

Were we to criticize this book, we should say that but little of the first Part materially strengthens the object which the author has in view, while the second Part is really all that is required for the purpose, and forms a valuable contribution to the subject of "the Plea of Insanity" from one who may justly claim to have "a paramount love of the truth." We are afraid that many readers will be deterred from doing justice to the latter by the length of the preliminary enumeration of the well-known signs of mental disorder.

Fichte. By ROBERT ANDERSON, M.A. Blackwood and Sons, Edinburgh and London.

This is one of the series of "Philosophical Classics for English Readers," edited by Professor Knight, LL.D., which we have already had occasion warmly to commend for the manner in which they are prepared. Mr. Anderson has done his work well, and those who wish to acquaint themselves with Fichte and his philosophy in general cannot do better than read this book before proceeding to study him in detail.

PART III.—PSYCHOLOGICAL RETROSPECT.

1. *American Retrospect.*

By D. HACK TUKE, F.R.C.P.

The American Journal of Neurology and Psychiatry. Edited by T. A. McBRIDE, M.D. Associate Editors, LANDON CARTER GRAY, M.D., EDWARD C. SPITZKA, M.D. Vol. i., May, 1882.

Does the multiplication of journals in America bearing on neurology and medical psychology indicate the increased study devoted to them, or does it also prove the spread of nervous disorders? The former is certainly shown; the latter we must fear to be also the case, and according to some asylum superintendents in the States, the fact admits of demonstration. Be this, however, as it may, we have to welcome another journal devoted to a branch of medical science, still so obscure and presenting so many difficult problems for solution, that there is no danger of there being too large an amount of study and research expended upon it.

The American journals during the last twelve months are, of course, rich in Guiteau literature.

Among them, the journal of Dr. McBride (vol. i., No. 2) reports a discussion on a paper read before the New York Medico-Legal Society, on "Reasoning Mania," by Dr. Hammond, who holds that Guiteau was insane, but merited the gallows. "Let Guiteau suffer the full legal penalty of his crime, but let him be executed with the distinct understanding that he is a lunatic deserving of punishment." Dr. Hammond believes that there was never a man "whose whole career from childhood to the present day has afforded a more striking example of that form of mental derangement called "reasoning mania." Dr. Hammond does not use the term, however, in the sense of Prichard, or alienists generally in England, for he says, "As to derangement of the intellect, I am quite sure that though the emotions and the will are primarily and chiefly involved, there is more or less aberration of the purely intellectual faculties in every case." Again, Dr. Hammond's test of responsibility is entirely different from that urged by English alienists and by Ray, for he supports the legal test of knowledge of right and wrong, and thinks the charge of Chief Justice Davis, of the New York Supreme Court, in the Coleman case, leaves nothing to be desired. This charge unequivocally maintains that the true test is the knowledge of the difference between right and wrong at the time and in respect of the act which the accused commits.

Dr. Hammond does not, then, believe in the doctrine of moral insanity, and he contends that a man, although he is intellectually and morally insane, must, if he commits a crime, suffer the penalty, so long as he knows it was wrong to do so.

This view will not commend itself to most of our readers.

Dr. Parsons, who opened the discussion on this paper, believed it to be in accord with the opinions of the best men on insanity, but he could not reconcile it with his ideas of justice that it was right to punish the insane like sane criminals. A lawyer, Mr. Yeaman, was, strange to say, more in advance than Dr. Hammond, according to our notions, in regard to the test of criminal responsibility, for he would qualify the right-and-wrong test by asking "Was the condition of the man's mind, will, or self-control, such that the knowledge that he would be punished could not deter him?" He also maintained in opposition to the reader of the paper that experience shows that the mind is not an entity, but may be only partly in darkness—that is to say the subject of partial insanity.

