would anticipate on the theory that it is the sole cortical visual centre; nor, in cases of auditory hallucinations, is the first temporo-sphenoidal, viewing it as the sole cortical auditory centre.

Thus the morbid anatomy of general paralysis fails to support the exclusive view that these gyri are, or contain, respectively the sole cortical centres of sight and hearing.

Taking the cases together, we find that the supra-marginal convolution is affected more than the angular in those with visual hallucinations, and the adhesions are often well marked on the postero-parietal lobule.

Also that the second temporo-sphenoidal gyrus seems to suffer more than the first in the cases with auditory hallucinations, taken collectively.

Mental Experts and Criminal Responsibility. By D. Hack Tuke, M.D., F.R.C.P.

I wish in the first instance to lay clearly down what are the objects to be attained in regard to alleged insanity in criminal cases; in the second place I shall speak of what is the course pursued in England to reach those ends, and point out its inadequacy and inconvenience; and, thirdly, I shall suggest certain modifications, or rather radical changes in our present system, which I submit will act beneficially in securing the objects I lay down as those we ought to have in view. I am not, of course, speaking here of the duties of the Expert; his *rôle* is much more limited in its range; but I am placing myself in the position of one who heartily desires to answer the question: Can the present method of ascertaining Criminal Responsibility in our Courts of Law be improved?

The first object I take to be to adopt the most scientific and therefore most efficient means of ascertaining the mental condition—the criminal responsibility—of the accused.

The second is to protect him from punishment if he is irresponsible.

The third is to protect society from the injury done by admitting the plea of insanity when the act committed is really criminal, thus relaxing the checks upon crime and failing to punish when punishment is due.

There is also a fourth and very important object, which

applies to those already found "not guilty on the ground of insanity," to avoid discharging them until mental health is restored, and, indeed, as long after that period as is deemed needful for the safety of the community.

Taking these objects in the order in which I have stated them, one would have thought that the first did not involve any proposition which would be disputed. It would have seemed self-evident that in order to ascertain the mental condition of the accused, we must employ scientific means, with a view to the result being made use of in court. Yet, strange to say, we find Lord Campbell giving expression to the following opinion: "Hardly any weight is to be given to the evidence of what are called scientific witnesses; they come with a bias in their minds to support the cause in which they are embarked" (Tracy Peer., 10 Cl. and Fin. 191). In direct contrast to such a position, I might cite certain words of Canning. They go, however, further than I am prepared to go. "Tell me," he says, "that a farmer thinks so and so about seed, that a painter says this or that is the best method of mixing his colours, that a physician holds such or such medicine to be the specific for a particular complaint—and as I neither can, nor need have, nor pretend to have, any power of judging from my own knowledge of agriculture, painting, or medicine, I am willing (provided nothing has come within my own experience to contradict them) to adopt implicitly the opinion of the farmer, the painter, or the physician" ("Nineteenth Century," January, 1880).

If, indeed, the evidence of scientific witnesses is what Lord Campbell describes it, and if nothing can be done to render science helpful, and indeed essential, in judicial investigations, then I am only wasting time in discussing the best means of ascertaining criminal responsibility in our Courts of Law, because my proposals are entirely based on the assumption that the evidence of men of science—be their department what it may—is of primary importance, and that our great object is to obtain it in the most effective way. And as regards Lord Campbell's dictum, I shall venture to interpret it to mean, not that science should be held to possess hardly any weight, but only science as now seen in the witness-box, "cribb'd, cabin'd, and confin'd" by legal conditions unfavourable to her powers, conditions as I shall show, as unnecessary as they are injurious, seeing they do not exist in some of the most civilized countries of the modern world. So far then from being disheartened by

Campbell's opinion, I am confirmed in the judgment that our present system works badly, and that it is time we should endeavour to rectify it.

Passing on to the second and third objects, I think no one will call in question that whatever plan we adopt, we must aim at protecting the criminal from punishment if irresponsible, on the one hand, and society from the evil of too readily admitting the plea of insanity on the other. Even Baron Bramwell, who entertains views on criminal responsibility which would necessitate the punishment and indeed the execution of a large number of the inmates of our Lunatic Asylums, admits there are cases in which punishment would be cruel. And as to protecting society, there is no occasion to insist upon that.

