

tology of this form must still be studied. In his case the patient was subject to repeated and severe apoplectic or apoplectiform attacks while the course of the disease extended over six years.

In the case above mentioned the symptoms were somewhat different. No attacks, and a duration of between two and three years.

May not the endarteritis have been of syphilitic origin?

Mendel denies syphilis most decidedly in his case. I believe the absence of any other lesion pointing to this disease renders it probable that it was not the cause in ours, although the previous history of the woman rendered such a cause very probable.

OCCASIONAL NOTES OF THE QUARTER.

The Case of Gouldstone.

First and foremost among the Occasional Notes of the Quarter the case of Gouldstone calls for comment. The observations to be made upon it will be ranged under the following heads: First, the history of the man and his crime; second, the examination in Court of skilled witnesses, with remarks on the futility of such examinations from a scientific point of view; and thirdly, the question of the legal dicta on responsibility.

First, then, the history of the patient.

His mother was insane at the time of his birth, and his mother's sister was, and is still, insane. In both these women there was well-marked melancholia, with the idea that ruin was coming upon them.

On the father's side, the father's sister was insane, and two cousins, one of whom died in an asylum, probably of general paralysis.

Thus Gouldstone came of doubly nervous parents. It may be said, Why have none of his brothers or sisters suffered from neurosis? I can only say I cannot tell, but that it may simply be but the want of the spark to cause the explosion. In Gouldstone the spark fell.

Gouldstone managed to make a fair living; he had no serious illnesses, and was a quiet, sober man. He seemed inclined to a solitary rather than a social life, and even

before his marriage he preferred to be alone rather than with others.

He had no special tastes and no special ability. His employment was that of a fitter of grates which had been sent up from the foundry. This required only steady, quiet, unoriginal work.

He was not emotionally religious, but went to church when he had a decent coat on his back.

He married a young woman of his own age and station, and in no way changed his ways.

He was punctual at his work, careful in its performance, and regular in his return home when it was done. He continued to go to church as long as his wife could go with him, and as long as his clothes were, to his idea, good enough.

When he had children at home he spent his spare time in playing with them, and was more fond than most artizans of his family, and cared for no other society.

His fellow-workmen looked upon him as odd and unsocial. He never made chums.

He would, like Joseph of old, tell strange dreams he had had, and he gave his fellow-workmen the idea that he half-believed what he told them. His dreams displayed heaven opened, and he heard God speaking to him.

At times he had dreadful dreams, and he had very severe pains in his head.

Besides these symptoms he had increasing trouble from a double hernia, and at times he said he wished he were dead. With his fellows he would talk about the easiest way to die, and whether it would be painless to be crushed by the lift. It can be seen from his fellow-workmen's letter that they thought him strange.

During the last year or two he managed to live and keep his family, but he rarely had animal food, and then in very small quantities, so that this nervously weak man was fighting a hard battle with feeble support.

His wife's last confinement approached, and he was in no way changed. When he heard there were twins he was not unnaturally disturbed, and went to his work on the next day, but on the annual holiday of the firm he did not go with his fellow-workmen to the bean-feast, but was at home, and appeared moody, and at times was in tears. It came out afterwards that at this time he—like his mother—contemplated suicide. He did not make any noisy, blus-

tering threats, but quietly rested while the morbid mental growth developed.

On the day of the killing he went to work as usual, and, as far as is known, he did his work well. But he was disturbed and restless in himself, and thought of his misery, and decided insanely to alter, but not to end it.

He even considered whether he should use a revolver or not. He is said to have taken more drink than usual to nerve him for the effort.

And now we come to the killing of his children. There was the calm action of a most determined criminal, an enthusiast, or a lunatic.

No passion, no haste, only steady, purposeful, but unreasonable slaughter.

He had worked out the problem in his weak mind that it were better for the children to go straight to heaven, and he did what he considered the best for them. If he had killed himself after the act, no one would have had a doubt about the insanity of the act, but he lived without seeming to care. That he knew he killed his children none can deny—he owned it more than once—and equally he knew that hanging was the penalty of murder.

He spoke and acted as if he had done a kind act to his wife, and bade her an affectionate farewell.

After the killing of his children, and his conveyance to the House of Detention, he seemed to be suffering from melancholia; so said the doctor, though for some reason his evidence was never given in Court.

He was not, like the passionate criminal, overpowered by the sense of his deed. He slept fairly, and took his food.

In the interview I had with him he talked in a calm, uninterested way, quite unlike the callousness of a villain or the justification of the pretended lunatic. He did not try in one way or another to excuse himself, or make light of his deed. He talked as if he were narrating something which had occurred to someone else.

In this his manner contrasted markedly with that of a murderer I once before examined, who was only too anxious to make the most of his nervous relations, his own injuries to his head, and of forgetfulness of his act. The man is a physically weak man, with a small head, and with features of a dull, but not brutal type. I would say, too, of his brothers who appeared in Court, that they all had the appear-

ance of dull men, and their examination showed them to be intellectually weak and slow of perception.

I would, then, sum up the case in this way. A man with strong direct inheritance of insanity is reduced by bad feeding, pain, and worry, to a condition of misery that was diseased. It was melancholia out of relation to its causes and its end. The whole thing was as is general in mental disorder—a morbid development, not a devilish afflatus.

