

CLINICAL NOTES AND CASES.

*A Medico-Legal Case.** By BONVILLE B. Fox, M.A., M.D.
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I venture to take up your time with a brief recital of this case for two chief reasons: (1) That its diagnosis was not too clear from a purely medical point of view, and (2) that grave legal consequences depended upon the acceptance or rejection of that diagnosis as correct. At the outset I confess that my view was decisively rejected. We all of us learn more from our mistakes than our successes, and I will try to tell the story as concisely as I can, and ask you to decide whether I was right or wrong, or how far the patient was responsible.

In the spring of this year I was asked to see this case in the county gaol under the following circumstances:—Some three weeks before my visit he had been committed for trial to prison on the charge of obtaining goods by writing a cheque on a bank in which he had no account. His family thought he was so much safer there, that they had not asked that he should be admitted to bail.

This was his history. He was a man of between 50 and 60, a retired army officer, who had served with some degree of distinction a good many years ago. He was married, with a grown-up family. Several years before some transient mental disturbance, apparently of a maniacal character, had occurred, but he had been well a long time. He had utterly come to grief in money matters, however—had been adjudicated a bankrupt, and what is more, and a point of some importance in the case, had never obtained his discharge. For several years past he had been living with his wife and family, but in consequence of his peculiar pecuniary position, any participation in the management of the household had been denied him, and he had only been given a few shillings weekly to spend by way of pocket-money. He occasioned no trouble, and for years had been sober, orderly, quiet, and affectionate, and a decent member of his family and society. A few months before I saw him, a well-meaning friend thought it would be a good thing to get him an employment which would give him a useful occupation and bring him in some money, and accordingly procured for him an engagement as a commission-agent to sell safes. And this was the beginning of the trouble. He had not long been so employed before his friends noticed a change

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in him. He became agitated, restless, and excited, and though he sold but few safes, he began talking of the wonders he was going to do in his new line, and of the amount of money he was going to make. He became a perfect curse to his acquaintance in his attempts to push his goods at all times and places, but as, perhaps, that is only the characteristic of a good commission-agent, I will lay no stress on that point. Things soon went beyond that, however; he woke early in the morning, not only could he not sleep, but he could not stay in bed, getting up and ringing the bell for the servants at the most unreasonable hours, even when staying in other people's houses, and running up and down stairs.

Then an emotional change was observed. The kind, gentle, courteous husband became transformed. He ceased without reason to care for his wife, or to show any consideration for her health, which had been weak for years. He grew noisy, wild, and excited when with her, utterly callous to her suffering, and finally proceeded to such extremes, and used such foul language, that he had to be excluded from her room.

Then extravagance in deed as well as in word appeared. He dressed in an extraordinary and noticeable manner. He bought all manner of unnecessary things, and launched out into expenses which he had no means to meet, and incurred useless debts which any ordinary person in his position as an undischarged bankrupt must have known would have brought him within reach of the criminal law.

Then arose significant symptoms of a sexual type. He indulged in open and unblushing immorality. He publicly consorted with a woman of doubtful morality; he asked both her and one of his domestic servants to marry him, and actually invited the former to the house where his wife was living. Though already married, he advertised for a wife; he proposed to the chambermaid at an hotel whom he had only seen once. Indeed, he did not know her name, and wrote a most silly letter on the subject for the head waiter to give her, as, owing to this ignorance, he could not address it himself.

He was seen about this time by an eminent specialist in London, who, I am informed, told the family that he thought the patient was in the early stage of general paralysis, but that he could not then sign a certificate for his restraint.

His family by some means or other—probably by cutting him off all supplies—got him to go and live in a country doctor's house, and he went on a little better for a time, but still showed extravagant ideas—bought, as he thought, a horse—and after a time refused to stay any longer, but not before he had convinced the doctor of his insanity. Then, as a last resource, and because there still seemed to be a difficulty about certification, the family determined to ship him abroad, and it was, indeed, for the ostensible payment of some wholly unnecessary articles for his

outfit ordered by himself that he uttered this cheque and was arrested.