With regard to the fourth object, opinion will be equally agreed that when the accused is found not guilty on the plea of insanity, the greatest care must be exercised not to allow a dangerous lunatic to return to society. That this error may be committed is no imaginary possibility.

I now come to the second head of my paper, the course pursued in England in order to reach these ends, and the inadequacy and inconvenience thereof.

Suppose the case of a person apprehended and brought before a magistrate charged with a crime respecting which the question of insanity arises. The course to be pursued is not laid down or even mentioned in any one of our Statutes, and no reference is made to the subject in such works as Stowe's "Practice for Justices of the Peace." Mr. Flowers, the magistrate of the Bow Street Court, is unable to refer me to any law bearing on the course of procedure. The course actually pursued is this: If the case brought before the magistrate be one involving murder, manslaughter, or other serious crime, the prisoner is committed to trial whatever the state of his mind may be. No order, as a general rule, is made by the magistrate to ascertain what this is at that period—*the period nearest to the time of the commission of the deed.* The duty of the magistrate ends when the prosecutor and the various witnesses are bound over to appear at the Assizes or Quarter Sessions.

If however, while in gaol awaiting his trial, he were obviously insane, he might (as a remedial measure) be removed by order of the Secretary of State to an asylum, this order being based on a certificate signed by two medical men, employed by the justices, and also signed by two of

them, in accordance with the 27 and 28 Vict., cap. 29, s. 2, passed in 1864.

This comparatively recent Statute is, no doubt, a most valuable provision in case of indisputable insanity, but it does not provide for doubtful cases which require testing when brought before the magistrate. The same Act contains also a most important provision for prisoners under sentence of death, in which the justices or others may bring forward evidence before the Home Secretary in order to induce him to make inquiry into the prisoner's state of mind. But these do not touch the inquiry into the state of his mind in the first instance, the point on which I wish to lay especial stress; or, again, the magistrate might refer the case to the police surgeon, or send the prisoner to the workhouse, in which event the course subsequently taken would rest with the Union Medical Officer. In some instances the action taken is founded on the Statute which allows a dangerous lunatic at large to be taken up, and placed in an asylum, if two justices and a medical man sign the necessary legal documents (1 and 2 Vict., c. 14, s. 2).

Returning to the action of the magistrate, if the case brought before him is one in which he can act summarily, that is to say in minor cases of theft, &c., and in which something in the prisoner suggests insanity, he would, if a sensible magistrate, remand the case, calling the attention of the governor of the gaol to the prisoner's mental state, and if the prison doctor reported him insane, he would discharge him as respects the crime, and would deal with him in the ordinary way as a lunatic; but for this action in a case of crime there is no distinct law, and it too often happens that the magistrate is not sensible, and punishes the prisoner without instituting any inquiry. It would seem that when a magistrate has a prisoner brought before him whom he believes or suspects to be insane, and he takes action on that ground, that it is not in his criminal capacity, but only as a magistrate under the Lunacy Acts.

The course or courses pursued which I have described obtain in the London police courts. They are essentially the same, though different in a few particulars, in the provinces.

At Petty Sessions in the provinces the course taken depends upon the sitting magistrates on the advice their clerk may give them. Some remand for a medical examination, and if certified insane, hand the prisoner over to the

relieving officer to deal with as an ordinary lunatic; others convict without medical examination, and the prisoner comes under the notice of the gaol surgeon; others punish when a medical examination ought to have been had. Only a few weeks ago, in a locality where I was visiting, a man was brought up for being drunk and disorderly, and violently assaulting the police. The prisoner had an epileptic fit then and there, but he was sentenced to six months' imprisonment. The prisoner, whose fit had left him so weak that he was unable to stand, stated that he did not know he had assaulted the police, and that he was very sorry for having done so. He was not examined by any medical man, and was not remanded. The other day in Liverpool the County Bench did remand a man who had made a homicidal assault, upon evidence being given by a physician that he was insane; but a solicitor informs me that no law warrants such a departure from the function of the Bench in grave offences, and that a stipendiary magistrate would not have done anything but commit.

