

2. *American Retrospect.*

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April, 1873. No. IV.—“Conium in the Treatment of Insanity,” by Daniel H. Kitchen, M.D. “Electricity and Life,” by Fernand Papillon (a translation of an article in “*Le Revue des Deux Mondes*,” August, 1872). “Violence and Unconscious State of Epileptics, in their Relation to Medical Jurisprudence,” by M. G. Echeverria, M.D. “Psychological Retrospect.” BOOK NOTICES. SUMMARY.

July, 1873. Vol. xxx. No. 1.—“On Epileptic Insanity,” by M. G. Echeverria, M.D. “Hysteria in Children Contrasted with Mania,” by Henry Landor, M.D. “Ideal Characters of the Officers of a Hospital for the Insane,” by I. Ray, M.D. “Ergot in the Treatment of Nervous Diseases,” by Daniel H. Kitchen, M.D. BIBLIOGRAPHICAL: Reports. BOOK NOTICES, &c. SUMMARY.

October, 1873. No. 2.—Proceedings of the Association of Medical Superintendents of American Institutions for the Insane. “Nitrite of Amyl in the Treatment of Spasmodic Asthma and Acute Bronchitis,” by Daniel H. Kitchen, M.D. “Insane Criminals in Italy,” by Dr. Biffi, of Milan (from the *Archivio Italiano per le Maladie Nervose*, November, 1872). “Liability of Insurance Companies for Losses by Suicide,” opinion of Justice Hunt. BIBLIOGRAPHICAL: Reports, &c. SUMMARY.

Moral Insanity.

Fortunately it but seldom happens that matters of scientific interest demanding calm and unprejudiced consideration, are discussed in such a violent manner as is the case in this paper by Professor Ordranax. Without expressing any opinion as to the soundness of his opinions or the value of his arguments, we shall simply give a few extracts from his paper. He says:—

It is due alike to the interests of justice and humanity that the untimely dialectics, born of materialism and swaddled in sciolism, which distort the course of all judicial proceedings involving issues of insanity, should be checked in their tendency to convert equitable into sentimental jurisprudence. The law either is, or is not, a system of perfected rules for human conduct, founded upon principles inherent in our nature, and recognising two cardinal points, round which revolve all thinking beings, viz., *reason* to generate courses of action, and *conscience* to regulate them with reference to accountability here and hereafter.

Reason and conscience both presume freedom in their exercise, without which they cease to be regulating principles. In idiocy, which is the highest expression of mental deficiency, reason and conscience are simply barren sceptres in the hands of their possessors, who are merely bondsmen to the lower incentives of instinct.

The introduction of medicine into jurisprudence is the result of discovering that man's nature is dual, and each part of reciprocal influence in producing his character. This fact is of immemorial acceptance, being repeated in every system of philosophy that has ever flourished, and better still, resting upon daily experience, and so become of universal recognition. . . . In reality, however, medicine has only a collateral and subordinate relation to morals. Our moral nature recognises no physical necessity for its existence. It exists, and is not produced or evolved by any process of organic chemistry acting under the direction of vitality. It anticipates, and rises above all physical connection. In other words it is, like the mind, a special endowment. *It feels—it is conscious.* But matter *per se* does neither. Hence there is no joy and no pain but in the soul. The intellect, we know, is limited in its extent or emphasis of expression by the physical state of the organ through which alone it can act in finite life, while the soul has no such restriction upon it. Thus a man with cerebral congestion may not be able to ponder complex problems, or to express himself eloquently, yet he still knows right from wrong, and would feel indignant at any insult offered him. His mind is not disordered even, but only incapable for the moment of a certain amount of tension, although its faculties may remain unimpaired, just as an exhausted muscle cannot repeat the acts by which it lost its tone, until it has first rested. But the moral nature knows no alterations in rhythm, such as constitute the physical phenomena of periodicity. It craves no rest, because it needs none; it never sleeps voluntarily, but only through the narcotising influences of sin, expressing itself in self-indulgence. The only disease to which the moral nature is subject is SIN. This is the Alpha and Omega of all moral disease, and the key to the problem of moral insanity.

