

Language," the divisions of which will indicate its drift:—Ch. 1. Reciprocal action of Mind and Body; 2. Origin of Language; 3. Acquisition and Development of Language; 4. Influence of Language on Mind; 5. Relation of Language to Thought.

Vierteljahrsschrift für Wissenschaftliche Philosophie. 1879.
Heft. 3 and 4.

The most interesting paper in these numbers is the opening article of No. 4, a favourable but exhaustive criticism by Bennis Erdmann, of M. Ribot's recent book on "Psychologie Allemande Contemporaine." No. 3 contains a curious debate between Wundt and Herwicz, concerning their respective theories as to the bearing of the physiology of sensations and of the nerve-system generally on the psychological explanation of knowledge. There is likewise a review of an interesting work by Lexis on Social Statistics, with particular reference to the difference between men's action when alone and their action in larger masses; and the last of a set of papers by Schneider on the Development of Will in the Animal Kingdom.

PART IV.—NOTES AND NEWS.

THE MEDICO-PSYCHOLOGICAL ASSOCIATION.

The Quarterly Meeting of the Association was held February 25th, 1880, at the Rooms of the Medico-Chirurgical Society, 53, Berners Street, W.

In the absence, through serious indisposition, of the President, Dr. Lush, M.P., the chair was taken by Mr. Mould.

The election of four new ordinary members* was then proceeded with, viz.:—

James Shaw, M.D. (Queen's Univ., Ire.), Haydock Lodge.

Charles E. H. Warren, M.B. (Edin.), Barnwood House, near Gloucester.

George E. J. Crallan, B.A. (Cantab.), Northumberland County Asylum, Morpeth.

James Neil, M.B., C.M. (Aberd.), Parkside, Macclesfield.

Dr. SAVAGE exhibited two pillows, designed for the use of epileptics, in the place of the usual cocoa-nut fibre ones. These samples had been transmitted to him by Mr. Cassidy, of the County Asylum, Lancaster, with an explanatory note, stating that they had been tried at that asylum for several months, and that the patients seemed to like them as well, at least, as the fibre pillows. Mr. Cassidy thought there would be little risk of suffocation by turning upon the face in a fit. The deeper pillow was intended to be fixed to the bed bottom, the mattress merely coming up to, but not under it, thus affording a larger air space. Previously they could be screwed to the bed, and there was a screw arrangement of the internal strap for keeping the ends taut.

Dr. RAYNER stated that he had had pillows made of similar material to those exhibited in use for the last five or six years, and found them most useful. With that kind of pillow any patient who had the habit of turning upon his face in

* The Subscription of Members elected at the Quarterly Meetings, under the new Rules, dates from the preceding first of July.

his fits would be quite safe. He thought that a little padding against the wood at the end would be an improvement.

The next business on the Agenda was the resumption of the discussion of the paper read at the last meeting by Dr Wilkie Burman on "The Separate Care and Special Medical Treatment of Acute and Curable Cases in Asylums."

The General Secretary, Dr. RAYNER, stated that he regretted to say that Dr. Burman was not able to be present, and no further remarks upon the subject being offered by any of the members present,

Dr. HACK TUKE read a paper "On Mental Experts and Criminal Responsibility." He said that in cases of alleged insanity in criminal cases the first object was to adopt the most scientific, and therefore most efficient means of ascertaining the mental condition—the criminal responsibility—of the accused; the second to protect him from punishment if he is irresponsible; the third to protect society from the injury done by admitting the plea of insanity when the act committed is really criminal; lastly, to avoid discharging those found not guilty on this plea, until mental health is restored, or as long as is needful for the safety of the community. Dr. Tuke complained of the utter uncertainty as to what course would be pursued when the prisoner first came before the magistrates, the period when it was all important to discover the condition of his mind. He maintained that this ought not to be left to chance; but that the magistrate, when insanity was suspected, should be obliged to obtain the opinion of at least one expert, in addition to that of the gaol surgeon, full powers being given to them to carry out a full examination of the prisoner, and the temporary removal to an asylum for this purpose being allowed. If committed to trial, the opinion formed by these experts should be drawn up and presented to the Court, by whom, and not by the contending parties, they would be called. They should be subject to cross-examination by the Court on the written report. Dr. Tuke did not propose to take away from the defence and prosecution the right to call medical witnesses; but he thought the plan he proposed would practically act in lessening the crying evil of so many being called; and if it could be carried out he should be glad to see the cross-examination conducted by the Court; but this was not a necessary part of his scheme. He referred to the several Acts which bore upon criminal responsibility—the 39 and 40 Geo. III., c 94, s 4; the 1 and 2 Vict., c 14, s. 2; the 3 and 4 Vict., c. 54, s. 3; the 16 and 17 Vict., c. 97, s. 68; and the 27 and 28 Vict., c. 29, s. 2. None of these contemplated the prisoner when brought before the magistrate, fresh from the commission of the crime. The last mentioned Act was the most important, and he thought that it was in the direction of an extension of the provisions of this Statute, that additional legislation might be carried out; the leading provisions being a skilled examination of the prisoner at the earliest possible period, a continuous observation conducted between the committal and the trial, and a written report of the result sent into the Court.