Having considered the position of an insane prisoner before the magistrate, let us now regard him before the judge and jury at the Assizes. The plea of insanity is set up. If the jury find him unable to plead on arraignment,* he is sent to Broadmoor until he recovers, or so long as he remains insane. If, on the other hand, he is considered fit to plead, one or more medical witnesses are called by the defence to establish his insanity. Probably counter-evidence is produced by the prosecution to show that the accused is of sound mind. The surgeon of the gaol, if called, is called by one or other side according to the opinion he holds. As is natural under the circumstances, counsel on both sides do all in their power to perplex the medical witness in cross-examination, and the subject is treated as if it were as easy of determination and of a reply—yes or no—without qualification, as the dimension of a wall, or the soundness of a piece of timber.

Under such conditions—Science converted into a partizan, and Medicine into an advocate—the question of the criminal responsibility of the prisoner is considered and is finally decided by the jury. Can, I ask, the present method of ascertaining criminal responsibility in our Courts of Law be improved? Is it not, as I have intimated, inadequate

* 39 and 40 Geo. III., cap. 94, s. 2.

and inconvenient? To recur to the prisoner when first apprehended and brought before the magistrate, is not the law inadequate in not providing for a careful examination of the accused by a competent physician as soon as possible after the commission of the deed? Would it not greatly assist the judgment formed at the trial to have him carefully observed by one or two mental physicians in the interval? Is it not inadequate and inconvenient that any examination that may be made *for the purposes of the trial* should depend upon the prisoner's friends or solicitor? Again, is it not inconvenient that an examination should be necessarily made in prison, unless, indeed, he has been found to be insane while a prisoner? Every superintendent of an asylum will agree that there are cases admitted under his care which for days and even weeks present doubtful features, and he is unable to make up his mind for a considerable period as to the patient's real condition. He sees him daily and oftener, has long conversations with him as well as short ones. He sees him when he is not aware of being observed. He obtains valuable information from the attendants and patients who are brought into contact with him by night as well as by day. Any one must see that such opportunities are denied to a physician called in by a solicitor to examine a prisoner in prison. It is true he may have several interviews, and no obstacles may be thrown intentionally in his way, but the opportunities for observation must be vastly superior in the asylum than in the prison.

Further, coming to the trial itself, is it not an inconvenient and unsatisfactory method of procedure for scientific witnesses to be called by the defence and prosecution instead of by the Court itself? Is it not to place science in a totally false position? Is not the result likely to be partizanship, however improper it may be that it should have this effect on men of science?

Is there not something in the very atmosphere of a law court (possibly sophisticated germs!) with which the scientific witness too often becomes contaminated?—the evil communications of the advocate corrupting the good manners of the physician! And apart from all this, are not oral evidence and a captious cross-examination little suited for the description of a subtle disease and the education of truth in regard to it?

Lastly, among the inconveniences attending our present mode of ascertaining criminal responsibility, I must note

what a chance it is that the accused has the advantage of a skilled medical examination. He may have half a dozen doctors, but they may not be specially versed in the disorders of the mind.

Need I add more weight to the statement I have made that the present law, or absence of law, is inadequate and inconvenient by proving that its actual working is by no means satisfactory?

I would here recall the fact that a great amount of time is wasted in the examination of a large number of medical witnesses when the report of two experts would occupy very much less time, that the value of the opinions thus procured is infinitely less than if obtained from men selected for the purpose, that the decisions arrived at by juries are not unfrequently highly unsatisfactory, that in some instances the work has to be done over again after the conviction, commonsense inducing the Secretary of State to do then what, under the Act 27 and 28 Vict., 29, s. 2, the Court ought to be empowered to do before.