Dr. Spitzka, who said he had made at least one discovery by his attendance at the trial of Guiteau, namely, "that an expert could be compelled to testify by order of a court, to leave his practice, and to travel three hundred miles for a nominal and inadequate fee," observed in regard to Guiteau's insanity that he had carefully examined him, and found him full of delusive conceptions. He came

to the conclusion that "he was born as much of a lunatic as he is now, and there are the profound defects in his mental make-up of the group of lunatics to which he belongs. His family history is tainted." He quotes the superintendent of an asylum, Dr. McFarland, of Illinois, who on one occasion found Guiteau's father to be palpably insane, Guiteau at the same time visiting one of his numerous insane relatives in the doctor's institution—"One cousin died at the Elgin Asylum, another is now living at the Pontiac Asylum, an uncle died in the Bloomingdale institution, and a few days ago I received a letter from a prominent physician in the central part of the State informing me that another uncle whom he had seen had had attacks of maniacal frenzy." In opposition to Dr. Hammond's contention that the execution of Guiteau would deter other lunatics from committing a similar crime, Dr. Spitzka made the following remark:—"Any one who had intelligently followed up the history of the past eight months knew that such lunatics were not intimidated by the prospective fate of Guiteau; rather the contrary. Hardly had Guiteau shot the President, and a thrill of horror agitated the whole land, when McNamara attempted to assassinate Mr. Blaine. Two months later, while the nation stood at the wounded chieftain's bedside, a crazy farmer armed with a shot-gun ascended the steps at the Capital at Albany to shoot Governor Cornell, and at the very moment when Guiteau was arraigned, when the public pulse beat highest in indignation against the assassin, a lunatic with a written commission from heaven in his pocket tried to enter the White House to take the Presidency, and 'remove' the then incumbent, with a loaded revolver found on his person. The matter of punishing Guiteau was no longer one of retribution on a disgusting and repulsive wretch by a great nation as soon as it was recognised that his repulsiveness was the outgrowth of disease" (p. 276). Dr. Beard thought that the execution of Guiteau would be the greatest disgrace that ever befell the United States. Dr. Mann agreed thoroughly with Dr. Spitzka and Dr. Parsons, and regarded Guiteau as labouring under theomania. Dr. Landon Gray, of Brooklyn, agreed with Dr. Hammond, except that he would not have Guiteau executed, but confined in an asylum for life. Dr. Henry agreed with Dr. Hammond altogether. Dr. L. A. Sayre was of the same opinion as Dr. L. Gray.

The President, Mr. Bell, emphasised the fact that Dr. Hammond was forsaking the position advocated by his own profession and going over to the enemy—the lawyer.

During the discussion the cast of Guiteau's head which had been in evidence at the trial was examined by the members, and "the obvious deformity it exhibited was the subject of general comment."

Dr. Hammond in reply admitted that the execution of lunatics was opposed to abstract justice, but "it was not abstract justice we were after."

The same number of the journal contains a paper by Spitzka,

entitled "The Evidences of Insanity discoverable in the brains of criminals and others when mental state has been questioned, with some remarks on Expert Testimony and the Grappotte case."

Dr. Spitzka gives a summary of the results of post-mortems in the insane, and says, "I consider that positive and indisputable evidence of insanity cannot be found in more than 30 p.c. of the insane, that in another 30 p.c. slight changes are found, not differing in character, though perhaps in extent, from what we observe in some sane subjects, while in the remainder there is no visible deviation from the normal standard of any kind. . . . In mania, that likelihood is as 5 : 100. In acute melancholia (strictly limited) leading to suicide, to the murder of the most cherished relatives, and in the most episodial frenzy, to attacks on strangers, it is almost zero. In epileptic insanity it is as 20 : 100. In monomania it is as 5 : 100. In the terminal states it is as 60 : 100. In imbecility and idiocy as 80 : 100. In progressive paresis of the insane it reaches the figure 99 + : 100, and here alone and in insanity with organic diseases, does the autopsy approximate the dignity, from every point of view, of a scientifically positive test" (p. 158).

The author of the paper, after referring to those cases in which the post-mortem test of insanity was applied, observes: "I am acquainted with but one case where the microscopic preparations obtained from the nervous tissues of a deceased person were utilized in evidence during a trial. It is a will case still in litigation in one of the Western States. The specimens were sections taken respectively from the brain-cortex and the spinal cord; they presented the characteristic signs of parietic dementia, and a number of physicians with myself were able to declare that the subject from whose body the specimens had been obtained was suffering from that disease at the time of his death, and must have been insane for years previously."

