

to give her a hypodermic injection. His manner throughout was confused and irrational, and after his wife's death he made puerile attempts to bribe the doctors to certify that death was due to natural causes. When arrested he showed the same irrational and unconcerned demeanour. The hypodermic syringe taken from him was found to contain a mass of white powder, which after a cursory examination at a drug store was pronounced to be strychnine. Subsequent analysis proved that it was morphia without a trace of strychnine. No *post-mortem* examination of the woman's body was made. The family history of the accused showed a strong neuropathic taint, his paternal grandmother having been insane, while on his mother's side one uncle died insane, an aunt suffered from some convulsive disease and was burned to death in a fit, and two other relatives committed suicide. The accused was delicate and erratic as a child, and presented further evidences of instability at adolescence, constantly changing from one occupation to another before finally adopting medicine. While studying medicine he made an almost successful attempt to commit suicide. From the time of his starting in practice he was known to be addicted to the use of drugs, especially of morphia; and it had been noted for several months that his physical and mental condition had greatly deteriorated, and that he had developed an extreme instability of temper, oscillating from torpor and indifference to irritability and impulsiveness.

Despite the medical evidence as to the effects of the chronic morphia habit on the man's mental state, the Judge charged that consciousness of wrong-doing would involve responsibility, and that if there were any blunting of the moral perceptions due to the intoxication, such incapacity would not excuse the crime, because the intoxication was voluntary. Dr. Crothers, who has been one of the foremost champions of the forensic recognition of automatism in intoxication, comments with just indignation on this reactionary attitude. The prisoner was convicted of murder in the second degree, and sentenced to twenty years' imprisonment.

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*The Responsibility of Hysterics* [*A propos de la responsabilité des hystériques*]. (*Journ. de Méd. de Bordeaux, September, 1906.*) *Régis, E.*

There is an extreme variability in the mental state of hysterics, and one must therefore assume a parallel variation in the degree of responsibility to be attributed to these patients. The most satisfactory theory is that of "attenuated responsibility," which alone allows a place in criminology to the numerous intermediaries between the completely sane and the undoubtedly insane. It is often maintained that the practical application of this theory leads to results inimical to society. This is not so. What is dangerous is the present judicial use of the principle whereby punishment is diminished, while no adequate consideration is given to the question of public security. The solution of the problem is the placing of the partially responsible in special institutions distinct from both the prison and the asylum.

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