It may be said that no injustice is likely to be done by sending a lunatic to prison, inasmuch as the gaol surgeon will look after the case, and if he is insane, will take steps for his removal to an asylum. But a case which occurred the other day shows that we cannot depend upon this officer pursuing the right course. A man with congenital mental weakness, and with a history of two attacks of insanity for which he had been confined in an asylum, and in regard to whose existing deficiency medical evidence was given, was found guilty of theft, and was sentenced to six months' imprisonment. He slept on a plank, and was put on low fare. He was obviously insane on quitting the prison, and was removed to an asylum within a week after his discharge, where he died. The superintendent of this asylum thus writes to me, "The fact is, the prison surgeon refused to consider the man insane, and was jealous of my being called in; it was a case of gaol *versus* asylum. The surgeon was simply ignorant." We cannot therefore altogether depend upon surgeons to our gaols if a mistake is made at the trial of the prisoner.

Not long ago an Italian, Schossa, committed a most extraordinary assault upon the priests officiating in a church. I express no opinion as to his insanity (though there is much which suggests a delusion), or the justness of the sentence of imprisonment for life which he received, and which would have been capital punishment had he happened to succeed in

his murderous designs. But I say that it is unsatisfactory that the law does not necessitate in such a case a definite course of investigation into the prisoner's mental condition by competent men. The magistrate did remand the prisoner for a week for some examination, an unusual course in a case in which he would not have been able to act summarily, but I do not know what examination he underwent. An Austrian official, now in England, observed to me, on reading the trial of Schossa in the paper, that it seemed to him very inefficient means had been taken to ascertain the mental condition of the accused, and that our tribunals have in this respect no character on the Continent.

So again in the case of Dodwell, who shot at the Master of the Rolls, how much confusion, controversy, blundering, and expense would have been saved had the proper examination been made by Drs. Maudsley and Blandford at or before the trial, instead of months after he had been at Broadmoor, and after public opinion had been aroused under the impression that a wrong had been done.

I might perhaps sum up the defects at present attending the proceedings both on the apprehension and in the trial of prisoners alleged to be insane, under the general term of uncertainty—the absence of a sufficiently systematised mode of action.

Having answered the question whether the present mode of ascertaining criminal responsibility admits of improvement, in the affirmative, I proceed to suggest certain improvements in our practice which would, I believe, remedy the evils of which I complain, at least as far as human imperfection admits of being perfected, only premising that the infliction of punishment must depend upon accountability, and accountability upon free-will, and free-will upon sanity. What we want to ascertain is not the mere knowledge of right and wrong, but whether the power to avoid doing wrong was sufficiently intact to involve responsibility.

In the first place, I think that the magistrate before whom a criminal case is brought should, if there is any question raised as to the prisoner's insanity, be obliged to order an examination of the prisoner, either by two mental experts or one expert and the gaol surgeon. The obvious advantage here is that we obtain the best opinion we can secure immediately after the crime has been committed.

These experts should have full power to cause the temporary removal of the accused to an asylum, so as to have

every opportunity for his examination, between his committal and his trial at the Assizes. If they regard him as insane, they should be employed to sign the certificate now required by the 27 and 28 Vict., c. 29, s. 2, when a prisoner in custody awaiting his trial is removed to an asylum.

At the trial, the jury should as at present decide whether the accused is in a condition to plead, after hearing the opinion of the experts. The Act 39 and 40 Geo. III., cap. 94, s. 2, enacts that a jury is to be impannelled for the purpose of trying the question of the prisoner's insanity, but does not say how they are to find this out.*

If judged unable to plead, the prisoner would be confined in the criminal asylum under the same conditions as now.

If considered able to plead, a full written report, drawn up by the experts, should be given in evidence.

If the Court wishes for any explanation of the report, the experts should be called into the witness-box. I am disposed to think that justice would be best secured by their being interrogated by the judge, any questions the jury or counsel may wish to ask being put through the judge also, but I do not believe it would be possible to introduce such a course ; so I do not propose it.

A very important question now arises, which is this. If, as I propose, the magistrate or the Court shall call in experts, is no liberty to be allowed to the counsel for the defence or the prosecution to call in medical witnesses who shall make an independent examination and be allowed to give their evidence as well as the experts ?