There was a post-mortem examination in the case of Grappotte, who killed a man in 1876 in Jefferson County. Unquestionable disease of the brain and membranes was found by Deecke, the special pathologist of the Utica Asylum, and as Grappotte had sustained an injury to his head, they were reasonably attributed to it. The proof afforded by them that he was insane at the time he committed the murder was disputed, apart from the interval which had elapsed between the injury and the commission of the act, on the ground that "the seat of the morbid changes in the nerve structure was not in those districts of the brain in which are located the centres of the mental faculties." On the former occasion he was 23, on the latter 58; but then it appeared in evidence that he had displayed symptoms of insanity when he was 36 and 37, again when he was 46, 48, 54, 55, 56. Two years later he committed the crime. In the attack when he was 48, he attempted suicide. For two months before the homicide he had been under treatment for insanity. "He sat with his head drooping, could with difficulty be made to answer

questions, was indifferent to his business, had a haggard look, was sleepless, suffered from pains in his head, stated that his wife was better off without him, that he ought to be arrested and sent to an asylum, could not make up his mind to do anything, alleged having many troubles, but could not state them, worried about his defective education, and wept without cause." His doctor warned the relatives, but he was not placed under care, and committed the crime soon after. He was found guilty of murder on the second degree, and committed suicide in his cell the night following. A physician who had examined him in jail testified that he was labouring under delusions, and that his state bordered on dementia.

If these symptoms be regarded as proofs that he was a lunatic, the conclusion so arrived at need not be affected by a post-mortem examination. All that could be urged in a disputed case would be that with such a pathological condition as was discovered in the brain of Grappotte there would be a predisposition to attacks of insanity from very slight exciting causes. "The skull," says Deecke, "showed a deformed fusion of the occipital bone with the parietal bones in the occipito-parietal suture, apparently produced by a slight dislocation of the bones at some period during life. . . . (On removing calvarium extensive adhesions of the dura mater to the frontal bone were found; also adhesions of the dura mater beneath the occipito-parietal suture and at several insulated places to the temporal bones. Over the first frontal convolutions old adhesions between the dura and the pia mater by fibrous bands . . . the brain substance was of normal consistence. *Microscopic Examination.*—Normal supply of blood vessels in all parts of grey substance, scattered through the tissues, however; especially at the base of the brain there were many residua of degenerated and obliterated arteriales and capillaries. They represented small stems or shrubs with two, three, or more branches, lined by irregularly thickened hyaline walls of a fibrillous structure. Other vessels still in function and filled with blood, especially in the lining layers of the lateral ventricles, exhibited beginnings of the same degeneration. The lining layers of the ventricles exhibited beginnings of the same degeneration. The lining layers of the lateral ventricles, also the third and fourth ventricles, showed an amyloid infiltration. . . . The nuclei of the pneumogastric and trochlearis were marked by an abnormal pigmentary infiltration of their cells; also the nuclei of the facialis, the trigemini and the anterior nuclei of the optic thalami, exhibited the same pathological condition, although in a far less degree. No lesions were detected in other parts of the brain."

We have cited the particulars of this case because, as cerebral pathology is every day more and more brought into prominence, appeals are certain to be made to its revelations with increasing frequency, and it is of the utmost importance that carefully made examinations by competent pathologists should be placed on public

record. It must be a grave question how far the condition of the brain after death can with our present limited knowledge determine the propriety of the sentence awarded, unless it be in cases of general paralysis, or in those of traumatic insanity and coarse brain disease. For if the symptoms during life were sufficiently clear to justify a verdict of not guilty on the ground of insanity, the non-discovery of any lesion in the brain or the membranes would not afford a mental physician's opinion of the verdict, though it might have considerable influence with the public. On the other hand, if the symptoms during life had not justified the opinion that the prisoner was insane and irresponsible, the discovery of some disease in some part of even the cerebral cortex would not in itself prove that the accused was irresponsibly insane or insane at all, seeing that persons can be perfectly sane in their actions with some morbid change in the grey substance. But, again, suppose a man steals, and in spite of the strong suspicion of a medical man that he labours under general paralysis, he is punished, and in the course of a short time dies, if in such a case the autopsy were to reveal the usual sign of general paralysis, the evidence would be of great value.