This is practically admitted in the definition given of this psychological paradox, by authors who have written upon it, and whose writings and teachings have imported into the field of rational jurisprudence a metaphysical dogma, involving nothing but logical fallacies for its foundation. It can never be other than blasphemous to assume that God, in condemning sin, did not know the difference between it and disease, and that He could commit the injustice of permitting that very sin to convert itself into a physical disease for the purpose of eluding punishment at His hands, or that of human tribunals. . . .

The foregoing symptoms of moral insanity, as given by Dr. Ray, are all striking delineations of what common sense, enlightened by revelation, would call *depravity*. Yet we are asked to believe that these signs constitute evidence of a form of insanity destroying human responsibility. The very conditions, in fact, which God thundered against, in the law-giving upon the Mount, and which the inspired Prophets, the Fathers of the Church, irrespective of denominational creeds, and learned divines, and authoritative moralists, have all agreed upon as constituting *sin*, the defenders of moral insanity term disease. They thus make it appear that the Decalogue, and all human laws, are unjust, because they visit penalties upon disease, and that in consequence there is no sin, except in minor offences. Under this new gospel, petty larceny is crime, while murder or arson are disease; and the more perfect in lying, stealing, cheating, or murdering a man becomes, the more indubitably is he irresponsible.

Divested of all extraneous conditions, moral insanity, when presented as an extenuation for crime, means simply this, that an individual in the enjoyment of perfect intellectual health, and with no demonstrable obscuration of any mental faculty, may yet be such a moral idiot as not to know right from wrong—not to be able to control himself, and not to be able to be affected, as all other intellectual beings are, by those primary and necessary beliefs which are the seeds of moral obligation. Now, if ever such a human being ever existed, or could exist, he would present the paradoxical character of a man who, while enjoying all the

possibilities of a perfect intellect, had yet no knowledge or conception of his own identity, since identity, as Descartes' proposition long ago established it, is a question of feeling, not of intelligence, and such a man could have no affections or passions, for pure intellect is passionless. Therefore, being unable to distinguish between right and wrong, he could not feel that it was wrong for an individual to injure him in his property, health, reputation, or domestic relations. . . . Now, when real lunatics are carried away by a homicidal impulse, they are not particular or provisional as to what may happen to them.

It is not our province to moralize upon the duties of lawyers to their clients. But in relation to courts, the public have a right to criticise their judgments whenever those judgments are seen to be in plain contravention of sound morality and public safety. It was not a Christian who exclaimed, "What are laws without morals?" but a Roman orator and a heathen; yet one who, in all his innumerable pleadings, and with all his superior excellency in Greek sophistry, never ventured so far as to call sin and depravity by the modern names of disease and moral insanity. And it is noteworthy in this connection, that those cases of moral insanity figuring in the annals of our jurisprudence as precedents have almost invariably occurred in courts whose judges were notoriously inferior to the counsel practising before them; and who, consequently, were overpowered by them, and afraid to cross swords in the field of dialectics or legal criticism. This pitiable spectacle has too often been witnessed to require any description of it at our hands. But, and until public opinion, supported as it may be by the judgment of the best informed scientists, shall repudiate the plea of moral insanity as a gross delusion, born in the bosom of casuistry and nursed in the cradle of ignorance, as mere sophistry in fact for the special convenience of great moral outlaws; until this stronghold of public sentiment, on which the law ultimately rests, shall purge itself of all dalliance with the above pernicious doctrine, we shall continue to see it advance from court to court, spreading like a moral contagion over the land, until murder shall in truth, and not in imagery alone, be converted into one of the fine arts. Then, the only infamy attached to crime will spring from its insignificance, and the only certainty of its impunity will rest upon its enormity. We ask Christian men to ponder well those things before they allow themselves to be deluded by that *ignis fatuus* plea which has no foundation in fact, no limits in application, and may be stretched to such a degree as to destroy every principle of natural equity which binds society as a whole. Nay, more even than this; for if moral insanity and irresponsibility may co-exist with perfect mental health, then God's moral government of the universe becomes impeachable as a despotism; since while it professes to allow men to do as they please, it punishes them if they please to do wrong; and all men being sinners to some degree, and therefore morally insane, ought, under this plea, to become the less responsible in proportion as they are the more sinful.

Mania Transitoria.