This, in truth, is the most difficult question which presents itself when the Court itself calls in experts. On the one hand, one of the objects of this plan is to get rid of the temptations to partizanship fostered by the present system, and the unfavourable field for scientific evidence to be found in the witness-box only. This object would be gained by restricting the evidence to the appointed experts. On the other hand, the objection may be made against this course that it would invest too much authority and power in the Court. Thus the prisoner would feel aggrieved if in the event of the official experts deciding that he was sane, he was not allowed to

* Archbold says, "If the jury find insanity, that will preclude the necessity of further proceedings, but if the prosecution does not bring proof of his state of mind, the judge will endeavour to ascertain it from the officers of the prison and from medical evidence, and, if necessary, postpone the trial. Reg. v. Davies, 6 Cox C.C., 326." P. 613, Ed. 1877.

bring forward a medical witness—perhaps his own medical attendant—in favour of his irresponsibility.

I do not think that this power can be taken away, but it would, in all probability, follow from the appointment of experts that very much less extraneous medical evidence would be given in Court. A great check would be put upon mere partisan and useless evidence.

Such are the main changes I should wish to see introduced, the two leading ones being the calling in of experts by the magistrate, who would report in writing to the Court at the trial, and the power to remove any one charged with crime to an asylum, *not because he is insane, but to ascertain whether he is so.* There are, of course, many questions of detail which present themselves, such as the selection of experts, whether they should be permanently appointed to the office or only called in in each case according to the judgment of the magistrate, and again, what course should be pursued when the experts do not arrive at the same judgment, but these points may be left until we are agreed upon the principles.

In the foregoing suggestions I referred only to the serious class of crimes which the magistrate is obliged, if the evidence warrants it, to send forward to trial.

In regard to those minor infractions of the law, in which the magistrate can decide, if in them the question of insanity suggests itself, it might seem unnecessary to pursue the course suggested. And yet when one considers that some of these minor cases are examples of the incipient stage of the gravest forms of insanity, and when one thinks of so painful a case as that I have referred to as occurring last week before a magistrate, one feels the importance of a skilled physician being consulted even here.

I am quite willing to admit that practically the present facilities for ensuring skilled examination do sometimes work well. Thus, for instance, I will take the case of any person committed to trial and imprisoned at Warwick. If symptoms indicating insanity were to arise, the gaol surgeon would communicate with the visiting magistrate, and they would call to their assistance the superintendent of the County Asylum, Dr. Parsey. This physician writes to me as follows:—"It has been the custom for many years to obtain my opinion and certificate as a supposed expert in addition to (and in some doubtful case as a sort of guide to) that of the gaol surgeon. When called to see a prisoner in gaol, it has almost invariably been by the visiting magistrates, who allow

me free access to the prisoner, and as many visits as I may think necessary. I remember only one occasion in which I was called in by the prisoner's attorney. If the Assizes or Sessions are not near at hand, and the offence is not a very grave one, the prisoner is removed (if insane), under a Secretary of State's warrant, to the County Asylum, and the trial deferred till the prisoner's recovery and return to gaol. When the time for trial is near, or the offence a very grave one, I have continued to see the prisoner occasionally in gaol, and have given evidence at the trial."

This is no doubt most satisfactory. There happens to be an excellent expert near Warwick; there happen to be visiting magistrates who have the good sense to employ him; and the gaol surgeon, it seems, happens to be a man who is alive to the indications of insanity, and recognises the importance of promptly inquiring into them. The law, however, under which action is taken does not require that the medical man called in shall be familiar with insanity, only that he be "duly qualified," and it does not require that the physician called in by the visiting magistrates should be prepared to give evidence for the Court at the Assizes, and draw up a written report. Nor again does it permit the removal of the prisoner to an asylum for the purpose of more convenient inspection by the expert. There is, however, so much that is good in this Act that it might well form the basis for future legislation. I think some indication should be given as to the action not only of the visiting magistrates to the prison, but of the magistrate or magistrates before whom the case is in the first instance brought, whether at the police courts or the petty sessions.