A discussion took place at the Chicago Medical Society last March on a paper by Dr. J. G. Kiernan on "Simulation of Insanity by the Insane." On this important question a considerable amount of evidence was adduced, and warrants the awkwardly expressed conclusion arrived at by the Section on Mental Diseases at the International Medical Congress of 1876. "It is not only not impossible for the insane to simulate insanity for any purpose in any but its gravest forms of profound general mental involvement, but they actually do simulate acts and forms of insanity for which there exists no pathological warrant that we can discover in the real disease afflicting them." Cases are referred to in the discussion on Dr. Kiernan's paper, reported by Nichols, Wray, Workman, Gray (of Utica), Spitzka, Hughes.

Dr. Kiernan also contributes a paper to the "St. Louis Clinical Record," Jan., 1882, on "Insanity from Scarlatina," in which several forms of mental affection are enumerated; and an article to the "Chicago Medical Review," Feb. 1, 1882, on the "Medico-Legal Relations of Epilepsy, a study of the Hayvren-Salter Homicide," the case commented upon in this Journal.

Dr. Seguin in the "Archives of Medicine," for April, 1882, discourses on "The efficient dosage of certain remedies used in the treatment of Nervous Diseases," and insists upon the frequent failure of medicines proper as remedies, because given in insufficient doses. We have no doubt he is perfectly correct, and that so long as physicians are cautious in commencing with moderate doses so as to feel their way, they would do well to push the drug employed to a much greater extent than is usual before deciding that it is inoperative. Of conium there can be no question this holds good, and conium is the first ex-

ample Dr. Seguin adduces. Many cases of insomnia, he says, "with wakefulness in the first part of the night, more especially those with fidgets or physical restlessness, are very much benefited by conium. I usually give 20 minims with 20 grains of bromide of sodium in camphor water, at bedtime, to be repeated if necessary. In some cases (male adults) I give 50 or 60 minims at one dose in the mixture, not to be repeated." Squibb's fluid extract is the preparation employed. In the doses just mentioned, it induces drooping of the upper lids (sometimes diplopia) and paresis of the arms and legs. The dose is not repeated till the effects have passed off, in from 12 to 24 hours.

The same number contains a paper by Dr. J. C. Shaw, of the King's County Insane Asylum, U.S., entitled "A Second Year's Experience with Non-restraint in the Treatment of the Insane," in which he says, "The experience at this asylum has been that with the abolition of restraint, there has been a gradual diminution in the amount of sedatives given both by day and night, and to-day it is very small. It has always been thought that to carry out non-restraint a large number of attendants were required; this has also been proved to be incorrect by the experience of the King's County Asylum, where there is 1 attendant to 15 patients on the average. (England 1 in 12). But one of the most important points in carrying out the system of non-restraint is to find occupation for the patients. This aids very much in keeping them quiet and more contented, tends to turn their attention to a more normal train of thought, and in some cases prevents the rapid approach of complete dementia. One great difficulty with American asylums, and it appears to be the same to some extent in England, is the want of occupation for men in winter, and the difficulty of getting both sexes out of doors in winter. The want of outdoor exercise and recreation causes a restlessness, and makes it much more difficult to get along with them. It is hoped that a solution of this will be found ere long."

Dr. Shaw also contributes two carefully prepared papers on Hyoscyamine to the "Journal of Nervous and Mental Disease," January and April, 1882. In his experiments he employed Merck's preparation.

"The Alienist and Neurologist," for July, 1882, contains an article by Dr. Crothers: "A Case of Trance in Inebriety," which is designed to support a paper entitled, "The Trance State in Inebriety, its Medico-legal Relations," already noticed in this Journal.