We do not consider it necessary to give in detail the remarks of Dr. Ordonaux on this subject. No doubt the plea of mania transitoria has been successful in aiding some undoubted murderers to escape the just punishment of their offences; but this cannot be held as a valid excuse for a man heaping abuse on those who may venture to differ from him. It is advisable that a writer should not burlesque the opinions and statements of his opponents. Many will question the propriety of appealing to religious belief or prejudice for the support of a matter of science. Such a proceeding is fair neither to science nor religion. The days are gone when it was argued that the results of geological investigation must be false because they are at variance with the Biblical account of the creation. It is as unreason-

able to make the Bible a text book of moral philosophy as to use it as a hand book of geology.

Dr. Ordronaux's conclusions are as follows:—

Our objections to the recognition of any such doctrines as those of moral insanity and mania transitoria may be summed up in a few propositions which we believe to be founded in morality and justice; in morality as defining our responsibilities to God; and in justice, as defining His bounty to us, and our duty to our fellow men.

As to *moral insanity*, we object to it because it enslaves man to a physical fate from which he cannot escape, and whose commands he must obey—consequently, being either vicious or virtuous by compulsion, he is worthy neither of praise nor of blame, and, in fact, is only an automaton. In other words, this doctrine denies to man what God has given him as a special right, the liberty of choosing between two courses of conduct, with the power of exercising that choice when in mental health. Mental health is the only test that God or the law apply in determining human responsibility. A man, therefore, has the liberty to be as vicious as he pleases, and we have no right to stigmatize him as insane because he prefers that course of life. It is his prerogative to choose, without which he is no man, and not a responsible agent. "Choose you this day whom ye will serve," is the significant language of the prophet Joshua, uttered no less as an invitation than as a command, but in either case testifying to the liberty of conscience granted by the Creator to all men.

As to *mania transitoria*, we object to it because it is a hypothesis and nothing more, and an assumption not sustained by facts. It borrows the name of a disease, but refuses to bear the features of one, or to submit itself to be tested by the only rules which science recognises as legitimate. Invoking scientific recognition, it denies the conclusions by which science condemns it under the light of experience, and asserts itself as superior to the necessity of logical demonstration. It starts with an assumption, and ends in an assumption, and is only an inference throughout from an unsupported hypothesis. Its tendency being simply to emancipate crime from penal obligation, it is a plea whose admission into court is against scientific truth and public policy, against divine and human justice, and against the sovereignty of man's moral nature.

Lastly, we object to both, because coming from physicians it is an attempt to set back the clock of the century, and to revert to superstition and supernaturalism in medicine. It is an attempt to curtain the windows of that science whose religious duty it is to cast light and not mysticism around disease—to treat it not as a personal devil and an entity to be exorcised by philters and mumery, but rather as the perversion of a natural state struggling to restore itself to an original equilibrium.

Criminal Responsibility of Epileptics.

The case of David Montgomery has excited much attention in America, and has formed the subject of various papers. The present contribution by Dr. Echeverria is largely devoted to the examination of statements made by Dr. Hammond at Montgomery's trial. Without going into the case, we can give portions of Dr. Hammond's evidence, and we are quite sure that many will strongly dissent from much of what he says. In reply to a question, he stated that "the fact of his (the prisoner's) stopping long enough for reflection would be incompatible with it (the murder) being an act of insanity." The following are the chief statements called in question by Dr. Echeverria:—1. "It by no means follows that an individual suffering

from epilepsy is not as fully responsible for his actions as healthy persons." 2. "Not many cases of epilepsy are accompanied with insanity or obvious mental deterioration. According to his experience 50 per cent. develop mental deterioration, their mind being weakened in some of its parts." 3rd. "Insanity with epilepsy is a very different thing from the insanity which results from epilepsy." 4th. "That patients committing acts of violence during epileptic mania, have apparently no motive unless it is a false one." 5th. "That he (Dr. Hammond) has never known a case of an epileptic fit or seizure where, during the continuation of it, the party will be spoken to, will answer, and then relapse into the same condition, and being spoken to again will answer and relapse again." 6th. "That deliberation takes away the idea of an insane act." 7. "In temporary insanity from cerebral disturbance there is no disposition to resist the impulse; the person yields to it and strikes." 8th. "When an epileptic has suffered from an attack, the mental disturbance continues frequently several days."

In the examination of the several important questions raised in the discussion of the case, copious references are made to the literature bearing on the subject.

Conium in the Treatment of Insanity.