In another letter received from Dr. Parsey he says: "You ask me whom I represent at a trial when asked to give evidence on the mental condition of a prisoner at the Warwick assizes or sessions. I do not know that I represent anybody, and I get the munificent fee of one guinea, I think, through the magistrates' clerk by the judge's order. My opinion is mentioned by the gaol authorities to the counsel on either side, and the one that wants my evidence gets me subpœnaed, and a fixture has generally been made for the trial. I take it that it is merely from my being personally known to many of the gaol committee that the habit has sprung up here of asking my advice, a state of things very irregular and unsatisfactory from a legal point of view, and I quite

agree with you that there is a great want of definite legal enactments in such matters."

If it be said that the propositions contained in this paper are unpractical, I would reply that very similar, though more stringent, regulations have been in operation for long in Austria, Germany, and France, and for some time in Maine, in a more decided form, indeed, than I have advanced them. What can be more sensible than the following law in Austria, extracted from the criminal code:—

"If doubts exist whether the accused possesses the use of his reason, or whether he suffers from an affection of the mind by which his accountability may be lost, then must an inquiry into the state of his intellect and emotions by means of two physicians be always ordered. These have to make their report of the result of their observations. They have to put together all the facts influencing their judgment of the intellectual and emotional condition of the accused. They must examine them according to their importance, both separately and when taken together, and if they consider that there exists a derangement of the mind, they must determine the nature of the disease, the species, and the amount of it, and must ground their opinion both on the basis of the written acts and their own observation as to the influence the disease may have exercised, and yet exercises on the imagination, impulses, and acts of the accused, and whether, and in what degree, the disturbed state of mind has existed at the period when the crime was committed."

Had time allowed, I should like to have cited various other excellently well conceived laws from the Austrian code, and I must say their precision contrasts very strikingly with our own statutes.

In France, again, where I have taken some pains to ascertain the practice, I find that the law recognises the right of the *juge d'instruction* (or magistrate) to enlighten himself by obtaining the opinion of men engaged in the practice of mental medicine whenever he feels in doubt. The Code of Civil Procedure, part 1, book ii., chapter xiv., enacts the mode of nominating experts. The principal points are these: When the magistrate perceives, during the examination, that the person accused of a crime does not enjoy the full measure of his intelligence, he suspends his examination, and makes an order by virtue of which one, two, or three experts are requested to examine the accused. He may also have been induced to take this course in consequence of the action of

the friends of the prisoner, for after the crime has been committed, his family may say, "He was insane. Here is the proof. His medical attendant has seen him, and attested in a certificate which we place before you that such is the fact."

Now the magistrate never refuses this demand, only of course he has the appointment of the physicians who are to make the examination. These experts take an oath, and the particulars of the crime and the prisoner's history as elicited by the magistrate are communicated to them if they desire them. They then examine the accused, either at his own house if he is provisionally at liberty, or at their own house, or in the prison if he is detained there. The visits of the experts are made freely, and without witnesses, just as often as they see fit. The governor of the prison conforms to their wishes, and causes the prisoner to be specially inspected by the gaolers if it is desired. In fact, the experts have the fullest power to ensure a thoroughly satisfactory examination in a private house or a prison. Moreover—that which is specially important—if notwithstanding they are not able to make up their minds, as more particularly happens in cases of simulation, it is not forbidden to place the prisoner provisionally in a lunatic asylum, in order that he may be examined there with still more care and under constant medical supervision. The experts visit him as often as they like, and when they have arrived at a conclusion, they report to the magistrate. If their opinion supports the view that the prisoner is insane, the magistrate, if, as is likely to happen, but not as a matter of course, he accepts their verdict as final, issues an order of "*non lieu*," or no jurisdiction. The affair, so far as the magistrate is concerned, is at an end, and the prisoner, now a patient, becomes an inmate of a lunatic asylum. He is no longer in the hands of the law; the authorities of the asylum receive him. He is now regarded as irresponsible; he is "not guilty" on the ground of insanity. He is a patient who will be treated like others, and he may be restored to liberty, without further control, whenever the superintendent of the asylum thinks proper. Instead of being a "Queen's pleasure man," as with us, he is the superintendent's pleasure man.