Such, gentlemen, was the history that was given me, partly from interested sources, it is true, but I have no reason to doubt its correctness, which was, indeed, fully borne out by a large number of the patient's letters. On that history, I gave it as my opinion that he was insane, and in all probability suffering from the early stage of general paralysis.

When I saw him three weeks after his committal and incarceration the restraint and quiet of prison appeared to have exercised a beneficial and calming effect. But he seemed unable to appreciate his position, and while practically admitting the correctness of the statements made to me, he accounted for most of them by saying that they were caused by the interference of relatives, and by his being tied in London, which he hated. He assured me that he had committed no offence against the bankruptcy laws, because he could have got his discharge at any time, and he did not seem able to discriminate between what he could do, (according to his account), and what he actually had done. Similarly, he excused his having uttered his cheque on the bank by his belief that an account was going to be (not had been) opened for him. For some of his actions, the sexual especially, he could give no reason or excuse whatever; and his reasons, when given, were really no reasons at all, so silly and puerile were they. All through a long interview he was casual and indifferent to his position to a very remarkable degree. He betrayed no anxiety as to the event of his trial, and showed much more concern over a trifling tumble that he had had than over his incarceration. He had employed his time in prison in reading magazines and in making fancy sketches, chiefly of girls' heads.

The physical signs of the suspected disease were nearly all in abeyance, save that he was ill and cachectic looking to a degree that could not be accounted for by his short imprisonment. The skin of his face was conspicuously greasy, and the malar capillaries congested. But I did not consider that the absence of physical signs negatived the existence of general paralysis, especially in an early stage, and where the patient was free from excitement of all kind. I therefore stated that there was nothing in my interview inconsistent with the conclusion suggested by his history, though I was bound to add that apart from that history I could not have signed a certificate as the result of my visit.

The trial speedily came on at the ensuing Quarter Sessions, the patient remaining in prison the while, and his condition much the same. Different friends and relatives testified as to the marked alteration in conduct, habits, appearance, and emotions. The women he had offered to marry told such ludicrous stories that the whole Court laughed, and when the jury interposed and said they

wanted to hear no more such evidence, but the medical witnesses, I fondly imagined they were convinced as to his irresponsibility. The doctor in whose house he lived testified as to his belief in his insanity. I stated my opinion. The cross-examining counsel was very courteous, but his first question was whether, of course, I was aware that the legal and medical professions unfortunately took different tests for responsibility and views thereon. As I anticipated, much stress was laid upon my inability to sign a certificate as the result of my interview—apart from the history—as to the *then* insanity of the patient, three or four weeks after the important date when the offence had been committed. I was asked whether, in my opinion, when he committed the offence he knew the difference between right and wrong? With a clear conscience I replied that I did not think he did, for whatever the answer was worth. The gaol surgeon was then called to give rebutting evidence, and stated that, in his opinion, the prisoner was responsible.

Against the Chairman of the Court I have not a word to say personally. He is a most estimable country gentleman, universally and deservedly popular, experienced and esteemed in his magisterial position, and, though reputed to be lenient, yet meting out justice with fair and equal hand, and ever desirous to get at the truth. And I think it was this anxiety to be fair that unconsciously biased him against the prisoner, a man of his own social order and rank. For I am bound to say that his summing-up struck me as prejudiced and unfair. He prefaced it by saying that he did not know that he had ever had before him so difficult a case, from which I inferred that perhaps it might be his first case in which the plea of lunacy was raised. He then went on to tell the jury that the law undoubtedly was that unless at the time of the commission of the crime the prisoner was unable to tell the difference between right and wrong he must be held responsible. Further, "that Dr. Fox was asking them to do what he declared himself unable to do himself, viz., to give the prisoner a certificate of insanity." What I had sworn distinctly was, that from the history and symptoms of the prisoner I believed him to be insane at the time the offence was committed, though when I saw him nearly a month afterwards, during which time he had been under restraint, I could not have then signed a certificate. The jury promptly convicted the prisoner without leaving their box, and he was let off with six weeks' imprisonment. The prisoner received his sentence with the same air and demeanour he had maintained through a long day's trial, and which may be described as the utmost indifference as to what was going on around him.