Besides narrating twelve cases of insanity in which the use of conium appears to have acted beneficially, Dr. Kitchen gives the result of some physiological experiments he made with the drug. His conclusions are as follows:—

1. It produces muscular relaxation.
2. Duration in proportion to dose.
3. Physiological effect in proportion to the purity of article used.
4. The brain is not affected directly by conium.
5. Pulse and temperature both reduced after a full dose.
6. A gentle perspiration covers the whole body as soon as the physiological effects are observed.
7. No appreciable effect on any of the secretions.
8. Quietness lasts from two to four hours, and then disappears, leaving only a sense of lessened muscular energy.
9. Conium, not acting on the brain, may safely be given in all febrile diseases.
10. Conium, when applied to the skin, causes slight redness.

The Legal Relations of Epileptics.

In this paper Dr. Echeverria confines his "investigations within the circle of those cases, still obscure and perplexing, of hidden nocturnal epilepsy; or of fits occurring not in an antecedent, but in a subsequent relation to the criminal act of violence; as also to cases where the morbid impulses are developed altogether detached from and independent of any visible fit, springing irresistibly into action out of

the substratum of an unhealthy mind, and really denoting *unconscious cerebration*, derived from a masked or cerebral fit, in which state most of the crimes calling for a medico-legal investigation are perpetrated by epileptics."

His concluding remarks are as follows:—"There are, however, more cogent facts to convince us that the state of cerebral epilepsy, referred to by Drs. Gray and Cook, displays characteristics of its own, which will enable a physician experienced in the phenomena of epilepsy to disclose its existence. In this more than in any other case where the detection of insanity is attempted, the antecedents, as Dumesnil has established it with great propriety, are elements of the utmost importance. The hereditary predisposition, as we may see by the examples here reported, stands prominent in this regard. Truly has Maudsley asserted, that "the hereditary madman often gives the idea of a double being; appeal to his consciousness and he seems rational and nowise deranged, but leave him to his own devices, and his unconscious life appears to get the mastery and to impel him to extravagant or violent acts." The periodicity of the attacks is a phenomenon I look upon as constant in cerebral epilepsy. I have met with no case in which I have failed to trace precisely their previous occurrence after close investigation, or to verify their repetition while the patient was under my immediate care. The mental phenomena of masked or cerebral epilepsy recur with the periodicity peculiar to the other epileptic paroxysms. They are not solitary. They supervene after a more or less prolonged stage of incubation, and, though acknowledging the same source and nature as the other attacks which they substitute, they exhibit, however, a much longer duration, seldom lasting less than a day, and often persisting for two or three. These paroxysms, as already asserted, may equally alternate with those of *petit mal* or *grand mal*, just as these latter may exist combined. Cerebral epilepsy, nevertheless, ordinarily constitutes by itself the epileptic malady, of which it implies an advanced stage. Its supervention is evinced by other signs besides extreme susceptibility and impulsive actions, and it is not rare to find it associated with religious monomania and erotomania. The volubility and instantaneous changes usually attending this state may be sometimes replaced by an opposite condition of complete immobility and silence, the epileptic remaining for hours motionless, with a sullen expression of countenance, and even involuntarily passing his urine or excrements, like those with stupidity or melancholia attonita. I have observed this condition to the extreme of verging almost in catalepsy. Giddiness becomes also a symptom of this state, with more or less profuse perspiration of the head. In three instances epistaxis has supervened during or immediately after the attack, and in clear connection with it. In the majority of cases I have personally observed the existence of hallucinations and delusions of a distressing character which prompted the patients to acts of violence. Hallucinations of hearing have been the most frequently de-

ted; they further appear particularly noticeable in the cases here quoted from Laurent and Gray, as also in many of those recorded by Brierre de Boismont and other authors.

The physiognomy of a patient with cerebral epilepsy bears in a high degree the heavy lost look and unmistakable stamp with which epilepsy stamps its victims. The bloated and livid appearance, with the slight quivering of the face, the tremor of the limbs, and the moral perversion which springs out of the malady and leads to shameless vicious habits, or intemperance, account for the frequent arrest and punishment, like drunkards, of individuals suffering at the time from cerebral epilepsy. The quick recovery from their fit of unconsciousness strongly countenances such mistake. I have on many occasions had under my care patients supposed to be labouring under delirium tremens, or alcoholic insanity, who, after attentive inquiry, proved to be inveterate epileptics, arrested in a state of cerebral epilepsy.