As to my examination in Court, I can only say that the skill of the prosecuting counsel and the ruling of the Judge made my opinion appear to be that the prisoner was responsible. I could only say “yes” when asked if the man knew he had killed—I objected to the term “murdered”—his children, and again I could only say “yes” when asked if he knew the punishment he had incurred. It would have been folly, as well as false, for me to have said otherwise.

But I distinctly added that I believed him to be insane at the time the act was committed. One most important point was made out of the fact that I said that I could not certify from facts observed by myself in my interview of from 20 minutes to half-an-hour.

I have been blamed for this, but I would defend myself by saying that counsel strictly bound me down to answer simply and solely as to facts observed by myself. Some say that, as a physician, I was bound to take the history and the antecedent facts as part of the facts observed. This I must demur to, as in the signing of a certificate the facts observed by myself must be quite independent of information gained from others. I own this is often a foolish necessity of the law, but at present it exists. I did add that with the history and from the facts I believed him to be insane, but I was told by the Judge that this was not for me, but for the jury to decide. And the Judge’s ruling quite outweighed my opinion.

Surely the jury have a right to be instructed by experts as well as by lawyers. Insanity and its various forms are not less difficult to understand than forms of law.

It would have been better that there should have been a contest of medical opinion, so that the jury should have heard the points for and against the insanity, rather than they should be wholly uninformed. It may seem strange that medical opinions should differ as they are seen to do in contested trials; but I for one do not see in this difference of

opinion untruth or dishonour. Medical knowledge is not as yet finite, and there are at least two sides to a shield.

I would suggest that, in any criminal case in which the medical officer of the House of Detention states any doubt about the sanity of a prisoner, the trial should not take place till several months' observation have transpired; thus a great deal of heart-burning would be saved, and some lunatics would not be tried as criminals.

Lastly, as to the test of sanity.

I fear the want of any exact knowledge of the causes of insanity must for very long leave us without any definition of the condition.

The lawyer will say, "Let common sense decide who are responsible, and what is to be meant by responsibility."

I know the most important safeguards are needed by society, so that the weak should be kept from becoming wicked, but at the same time I must protest against persons being punished for what they cannot help.

First, I would do away with all definitions of responsibility, and let each case be tried on its own merits. For just as a man is sane or insane in relation to his past history and to his surroundings, and not according to any standard that can be set up, so a man is responsible or not for his acts, according as they are the natural outcome of his uncurbed passions or are due to diseased conditions.

I grant that harm has been done in several ways by the medical expert, in too often and too indiscriminately dragging in such rare explanations as insane impulses alone.

Again, insanity is generally looked upon as like other acute diseases, which can be as readily diagnosed as fevers or heart disease.

It will not be understood in its criminal relationship till it is looked upon merely as the morbid life-growth from the diseased germ. The whole life has tended to irregularity, and in many, direct insane inheritance must be admitted to play a chief part in its production.

The subject is unsatisfactory, as may at once be seen from the different ways it is viewed by the public.

The suicide is always considered to be insane.

The testator, again, is practically considered sane, but it may be shown that he was insane without incurring odium.

But if a criminal is defended as insane, his defender runs a great chance of being looked at as criminal also.

Finally, are we to be bound by any definitions in giving our opinion? I should say "No." We have got rid of "delusions" as a necessary part of insanity. It is now, moreover, admitted that a "knowledge of right and wrong" is not necessary, and the question of loss of self-control and impulses is so delicate a one as to make it dangerous for an expert to attach much weight to it in giving evidence.

I am free to admit the fault lies in great part in our defective knowledge, but is also partly due to the habits of the law in exacting definitions from medical witnesses.

We can no more define insanity than we can by definition give an impression of a rainbow or a landscape.

GEO. H. SAVAGE.

The Case of Cole, and the Legal Procedure in ascertaining the Mental Condition of Prisoners.

It would be difficult indeed to conceive any circumstances more calculated to bring English Criminal Law into contempt than the results of the trials of Gouldstone and Cole for wilful murder. Our only consolation is that such pitiful exhibitions of the working of our present judicial machinery, in cases in which the plea of insanity is set up, may lead to some practical reform therein. Had any commentary been desired on the necessity of carrying out the Resolution* passed at the recent Annual Meeting of our Association, under the presidency of Dr. Orange, and again at the October meeting of the Metropolitan Branch of the British Medical Association, such commentary, written in letters of blood, has indeed been supplied by the occurrence of these two trials in rapid succession.

The great object of this Resolution is to secure a full and

* "That prisoners suspected of being mentally deranged should be examined by competent medical men as soon after the commission of the crime with which they are charged as possible, and that the examination should be provided for by the Treasury, in a manner similar to that in which counsel for the prosecution is provided. It is suggested that the examiners should be the medical officer of the prison, the medical officer of the County Asylum or Hospital for the Insane in the neighbourhood, and a medical practitioner of standing in the town where the prison is situated; that the three medical men shall, after consulting together, draw up a joint report, to be given to the prosecuting counsel, the cost being borne by the public purse, inasmuch as it is useless to tell an insane man that the burden of proving himself insane lies upon himself." (See Journal, Oct., 1883, p. 451).