Such, gentlemen, is my medico-legal case. One of no great importance as regards the gravity of the offence committed and penalty inflicted, but involving a punishment

of incalculable weight and bitterness to the children and near relatives of the accused.

The questions it suggests are two.

1. Could such a combination of symptoms be consistent with sanity, and was it not extremely suggestive of general paralysis? Does not the subsequent apparent improvement rather confirm than weaken such hypothesis? Do we not all see cases of general paralysis admitted into our asylums, which after restraint and quiet subside for a time, so that it would be extremely difficult to certify them?

2. Was not the question left to the jury and test proposed to them an utterly fallacious one? The "knowledge of right or wrong!" Can we, as practical physicians, say one word in its favour? Surely it is only in exceptional cases—of which I believe this to be one—that such knowledge is obliterated. And though happily now many of our judges take a more enlightened view, one more in accord with the advancing knowledge and science of our times, is it not a shocking thing that still from the Bench we sometimes hear this ancient formula proposed, and justice thereby converted into its travesty? That this may be done by men entirely conscientious, and in common matters of daily life shrewd and long-headed, makes it all the more objectionable. So long as such a possibility exists, can we, dare we, say that there is no need of any alteration in the questions left to the jury in these cases of criminal responsibility, no need of some better agreement between the legal profession and our own? If wisdom is to be justified of her children, we should spare no pains in bringing the judicial and the public mind to a better understanding in this particular, and should shrink from no effort towards the complete demolition of this temple of prejudice and ignorance. The desire, gentlemen, to have contributed, however little, to so happy a result, must be my excuse for the demand I have made upon your time this morning.

NOTE.—It is necessary to state that within 48 hours of having uttered the cheque the prisoner showed symptoms of uneasiness and tried to get it back. But this paper is not based upon his knowledge of right and wrong, whether perfect or imperfect, but its aim is to show an example of this deceptive test as to criminal responsibility being left to an English jury within the last few months.

It may be added that since his liberation his wife died, and that the event moved him not at all. He has continued his wild and reckless conduct, and has now been shipped off to the colonies.

Dr. HUGHES (St. Louis, U.S.A.)—We had supposed on the other side that the “knowledge of right and wrong test” had been abolished in England ever since the famous trial of Hadfield for shooting at the King in Drury Lane. In our country we are accustomed to point to British advance in medico-legal affairs on the line of enlightened humanity in accord with the dicta of psychiatric science that insanity is a disease which may co-exist with a knowledge of right and wrong, modified, of course, by disease, though not always apparent in any specific act.

*Notes on Three Cases of Spontaneous Gangrene.** By W. B. MORTON, M.B.Lond., Assistant Medical Officer, Wonford House, Exeter.

Gangrene is undoubtedly a rare occurrence amongst the insane, although one would expect the lowered vitality and diminution of general sensibility, which are found in many mental diseases, to be predisposing agents, and it is a remarkable coincidence that we should have had three cases within nine months amongst less than 150 patients.

CASE I. was that of J. T., a fat, flabby, unhealthy man, aged 52, who was admitted on 22nd August, 1894, with an attack of recurrent melancholia. He was restless, sleepless, refused all food, and had to be fed with the tube.

A fortnight after admission the right foot was noticed to be swollen, cold and discoloured, and this became worse, until at the end of a month the toes were black, dry, and shrivelled, and a line of demarcation was formed at the ankle-joint; his general health was poor.

At the end of two months he was much improved, both mentally and physically; he was rational, but still melancholic; he ate well, and was much stronger; there was a well-marked line of separation at the ankle-joint; shooting pains in the foot and leg were severe, but were controlled to a great extent by opium.

Six weeks later his health had further improved, and consequently the leg was amputated at the “seat of election.” Recovery after the operation was uninterrupted, and in a fortnight the stump was soundly healed, but the shooting pains and painful sensations

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