Another phenomenon observed pretty regularly during the paroxysms of marked epilepsy, is a propensity of the patient to repeat one same phrase, and especially the words addressed to him. This echo sign, regarded by Romberg as symptomatic of cerebral softening, appears to me in these instances mainly indicative of a perverted will. I have noticed it with a remarkable constancy, and we see it distinctly recorded in the case of Rœgiers, previously cited.

The inception of cerebral epilepsy, when its signs are not well marked, may pass unrecognised by an inexperienced observer; but the transition from the paroxysm to a natural state of mind, so far as my observation goes, is always effected after a period of sleep, that seems required by the brain to recuperate from the shock caused by the malady. This is a point on which I have before insisted, when examining into Montgomery's case, and to which may attach a great medico-legal value. This sleep may be prolonged several hours. I have observed it often accompanied by heavy breathing, or snoring, which makes it easily mistaken for the sleep of drunkenness. The case from Brierre de Boismont, and that of Bisgrove, in 1869, who, after dashing out the brains of his victim, laid down and went to sleep by him, are striking illustrations of the fact now pointed out, in addition to other instances that might be presented from the reports of other authors.

The state of unconsciousness I have tried to describe belongs properly to that form of intellectual *petit mal* so faithfully delineated by Falret. Indeed, it is actually one of its important phases, left unnoticed by the eminent French alienist, and by referring to the well-known description given by Falret, the correctness of this statement may be verified. Nor should the deceitful form of cerebral epilepsy, which I have thus deemed worthy of separate consideration, be confounded with the entire transformation of character that may result after one single fit, as in the case mentioned by Maudsley, or the

special moral and intellectual dispositions which characterise epilepsy. These latter we know to be justly declared by Baillarger as marks which, without constituting a state of insanity, nevertheless place epileptics beyond the common rule, and if not sufficient to render them unaccountable for all actions, extenuate at least their legal responsibility."

Ergot in Nervous Diseases.

The chief results obtained by Dr. Kitchen are the following:—

1. Benefit of combination with bromide of potassium in epilepsy.
2. It is apt to produce cramps and pain in the stomach, which is remedied by combination with conium.
3. In nervous diseases it soothes all renal irritation and catarrh of the bladder.
4. It dilates the pupil sufficiently to be noticed.
5. Increases both frequency and tension of the pulse.
6. Has no appreciable effect on the heat of the body.
7. In large doses it produces the same effect as conium, by inducing sleep.
8. Its beneficial action in delirium tremens after bromide of potassium has failed.
9. It combines readily, in form of pill, with sulphate of quinine.
10. It is a cerebral sedative.
11. Ergotine possesses an advantage over the alcoholic extract in not producing any pain or cramp in the stomach, and is given in smaller quantity.
12. Ergot is not likely to be adulterated, and we always secure an appreciable effect after its administration.

Pathologists in American Asylums.

It is very satisfactory to find that, as in at least one asylum in this country, in America special officers are attached to the medical staff of some of the asylums for the prosecution of pathological investigations. Dr. Webb, of the Ohio Asylum, lays the matter before his committee in the following manner:—

"It is not alone requisite that we may be able to report our duty performed to the living, but an equally important one demands that whatever facts we may draw from the dead, of benefit to the living, be noted. We have long felt the necessity of such an addition to our staff. The demands of science on an institution of this kind are of such a nature, that without the assistance of a competent pathologist it is impossible to meet them. *A post mortem*, without the use of a microscope and various other appliances, is of but little value, and the intelligent use of the same requires constant and laborious practice. So many and varied are the duties of a pathologist it is of itself a specialty, and he that imagines the possibility of combining all branches of our calling in one person, demonstrates his ignorance of

the status of the profession. My friend Dr. Gray, of the New York State Lunatic Asylum, at Utica, made a similar request of the Legislature of his State, which was promptly complied with. I would suggest to your board that such inducements be offered in the way of compensation, &c., as would induce those of large experience in this special department to seek the position. 'Whatever is worth doing at all is worth doing well.' The additional expense incurred in adopting these suggestions would be utterly insignificant in comparison to the benefits derived therefrom.'

On the Bromides and Oxygen Gas.