I am not surprised to find that the French physicians are of opinion that the facility of discharge is too great, and that the law in this respect admits of amendment. It too

often happens in consequence that dangerous lunatics go out into society, and, being at liberty again, commit some fresh crime.

Suppose now that instead of the experts appointed by the magistrate arriving at the conclusion that the accused is insane, they report that he is of sound mind; if the inquiry has been instituted at the instance of the friends of the prisoner, there is a disagreement between the certificates that have been given by the family physicians and the experts' report. In this case, the magistrate orders what is called an *expertise* — other experts who are charged with the duty of a fresh examination of the prisoner. If these experts, to whom of course are accorded the same facilities for observing him as to their predecessors, decide that he is insane, the magistrate would doubtless adopt their opinion, and the accused would be sent to an asylum.

But if the new experts decide that he is responsible, the magistrate sends the case to the next assizes; he commits him for trial. There the jury pronounce their verdict, and he is acquitted or condemned accordingly. There may have been conflicting arguments as to the prisoner's insanity to this extent—that on the one hand there is the report of the experts denying it, and on the other the opinion of the physician or physicians employed by the family maintaining it. The President of the Court does not however permit the intervention during the trial of any other physicians besides the experts previously nominated. It is only the counsel for the prisoner who may speak as the mouthpiece of his physician, and he, it is obvious, has not the authority or the knowledge sufficient to present the medical aspect of the case fully. In this particular again the French physicians think there might probably be a change made in their law with advantage. They think the opinion of the experts themselves might be a little more controlled. At the same time, they have no wish to see the witness-box thrown open to an indefinite number of medical witnesses *pro* and *con*. I think the course I have proposed possesses the merits and avoids the alleged disadvantages of the French practice.

If the President of the Court feels any doubt as to the man's sanity, notwithstanding the opinion of the experts, he expresses it to the jury, and has the right to adjourn the trial to the next assizes, in order to appoint still other experts to examine the prisoner's state of mind. The accused is sent

back to prison, and is at the disposition of the new experts until they have made their report.

In concluding this description of the French law, I may add that the French physicians, while allowing that some improvements might be introduced, regard the general course of procedure as excellent. One cannot but be struck with the pains taken by the Legislature to avoid a hasty judgment; and when I compare this with our own practice, I am inclined to think that "they manage these things better in France." The English think it better, if they call in experts at all, to do so *after* the trial; the French *before*.

In conclusion, I wish to anticipate an objection which may possibly be made to the proposal to rely mainly upon written evidence on the part of the experts, namely, that it is merely in order to shield them from fair cross-examination. I provide, however, for any question being asked by or through the judge, and, if it must be, by counsel. Hence there would be the same opportunity as now for the examination of the medical witness in addition to his written report. I wish to secure a calm statement in writing in the first instance, but not to avoid a fair questioning afterwards—judicial, not captious; and I bring forward this as well as the other proposals, as putting in a claim for science before our tribunals, in the interests of humanity.*

CLINICAL NOTES AND CASES.

Notes of a Case—Mania followed by Hyperæsthesia and Osteomalacia. Singular family tendency to excessive constipation and self-mutilation. By James C. Howden, Montrose Royal Asylum.†

J. C., a mason's wife, æt. 26. First admitted to the Montrose Asylum 6th March, 1855, labouring under acute mania. No special cause alleged, except a feeble constitution inherited from a mother mentally and physically weak. Had been ill for some days before admission. Imagined that God ordered her to mutilate herself.

* This paper was read at a Quarterly Meeting of the Medico-Psychological Association, in London. For discussion upon it, see "Journal of Mental Science," vol. xxvi, p. 126. Shortly afterwards Dr. Chapin, of the Willard Asylum, N.Y., read a paper before the American Association on "Experts and Expert Testimony," which led to an interesting debate.

† Read at the Edinburgh Quarterly Meeting of the Medico-Psychological Association, November, 1881.