Dr. Kerlin, the medical superintendent of the Pennsylvania Institution for Feeble-Minded Children, contributes a paper on the "Epileptic Change, and its appearance among Feeble-Minded Children." Of 300 imbecile children, between the ages of 5 and 16, 66, or 22 per cent., were found to be epileptics; 156, or 52 per cent., had in their antecedents the history of epileptoid diseases, though not now epileptics; while in 78, or 26 per cent., there was neither epilepsy, paralysis, nor chorea. Of these latter 78, 6 were mutes, 9 semi-mute, 15

had imperfect speech, 18 uncertain gait, 9 were deaf, 6 had imperfect vision, 3 were marked hydrocephals, 6 demi-microcephals, 3 had muscular tremors; thus only 15 of the whole 300 were of sound physical health.

The slight causes of the development of an epileptic fit are well known. Thus, the grasping of a pencil, the promise of a carriage drive, an alarm of fire, the distension of the intestine by an enema, and other trivial circumstances have had their share in the production of fits. So also the administration of chloroform in a girl who had not had a convulsion since her infancy. Power of controlling fits is also curiously shown, as when epileptic children prevent themselves having attacks in order to attend the dance-hall or a religious meeting. Dr. Kiernan gives instances of periodical attacks of some special eccentricity taking the place of an epileptic seizure, such as running without a purpose, and muttering some semi-conscious gibberish; downright obstinacy and viciousness, with unnatural eyes and flushed face.

The paper sums up by emphasising the fact that a large proportion of feeble-minded children present a history either of epilepsy or allied neurosis, and that the epileptic change is not necessarily accompanied with convulsions and insensibility, for these may be transformed into emotional automatism, eccentricity of behaviour or morals.

Dr. Draper, who visited our country in 1881, gives in this number an interesting report of his impressions of an asylum, in addition to some of those on the Continent. Dr. Draper, as those who had the pleasure of forming his acquaintance would be prepared to expect, writes in an impartial, sensible way, anxious to pick up whatever is good or new on this side of the Atlantic.

After mentioning the convalescent houses at Witley for Bethlem Hospital, that at Cockenzie for the Royal Edinburgh Asylum, the house at Colwyn Bay for Cheadle, and the practice pursued at Gartnavel of renting houses in the season at the seaside, Dr. Draper observes that these provisions "for the enlargement of our existing facilities for the cure of the recent and the chronic cases, which we have ever with us, so impressed themselves upon my mind as indispensable *desiderata* to the progressive treatment of the insane, that I felt no hesitation in presenting them to the consideration of the trustees of the Vermont Asylum. The members of the board equally and unanimously favoured these additional advantages, and immediately negotiated for and purchased an estate contiguous to the asylum domain, having upon it buildings suitable for the use proposed, and which, with some minor alterations and renovations, will be made available for occupancy in the coming season. Some additional facilities for the exercise of excited patients during the inclement season are also under consideration, and before another winter will probably be provided." (Dr. Draper was struck with the open-air treatment of maniacal patients in England and Scotland.)

“In respect to the management of chronic cases of destructive habits, I think we may also learn something from Great Britain. It appeared to me that greater pains are taken there to provide strong and indestructible clothing for such patients, and to secure it upon them, than with us. While we restrain the use of the hands, or, more properly, the abuse of them, they render destructive efforts futile by the use of more resisting materials for wear. The best material I anywhere saw for the purpose was being made up in the tailor’s shop at Lenzie. It is of much finer and softer texture than canvas or duck, very durable, and called moleskin. I was informed it is used as the common clothing of the working people of Scotland.

“With all the good things observed, there were others connected with the management of the British asylums that did not commend themselves to my view. One is the practice, particularly about London, of uniforming the attendants. It unpleasantly suggested the presence of a police officer in every little group or gathering of patients, as if among a party of rioters, to preserve order or to arrest the conspicuous offender; and the black dress and white cap of the female attendants was unpleasantly suggestive of the garb of a nun, and of a religious preparation for the other world, rather than a restoration to this.

“Another practice, already referred to, which did not commend itself to me for adoption, is the indiscriminate indulgence of smoking in the wards, especially in asylums for the paying classes. Smoking I do not regard as a habit so universal as to be equally agreeable to everybody, and to those who do not enjoy it, it is a discomfort and annoyance; hence I conceive it incumbent as well to protect the one class as to indulge the other. And for everything there is a proper time and place.”

(This hint is well deserving of consideration.)