In his report, Dr. Van Deusen records his experience of these agents. He says—

"Since their introduction, a few years since, the bromides of potassium and ammonium have been quite generally used in epilepsy and maniacal excitement accompanying hyperæmia or dependent upon reflex irritation. It may not, however, be inappropriate to refer to some of the symptoms which may result from a prolonged administration of these remedies. Those patients who have taken the bromides continually for several weeks or months soon begin to exhibit a marked degree of mental hebetude or torpor. Associated with this is a feeling of lassitude and muscular weakness. A slight exertion produces unusual fatigue, and all movements are executed feebly, and without energy. Subsequently a marked loss of flesh and deterioration of the quality of the blood are apparent. Finally, nerve-nutrition is interfered with, wasting of the muscular system is noticeable, and a condition of *anæsthesia* or paralysis is developed. Prior to this unfortunate result, the bromization of the individual is shown by the presence of a cutaneous eruption, a fetid breath, and irritation of the fauces. In the experience of the Institution, it has never been deemed advisable, in cases of ordinary maniacal excitement, to pursue the administration of these remedies until the nutrition of the body became thus impaired. As soon as symptoms of lassitude, bodily emaciation, and sluggishness of the mental faculties are apparent, their use is discontinued. In epilepsy, however, it is frequently desirable to continue the administration for prolonged periods to prevent the recurrence of epileptic paroxysms. In these cases the bromides are given in connection with tonics and blood restoratives, and a nutritious diet of easily assimilated articles of food.

During the past year pure oxygen gas has been administered in two cases with most gratifying results. Our attention was first specially directed to its use by Dr. Connor, of Detroit, in an interview with Dr. Emmerson, who has charge of the male department of the Institution. It may be stated, that in neither of the cases referred to was it administered with a view to curative action, but simply to relieve suffering.

The first case was that of a female, in the last stages of pulmonary tuberculosis. She was emaciated, had no appetite, and suffered so

much distress in respiration as to be almost wholly deprived of sleep. At the time the gas was first administered death was hourly expected; still its effect was immediate and very satisfactory. The previous lividity of countenance gave place to a warm flush, her pulse became stronger, and she soon dropped off into a more natural and refreshing sleep than she had enjoyed for weeks. Subsequent inhalations were followed by equally gratifying results. The feeling of impending suffocation, which had caused her so much distress, was each time promptly relieved, and a quiet and refreshing sleep of usually an hour's duration was induced. Indeed, so great was the relief afforded, that she would ask for the inhaler whenever dyspnoea occurred. Her appetite returned, and not only was life prolonged, but her last days were rendered comparatively free from suffering.

In the second case, that of a young man also in an advanced stage of pulmonary consumption, relief as speedy and complete followed the administration of the gas, at intervals of from half an hour to two hours, or whenever dyspnoea became oppressive. Life, in this instance, was unquestionably prolonged. In both cases, the prompt and efficient relief afforded by the administration of the oxygen was so gratifying that it has been deemed well to present this brief notice of its use."

Insanity among Negroes.

At the annual meeting of the American Psychological Association several members made observations on this subject.

Dr. Green, of the State Lunatic Asylum of Georgia, stated:—I noticed a statement about a year ago that arrangements had been inaugurated (I think in Ohio), somewhere about four years back, for the accommodation of the coloured insane, which was announced as being the first effort to provide for this unfortunate class of people. I think it was in the Southern States that this provision was first made. As far back as 1851, Gov. Cobb and myself had frequent interviews in regard to the necessity of providing for the coloured insane in the State of Georgia at that time. We finally decided upon a plan likely to be acceptable to the Legislature and people, and to aid him, I addressed a circular letter to some one of the county officers in every county in the State, requesting that they would give me reliable information of the number of insane negroes in their respective counties, not embracing in such statement the congenital idiots, or those subject to fits, but to give the number of insane only, and I ascertained in that way that at that time there were but forty insane negroes in the State of Georgia, with a negro population of over 400,000. I took great pains to secure the reliability of these statements. The result may, to some extent, have been different from the real fact, owing to the difficulty of some ignorant persons to determine who were insane. The liability to call all insane people "fools," and all idiots "insane," was more likely to increase than diminish the

