a Commission on Insanity, appointed by the Massachusetts' Legislature in 1863,' and of which a bibliographical notice appears in the 'American Journal of Insanity' for October, 1864. To the question submitted, if patients were wrongly detained or improperly committed to asylums, the Commissioners reply, "that no such case of wrongful confinement has been brought to their notice, and but a single instance of wrongful admission. In this case the patient was received upon the order of a probate judge, and upon learning the facts the case was immediately discharged by the superintendent."

"The Commission objects to the way in which commitments to hospitals are now made, and advises that uniformity should be secured." At present "the alien in Massachusetts has an advantage over her own sons and daughters," for when lunatic he is at once sent to the asylum, whereas the latter, when poor and insane, are left to the tender mercies of the "overseers of the poor," who, "influenced by a short-sighted economy, keep many of their lunatics at home, large numbers of whom become incurable." Sad histories of inhuman treatment of the insane of the State, not placed in asylums, have been brought to light in past years, by Miss Dix and others, and even now much remains to be accomplished in order to secure such unhappy beings from ill-treatment. Of this the Commissioners have given some sad illustrations.

"With regard to insane paupers, the Commission very properly

urges that none should be confined in town poorhouses who have not been previously treated in a State hospital, and discharged as incurable." It is also recommended that additional accommodation be provided for criminal lunatics, both curable and incurable; and that it should be in connection with some of the gaols, but under the supervision of a physician skilled in the treatment of lunacy.

The Commissioners are opposed to loading the superintendent of an asylum with the multifarious duties so commonly imposed. "No man (they write) can be a good, proper, and successful manager of the mental disorders of 400 patients, or even of 250, their more legitimate number, and a proper and successful manager of the purchases and disbursements, and the care of the material interests, of the institution. In such a case the superintendent must choose as to which duty he will perform and which he will neglect, and what he cannot do for his patients must be done by his deputy or assistant. He should not engage in anything that has an exacting claim on his time and attention, or which can conflict with the claims of his patients; . . . more especially he should at no time be engaged in permanent duties of a public or private nature unconnected with, or outside of, those pertaining to his hospital.

"The interior management of hospitals, and the treatment of the insane, cannot be regulated by law. . . . The entire management and treatment of the insane must be confided to the humanity and skill of the superintendent. His authority must be personal. There can be no divided responsibility in the treatment of the insane.

"It has been suggested that there should be so-called *protectors of the insane*, to have no connection with any hospital, either as officers or trustees, who should have authority at certain or at all times to visit these institutions, and examine the patients in general, or particular patients, and decide the question of the propriety of their retention. . . . One objection to this is, that the persons thus chosen, unless as a permanently organized board, can be no more depended upon than the trustees of each institution already appointed, and certainly cannot be supposed to be such judges of insanity as those who have made the disease a study, and who have the opportunity of observing the patients in question from day to day." On the other hand, these visitors and visits would be productive of unmitigated injury to the patients.

However, the Commissioners conclude their report by advising the appointment of a permanent Commission in Lunacy, wielding powers similar to those of its English prototype. This proposition is regarded with disfavour by the reviewer of the

report. The more complete organization and permanency of these protectors of the insane cannot, he remarks, "remove the objections so forcibly put by the Commissioners" against the roving inquisitors they referred to in their remarks. The evils represented are inherent and inseparable from an external board of supervisors intruding into the internal management of asylums, wherein no divided responsibility can be tolerated without prejudice, and entire confidence should be reposed in the superintendent.

These objections are enforced by a lengthened quotation from a report of a committee, drawn up by Dr. Ray, and read at the meeting of American Asylum Superintendents, in 1864.

The other papers enumerated at the commencement of this abstract of the contents of the 'American Journal of Insanity' must be passed by, if only from want of space in our pages. At the same time they do not demand special indulgence as original memoirs, excepting, indeed, a report by Dr. Gray on a case of homicide, and Dr. Kellog's examination of Shakespeare's character of Cordelia, which, like the similar essays of that physician, will be read with interest by all psychological students of our great poet. The article on "German Psychiatrie" is nothing more than our translation of Griesinger's valuable introductory lecture, published in a former number of this Journal, transferred to the pages of our American contemporary. The paper on "The Imagination in the Production of Disease" is a translation of a section of Bouchut's book on "The History of Medicine and Medical Doctrines." "The Psychological Analysis of Courage," by Dr. Castle, is another translation from the French of an article in the 'Annales Medico-Psychologiques.' The paper "On the Physiology of the Brain and Nervous System," by Dr. Brown-Séquard, is reprinted from the 'Dublin Medical Press.'

Did space permit, we might collect from the bibliographical notices and the memoranda in the quarterly summary of the 'American Journal of Insanity,' many other interesting and instructive notes, but must, in conclusion, restrict ourselves to a brief reference to the review of this, our English 'Journal of Mental Science,' which appeared in the number for October, 1865.

The parts noticed are those for January, April, and July, 1865; and, to cut short the suspense of our readers, in awaiting to know how they have passed muster before the critics of our American contemporary, we may at once say that the opinion pronounced is highly gratifying. Dr. Robertson's paper on the means of providing for the increase of pauper lunatics is described as very able and interesting, and a copious abstract

of it furnished. The review department calls for commendation, as exhibiting "no small sign of vigour and ability" in the management of the Journal. "The number for April opens with a learned and excellent paper on 'The Physiology of Idiocy,' and Dr. D. Hack Tuke's essay on 'Artificial Insanity' has the quality of excellence." Upon the notes on the suicide of George V. Townley, it is remarked, "We regret to believe that this forms another sad instance in which the fair fame of our profession has been injured, and the good sense of the community outraged, by the effort to sustain the fatal doctrines of moral insanity." The suicide of the culprit "has been adduced as favouring the opinion of insanity at the time of the murder. This view is, however, vigorously, and we think successfully, combated by the editors."

Lastly, the review closes with a meed of approbation of this section of the Journal, wherein we attempt to represent to our readers the progress of psychological medicine, as far as practicable (as we are pleased to find it esteemed to be in America), "very complete and full of interest."

"As a whole, the 'Journal of Mental Science' well deserves to be the representative, in Great Britain, of a speciality which embraces the names of so many men eminent for philanthropy and learning."

II.—*English Psychological Literature.*

By S. W. D. Williams, M.D., St. And.

Some Statistics of Idiocy. By Arthur Mitchell, M.D., Deputy Commissioner in Lunacy for Scotland.

('Edinburgh Med. Journal,' January, 1866.)

I. *Sex.*—The number of idiots and imbeciles examined by Dr. Mitchell was 1345. Of these the distribution of the sexes ran as follows:

	Male.	Female.		Male.	Female.
Idiots	430	284	or	100	to 66·0
Imbeciles	321	310	or	100	to 96·5
Total idiots and imbeciles	751	594	or	100	to 79·2

"From this it appears that amongst idiots and imbeciles there are more males than females, there being only 79 of the latter to every 100 of the former. The reverse of this holds good, under every circumstance, amonst those labouring under the acquired, as opposed to the congenital, forms of insanity."