“The recognition of the varying requirements of different social grades, as seen in English or Scotch provision, commends itself to one’s inherent sense of justice and the external fitness of things, although in opposition to the democratic ideas of our own country.”

Dr. Draper dissents from the belief expressed in the review of Dr. Kirkbride’s book in this Journal (April, 1881) that “the type of mental disease differs essentially in the two countries,” and adds, “My observations impressed me with a difference, and inquiries only confirmed them.” Dr. Draper defends the greater proportion of single rooms in the American asylums on the ground that the same individualism which is pointed out in the same number of this Journal as a marked feature of American character runs no less through the inmates of asylums. “It is this in reality which determines our use of single rooms instead of the conjugate day rooms and dormitories.”

Dr. Draper is abundantly satisfied that “neither drugs nor mechanical restraint, nor seclusion in lieu of either, is resorted to or needed” (in England) “as it is here; that the disease there being of a

milder type, calls for neither, and that with the same phases of insanity we need neither."

The type of maniacal disease is, Dr. Draper feels convinced, more persistent in America than in England, where he was surprised at so frequently hearing that it subsided in a few days, while "it continues through weeks, months, and even years." We incline to think that the impression Dr. Draper received on this point is a little too strong, and that the rapid subsidence of excitement is not quite so universal as he was led to suppose. In cases of typhomania, which we can hardly doubt are more common across the Atlantic than with us, Dr. Draper is certain that restraint is a great help in averting death from exhaustion. So also in chronic cases of destructive propensities in which special oversight cannot be commanded, he greatly prefers restraint to other means, and he not unnaturally holds it "absurd to suppose that its use in the States would be continued if it were practicable to abandon it."

Whether this is quite so certain as Dr. Draper thinks, in view of the apparent success of non-restraint in some American asylums, need not be discussed here. English opinion may be too dogmatic, and English practice is not infallible; the true way of advancing in the right course is to study the treatment of the insane adopted in other lands by physicians no less able and conscientious than ourselves, in the same liberal but observant spirit which evidently animated Dr. Draper while inspecting the asylums of Britain.

The Report of the Pennsylvania Hospital for the Insane for 1881, by Dr. Kirkbride, commences a new series, the former report having completed 40 years of the institution since it was removed from the parent hospital to buildings erected specially for it, and assumed its present title. There were then 97 patients received from the Pennsylvania Hospital, with an accommodation for 140. There is now accommodation for 500. Since its opening in 1841, 8,480 patients have been admitted, 3,825 cured (45.10 per cent.), 2,044 improved, 1,098 left without material improvement, and 1,115 died, while 398 remained under care. During the preceding 90 years 4,366 were admitted, of whom 1,493 were cured (34.19 per cent.), 913 improved, 995 left unimproved, and 610 died, 246 escaped, 97 were transferred, and 12 remained in the old hospital. The rise in cures during the 40 years as compared with the 90 years will be observed. It should be stated that the original General Hospital was opened in 1752. The eastern wing was opened in 1756, the insane patients being placed on the basement story till 1796, when they were removed to another newly built portion, the west wing. The next change was to what is now the "Department for Females" of the present premises. The "Department for Males" was opened in 1859, both sexes having been provided for previously in the former building. The Hospital has been built without aid from the Treasury, a circumstance which speaks volumes for the public

spirit and benevolent zeal of the State of Penn and the city of brotherly love. It is purely unsectarian, and benefits all classes so far as its income permits.

Dr. Kirkbride observes that the history of the Hospital illustrates the importance of many points besides medical treatment, such as the value of systematic outdoor and indoor exercise and occupation by day and in the evening, a complete system of classification, unnecessary restraint, proper heating and ventilation, and of a responsible undivided medical government. The following testimony is worthy of record:—"To those who hesitate to establish a course of evening occupation, entertainments, and varied amusements as complete as that which has been tested here for so long a period, we can offer as an encouragement for new efforts our perfect success in this institution, the results being of the most satisfactory character, and all accomplished without any difficulty that was not more than compensated by the obvious pleasure given to those for whose gratification they were established."

