accused, and the evident reluctance with which Lords Neaves and Cowan disallowed such testimony in the case of Mrs. Paterson, leads me to hope that a reform of a similar nature will soon follow in Scotland. It is a reform, however, which it would be unadvisable to initiate, unless after argument before a full court of senators. Definite rules of practice must be laid down for the conduct of cases in which the special plea of insanity is advanced, and I would respectfully submit that a very great aid to the Bench would be found in the appointment of a medical Assessor to advise the Court, a measure which would prevent many miscarriages of justice. The generic term Insanity embraces such a variety of diseases, differing in degree and etiological importance, that when its incidence in an ancestor is employed to prove or disprove the individual irresponsibility of a descendant, it cannot be expected that any other profession, save that of medicine, can elucidate its real bearings in any particular case.

In the case now under consideration, had such an officer been appointed, I believe the verdict would have been different; the jury would have been shown that the act was committed under the self-induced temporary insanity of alcoholism, and the facts in the family and social history of the prisoner would have served to simply modify the verdict, or would have justified the Bench in forwarding a strong recommendation to mercy.

Homicidal Impulse.—By Frederick Needham, M.D. St. And., Medical Superintendent of the York Lunatic Hospital.

In reference to the remarkable statement recently made at the trial of the Rev. J. S. Watson, at the Old Bailey, that no case is on record of an impulsive act of insanity involving homicide in a person who had not given evidence of insanity of an unmistakeable kind previously, the following cases may be interesting as showing that at all events the *impulse to* homicide is at times present without other symptoms of insanity, and that the absence of the homicidal act itself is due in such cases either to the retention of sufficient self-control for the temporary resistance of the impulse, or to the act itself, in its results, falling short of homicide.

These cases also go to prove that which I believe to be a

fact, that, in many instances, it is a mere matter of chance, dependent upon the absence of courage or of opportunity, whether the impulsive act is suicidal or homicidal. Both appear to spring from the same mental condition, to have the same originating cause.

CASE I.—In September, 1858, a lady was admitted into this hospital at her own request, whose history was as follows:—Born in Italy, she early displayed excellent abilities, and a lively and volatile disposition. Her education was carefully attended to, and she made rapid progress in her studies.

Shortly after leaving school her parents died, and it became necessary that she should earn her own living. This she did for some years by teaching.

At the age of 28 she was attacked by what was called brain fever, which left her, after an illness of some duration, with considerable mental irritability. She still, however, persevered with her scholastic duties, and acted as governess in several families of distinction. This continued until she was about 43 years of age, when, her health having become somewhat impaired, she was suddenly seized with the impulse, at sight of a razor or knife, to commit suicide or murder. She struggled against this feeling strenuously, and in the course of a few weeks it disappeared completely, and did not recur for more than five years.

A short time previously to her application to me, the patient, feeling that her physical health was not so good as usual, had gone to an inland watering place, and while there had been revisited by what she described as "this fearful desire to murder someone, which rendered her life miserable."

When I saw her she was labouring under great mental distress lest her admission should be refused, and she expressed her decided conviction that she had reached the end of her self-control, and must give way to the impulse if she were not taken care of at once. She was apparently perfectly free from delusion, and conversed rationally and cleverly upon general subjects, manifesting, indeed, remarkable shrewdness and knowledge of the world. There was no heat of head, and the digestive functions were not materially affected, but the general health was evidently feeble, and the pulse was quick and compressible. She was placed upon a liberal diet, and took steel during the day, and a sedative, when requisite, at night.

On the 7th October she was much improved, and had felt no return of the impulse.

On the 25th November she was stronger and better, and said that she had had no recurrence of the desire to destroy with a knife, but had once or twice felt impelled to strangle herself.

On the 25th January, 1859, she was apparently quite well, and had been so for some time, and as pecuniary and other reasons rendered it necessary that she should leave the hospital she was discharged on that day, and went for a two months' visit to the sea-side.

She now rapidly recovered strength, and remained perfectly well up to September, 1862, when she again came voluntarily to the asylum, and asked to be admitted. She was then in precisely the same mental and physical condition as at the time of her previous admission, and had suffered a severe recurrence of the homicidal impulse.

She was discharged, recovered, in April 1863, and has remained well ever since. The peculiar feature of this case was that, from first to last, under careful daily observation, there was never the smallest trace of delusion, or any other evidence of mental derangement than that which was afforded by the very decided homicidal impulse. The patient, on the contrary, was sensible, clever, and well conducted.