number. I had reason to believe the statements correct. I subsequently came north for the purpose of making a general tour in the northern and north-western States, and was astonished at the comparatively greater number of those people found in the institutions I visited. I was born in Beaufort, S.C., and lived in Georgia since a year and a half old; was then in my forty-eighth year, and I had never seen half-a-dozen insane negroes, and was therefore surprised at the number I met with in my town. I submitted my opinions as to probable reasons for this difference to gentlemen in charge of the large pauper establishments in which I found them, and they did not hesitate to admit the probable correctness of those views. The influences then operating in that section of the country tending to such results are now rife with us. When those people were in a state of slavery they were taken care of and were not permitted to run into every possible excess, to remain up all night to drink and carouse, &c. When they were sick they had proper medical attendance and nursing. They, as a class, were most assuredly not subject to such privations as were calculated to impair their health. Then the better class had no cares or anxieties about anything. If a negro man had a sickly, feeble wife, and house full of little children, unable to perform any labour for their support, he did not lie down at night in care and anxiety at the prospect of their suffering in case of accident to himself. His prospects of recovery, in case of sickness, were not impaired by such influences. Now all this is reversed, and furnishes reasons, very satisfactory to my mind, for the manifest increase of insanity among the coloured people. I have now under my care a hundred of them, and I do not suppose I have half the number that are in the State. The project of Gov. Cobb and myself for providing for them in 1851 was never carried into effect. The Legislature did not then deem it necessary; the number was so small, and their owners were by law bound to take care of them. In 1865, after the emancipation of the negroes, and their being thrown upon their own resources, the people who owned them, and who were now unable or disinclined to support them, were making numerous applications for their admission to the asylum; and in two or three cases they were put down upon the premises, and clandestinely left there.

Dr. R. S. Steuart said—Forty-five years ago there were but few Africans or their descendants belonging to Maryland who became insane. Of this race many more were idiotic in proportion to their own number, and greatly more so in relative proportion to the white race. Such cases as have occurred have been admitted into this hospital on equal terms with all others. But this number has rapidly increased since the blacks have become free, so rapidly that it is now a question in Maryland how to dispose of them. There are probably 300,000 of the African race in Maryland, and it is almost certain, from the present condition of this population, that special provision will have to be made for it; and there is no doubt that in due time

they will be carefully provided for in accordance with the best views of this Association.

Dr. Stribling said—In my report to the Legislature of Virginia, for the years 1844, 1845, and 1848, I urged that suitable provision be made for insane coloured persons, and gave it as my decided opinion that the interest of both classes required that such provision be entirely distinct and separate from institutions designed for whites; or that if from considerations of economy it be deemed desirable to place the two classes under the same board of directors, and the supervision and treatment of the same medical officers, the building and the airing courts should, at least, be so located and constructed as that there could be no association between the whites and coloured. At that day there were but few free blacks in Virginia; between the slaves and the uneducated white labourer there existed a mutual prejudice. The former assumed an aristocratic bearing, because of their masters' supposed wealth, and professed to look upon the latter as their inferiors, designating them as "poor white folk;" whilst in turn these cherished towards them a resentful, and sometimes bitter spirit. It was believed that such antipathy, existing when in health, would be aggravated by the morbid state of feeling so frequently accompanying insanity, and consequently lead to altercations and acts of violence. Insane coloured persons were never admitted into the Institution with which I am connected, but my friend Dr. Galt (now deceased) construed the law as requiring, or at least authorising, it, and received them into the Eastern Lunatic Asylum, at Williamsburg. If I mistake not, Dr. Brown, the present Superintendent of that Institution, found there about forty such, all of whom were not long since transferred to the Asylum established solely for blacks, at Richmond. I regret having to state in this connection that, in my opinion, insanity is greatly on the increase with the coloured population of Virginia; nor does this surprise me.

Those whose wants had in childhood, manhood, and old age, been considerably supplied by their owners—who when sick had received prompt and skilful medical attention, and were kindly nursed—were suddenly thrown upon their own resources for food and raiment, and when sick had no one to care for them.

As a general rule they are thriftless, and such as receive good wages for their labour often squander their money, "taking no thought for the morrow." Poverty, intemperance, exposure, absence of all comforts, and of the necessaries of life, followed by ill health and mental derangement, are often the result.

Prior to universal emancipation, there was at no time more than about forty coloured insane in the Eastern Lunatic Asylum; now there are in the Asylum at Richmond more than two hundred, and it is believed that, including these, there are not less than five hundred in the commonwealth.

(To be continued.)