Appended is an index to the first Forty Reports (1841 to 1880 inclusive), which presents a striking picture of the number of important subjects discussed by the veteran superintendent, to whose sagacity, conscientious discharge of duty, and devotion to the treatment of those placed under his charge the success and renown of this institution are so largely due.

We noticed in the July number Professor Osler's article on the Brains of Criminals, but we desire to supplement our former American Retrospect (Jan., 1882) in which we gave a report of the case of Hayvern, sentenced to death at Montreal for the murder of a warder in the prison, by Dr. Osler's account of his post-mortem examination, &c. :—

"Hayvern, aged 28, was a medium-sized man, of no trade; Irish descent; parents living, and respectable; no insanity, inebriety, or neurotic disease in the family. He had been a hard drinker, and as a child was stated to have had fits. There is no evidence of the recurrence of these in adult life. He was serving a term in the Penitentiary, having been sentenced for highway robbery in 1879. He had previously been in gaol more than 20 times, and may be taken as a good representative of the criminal class. The details of the murder show deliberation, and there was evidence to show that the act was performed during a paroxysm of epileptic mania.

"The skull was somewhat ovoid in shape, dolicho-cephalic; the forehead rather low and retreating. The calvaria was of moderate thickness; no signs of injury, old or recent.

"Brain.—Vessels empty, drained of blood by opening of vessels of neck. Membranes normal; weight of organs, 46½ ozs. Cerebellum completely covered by cerebrum."

Professor Osler gives a minute description of the convolutions, but we have only space for his summary in relation to Benedikt's views of

the atypical character of criminal brains. From this standpoint "Hayvern's left cerebral hemisphere was atypical in the following respects:—(a) the union of the fissure of Sylvius with the first frontal sulcus; (b) the junction of the inter-parietal with the parieto-occipital and with the first temporal; (c) the extension of the calcarine fissure into the scissura hippocampi; (d) the extension of the callosomarginal fissure between the gyrus fornicatus and the pre-cuneus; (e) the union of the collateral and calcarine fissures; (f) the fission of the first frontal convolution into two parts, so that there appear to be four frontal gyri, a condition which Benedikt lays great stress upon as a marked animal similarity to the human brain."

"The American Journal of Insanity" for January-April, 1882, may be called the Guiteau number, and need not be discussed in this place.

We may add to the matter on this subject already mentioned a few of the articles which have come to us. The discussion, no less than the trial, resembles the Alexandrine ending the song,

Which, like a wounded snake, draws its slow length along.

The "American Law Review," February, 1882, containing "The Responsibility of Guiteau," by Dr. Folsom; the "Boston Medical and Surgical Journal," February 18, 1882, containing "The Case of Guiteau" (with portraits), by Dr. Folsom; the same journal, May 18, containing an article on "The Petition for a Stay of Proceedings in the Case of Guiteau."

Dr. Folsom observes:—"Much as we regret to see hanged, even for a murder in which the motive and method were those of the criminal, a man whom we consider insane, and strongly as we are of the opinion that seclusion for life without trial would have been the proper disposition to make of Guiteau, we see that our opinion has not prevailed, and we fail to find any sufficient reason for asking the executive interference to save him from the gallows."

"The United States v. Charles J. Guiteau: Opinion of John P. Gray, M.D." Washington, 1882.

"The Mental Status of Guiteau, the Assassin of President Garfield," by Walter Channing, M.D. Boston (reprint from the "Boston Medical and Surgical Journal," March 30, 1882).

Dr. Channing ends his article with, "It would have been much more to our credit as a country, much more in the interests of humanity and progress towards better things, and what is still more to the point, much more in accordance with a correct interpretation of the evidence in the case, as presented to my mind, if the wretched Guiteau had been consigned as a lunatic to a criminal insane asylum for life rather than sentenced to the gallows as a sane criminal."

The "Chicago Medical Review," December 5, 1881. "The Case of Guiteau," by Dr. Jas. G. Kiernan.

The writer concludes that Guiteau was morally insane, and says:—

"It will be obvious that Guiteau's type of insanity is not exceptional, but is well paralleled in literature."

The "North American Review," January, 1882. "The Moral Responsibility of the Insane"—papers by Drs. Elwell, Beard, Seguin, Jewell and Folsom.