It is true that the homicidal act and attempts were wanting, for the patient retained sufficient self-control to enable her to resist the impulse up to a certain point, and sufficient wisdom to place herself under care when she felt that the limit of resistance had been attained. Fortunately the impulse to destroy does not need to be carried into effect in order to give assurance of its existence.

Case II. differs somewhat from that which has just been recorded, but it shows that the impulse to injure may remain long after all other manifestations of insanity have ceased, and that consequently a person might have an attack of insanity, apparently recover from it, and yet afterwards, under its influence, commit a serious crime, which could not by ordinary means be traced to any connection with an unsound state of mind.

At the end of 1861 I was requested to see a professional man, a resident of London, who was on a visit to friends near Scarborough. I found him to be short and strongly built, about 50 years of age, with an extremely depressed aspect and reserved manners. He was evidently most despondent, and was suffering at that time from a partially-healed wound in the throat, inflicted by himself with a penknife. He was

coherent but taciturn. He, however, expressed a great desire to die, because as there was no hope for him either in this world or the next, the sooner he was out of his present misery the better for himself and his friends. His general health was feeble, and there was considerable gastro-hepatic derangement. It appeared that the patient was a self-made man, who, by intense industry and great economy, had secured for himself a respectable position in his profession. By religious persuasion a Quaker, and possessed of few friends, he had become accustomed to habits of reserve and solitude, which the absence of family and separation from his wife served to maintain.

Intense, long-continued exertion, and a parsimonious disregard of the conditions requisite for the maintenance of his health, had resulted in a feeble physical state and great mental depression, to endeavour to remedy which he had at last been induced to leave work and come down to Scarborough.

I recommended that, as his attempts at suicide had been repeated, he should be at once placed under suitable care, and he was accordingly sent to an asylum near York, where he remained until February, 1863, when, his means having become greatly reduced, he was removed to this Hospital, and placed upon the charitable fund. I found him to be still somewhat depressed, but apparently free from suicidal tendency, and he continued gradually to improve until all trace of depression and delusion completely disappeared. But now a curious and very objectionable feature began to manifest itself. He became full of complaints of every one concerned in his care, and alleged them in such a manner, and with so much appearance of truth, as to render it extremely difficult to disprove his assertions. Moreover, endless acts of destruction were constantly occurring, the author of which could not be actually discovered, although correlative circumstances left no reasonable doubt as to their paternity. Thus, on one occasion when this patient had remained in bed in consequence of alleged indisposition, a neighbouring bed was found in flames, and he complained bitterly that someone had been malicious enough to attempt to burn him in bed. Another day two mirrors were scratched and defaced with a pebble, while on another occasion the bed of a fellow-patient was soaked with water from a wash pitcher, and the water-colour drawing of another scored and destroyed by means of a pin. That these repeated acts of destruction were his no doubt whatever existed, although he was never seen to commit them. They at once ceased on his discharge. During the

whole of this time there was no other evidence of insanity. The patient was free alike from depression and undue excitement. He was coherent, rational, and intelligent in his conversation, and there was no indication whatever of any delusion.

He had a prolonged interview with the Commissioners in Lunacy in January, 1864, and was by them recommended to the Committee of the Hospital for discharge on trial. He was accordingly discharged on the 15th March, and went, under care of an attendant, into lodgings near Scarborough, where he remained for five weeks in the same state, and then returned to London.

On the 12th April, 1866, he was convicted at the Central Criminal Court of throwing vitriol into the face of a woman who he thought had injured him, and was sentenced to twenty years' penal servitude.

Attempts were made to obtain a remission of the sentence on the ground of insanity, but without avail.

This case, differing materially from the last in the fact that well-marked melancholia was at one time present, has this identity with it—the impulse to injure, which I have no doubt, but for cowardice, would have been the impulse to destroy, was present at a period when no other evidence of insanity existed, or had existed, for very many months. Looking at these cases in the light of their whole history, we cannot, I think, fail to conclude that the criminal impulse in each had its origin in insanity, although other signs of that disease were absent, and that in the last of them the criminal act was an evidence, and the only one, of a continuous insane condition of which the form but not the substance was changed. Surely cases such as these are proof enough, if further proof were needed,—1stly, that homicidal or destructive impulse does exist without previous unmistakeable evidences of insanity; and 2ndly, that where such evidence has existed it may have been at a period so remote from the occurrence of the criminal act as to render it impossible, save with a full knowledge of the history of the case and of the individual for many years past, for any one to satisfactorily connect the two. Moreover, can anything be more certain than that such delicate conditions are unfit for the rough handling of a common jury, or that a prisoner has small chance of justice when medical evidence in favour of sanity is given, without previous knowledge of the case, and after only a cursory examination of the patient?