These articles, though not directly discussing Guiteau's insanity are clearly the outcome of the trial.

Dr. Elwell queries whether "the time has not come for arresting"—those dangerous weak-minded people, or the morally insane, who are outside asylums? Nothing of the kind, but "the mania for excusing crime on the ground of moral insanity." The writer speaks of "the alarming state of the question." Our alarm has reference to the non-sequestration of the dangerous characters referred to, and for whom, according to Dr. Guy, capital punishment exerts a singular fascination. (See Review in this number.)

Dr. Beard believes that "possible Guiteaus are everywhere, and are probably increasing; we are to protect ourselves against their violence, not by imitating, but by preventing and restraining them."

Dr. Seguin believes that the criminal insane should be held just as responsible to human punishment, *i.e.*, preventive and educating punishment, as sane criminals. Society must protect itself. Certain classes of insane should be perpetually confined. In delicate cases the question of discharge should not depend upon the superintendent, but a commission of medical men.

From Dr. Jewell's paper it is difficult to give any single extract which expresses his opinion. He admits that the ordinary criteria of responsibility in law courts are easily applied to well-marked cases of insanity. Unfortunately it is just in the difficult cases, where tests are most needed, that they fail. All Dr. Jewell can say is that the proper method of procedure is a careful study of each case on its own merits, and a study of average healthy human beings observed under conditions identical with those under which the criminal act was committed. "No one familiar in experience and thought with insanity, it seems, could hesitate to admit that partial insanity may exist not only in the sense of involving one single mental function or group of functions, but partial also in the sense of degree of aberration in any given direction." Dr. Jewell holds that "the difficulty of the situation is increased rather than diminished by denying the existence of partial insanity," and he believes that "now, as never before, will the American people be brought to think on the difficult and highly practical problems involved in dealing with the insane criminal."

Dr. Folsom's paper does not admit of condensation, but he holds that we are on a secure footing so long as the responsibility of the insane is decided upon the grounds (1) that there must be other evidence of insanity than the crime; (2) that the whole group of symptoms must correspond to definite disease; (3) that the crime

must be a part of the natural history of the disease ; and (4) that a reasonable degree of self-control should be exercised according to the capacity for it in each case.

2. *Retrospect of Mental Philosophy.*

By B. F. C. COSTELLOE, B.Sc. and M.A., Glasgow.

Disease and Crime.—A Social Problem.

A recent reprint of the works of Dr. Samuel Butler, whose eccentric but brilliant novel "Erewhon" is less remembered than it should be, affords a good occasion for a review of some of the social paradoxes in which that work abounds, amongst which those which most directly interest us will naturally be such as group themselves about the question of the responsibility and the treatment of the criminal classes.

It will be remembered that shortly after the publication of "The Coming Race," there appeared another book whose title was an obvious anagram for "Nowhere," and which purported to describe a strange and hitherto unknown country whose institutions were a satire on our civilization. Even as a tale, the book was not without its merits, but its deeper meanings were far more important than the common herd of circulating library readers could be expected to see. The hero is supposed to start on a kind of commercial-missionary expedition to the unexplored interior of an unnamed colony, and to find himself suddenly in the midst of a people highly civilized in many ways and of extreme physical beauty, by whom he is immediately put in prison for the double offence of possessing an inferior physical organization and a watch. He has the good fortune, however, to be pardoned and sent up to the capital, where, by the favour of the Queen, he is well received and duly instructed in Erewhonian politics and philosophy.

Their cardinal doctrine was, in direct antithesis to our own, that the defects for which men should be punished were not what we call moral ones, but physical. Any one guilty of serious illness was tried by judge and jury and sentenced to any penalty up to the highest known to the law, which was that of imprisonment for life in the hospital for chronic bores. The suggested view is well expressed in the following summarized extract from a judge's sentence upon a man just convicted of a grave offence:—

"Prisoner at the bar, you have been accused of the great crime of labouring under pulmonary consumption, and after an impartial trial before a jury of your countrymen you have been found guilty. It only remains for me to pass such a sentence upon you as shall satisfy the ends of the law. That sentence must be a very severe one. It pains me much to see one who is yet so young, and