The CHAIRMAN, in inviting discussion, remarked that the paper they had just listened to was a very able and comprehensive one. Dr. Hack Tuke had pointed out a very serious defect in the law, and had suggested a remedy. If members present could add the weight of their authority to the ripe experience of the author of the paper, not only would great good be done to those unfortunate people who had the misfortune to lie under the stigma of insanity, but their legal dignitaries would be helped out of a very serious dilemma.

Dr. SAVAGE said that he had not much to say upon the subject. A paper of this kind required to be read leisurely at home, and thought over. They had before them the opinions of Dr. Tuke, and they had to consider with them those of the lawyers. For instance a barrister had said that all witnesses were either liars, or worse—or experts, and that the removal of judgment from the one class to the other would not be a benefit. It was said by them that if an expert's evidence was worth anything, he ought to be able to convince the majority of the truth; that they (the lawyers) thrashed out the truth, one beating one way, and one another, till in the end the

husks were got rid of, and the truth attained. Theoretically this should be so, but it had frequently been seen that the opposite had resulted, and that the cause might be lost through that sleight of hand to which the barristers were so well accustomed.

Dr. HACK TUKE remarked that this would refer to oral and not to written evidence.

Dr. SAVAGE Certainly. Then as to juries. He should be very glad to see experts assisting, because of the unsatisfactory way in which juries arrived at decisions. Juries of matrons were bad enough. Ordinary jurymen were still worse. At all events if they must have juries to decide these matters, they should be on the same principle as a jury of matrons. In that kind of jury the members were supposed to have been in the family way; and if the jurics, who had to try the question of a man's sanity, had been in asylums, some definite good might be attained; it would be an immense benefit if a system were instituted somewhat like the French system, if not exactly like it. It seemed very strange that amongst all the agitation about the domestic relations of lunacy, the questions of proving a man criminal or insane were left out altogether, and he hoped that if any legal measures were proposed by the present government, or during the present Session, some such clauses as those now brought before them would be considered.

Dr. MAUDSLEY was afraid that our legal dignitaries had not the least desire to be helped out of their dilemma. From his own earliest recollections of this Association they had been hammering away at this subject, and in 1868 a Committee of the Association was appointed expressly for the purpose of considering this matter, and applying to the Government for a Royal Commission to enquire into it. In fact, he had just found a Report which had at that time been drawn up, and extracts from which he would read to them. It dealt with the whole subject of criminal insanity, first of all with regard to that very absurd legal criterion of responsibility—the knowledge of the difference between right and wrong, but principally with the manner in which scientific evidence was taken in courts of justice. The Report stated, “The incompetency of a jury to weigh and apply in a satisfactory manner evidence of a scientific character can hardly admit of doubt; and when such evidence is presented to them, not with studied impartiality and completeness, but as evidence specially retained for the prosecution or the defence, they have no means of forming a correct judgment on the points at issue.” And it goes on in that way to point out several defects which Dr. Tuke has pointed out. It says, “There are many scientific and technical matters, for a knowledge of which a special and protracted education is required, and it is impossible to believe that a jury can, even under the guidance of the best judge, who has not special knowledge, be instructed to the requisite point within the short period of the trial.” Then it goes on to suggest the following, by way of suggesting a remedy—“The incompetency of a Court as ordinarily constituted is, indeed, practically recognised in a class of cases known as Admiralty cases”—(those are the “running-down” cases at sea)—“where the judge is assisted by assessors of competent skill and knowledge in the technical matters under consideration.” That was one of the means suggested, that in trials in which questions of insanity arise the system should be adopted which prevails in Admiralty cases—the judge should be assisted by competent assessors, as in the Admiralty cases, where one or two of the Trinity brethren, who are mariners, sit with the judge as assessors. He could not help thinking this would be better than the means adopted in France, which did not lead to such satisfactory results. It would be quite opposed to the whole genius of the English law to shut out the power of cross-examining witnesses. That would not be permitted. The expert would not be allowed to shelter himself behind his report; he would be obliged to go into the witness-box, and submit himself to severe cross-examination. And then they could not shut out from the other side the power of calling counter evidence. They would be allowed to have their own experts, and there would be the present conflict going on in

even a more unsatisfactory form than at present. It seemed to him (the speaker) that it would be far better to adopt the system for which they had a precedent in the Admiralty Court, and recommend that the competent scientific experts, appointed by the Crown or by the judge himself, should sit with the judge as assessors, and aid him with their advice. The Association did make an application in this matter. "We respectfully, but earnestly endorse that recommendation" (that was the recommendation of the Capital Punishment Commissioners), "being deeply convinced of the advantages that would accrue from a searching enquiry, by means of a Royal Commission, into the relations of mental science to the administration of justice, with a view to a revision of the existing system of criminal jurisprudence in its relations to insanity." The reply was that they did not see the necessity for a Royal Commission, and they did not even consent to receive a deputation.

Dr. RAYNER thought that although they were then unsuccessful in producing any effect on the Government, that should be no reason why they should not strive again to obtain their point, more especially as at the present time the Criminal Code was under consideration. In connection with this subject there were many points remaining to be considered. One was the want of care which was often shown by magistrates in ascertaining whether the criminals brought before them were of sound mind. He (Dr. Rayner) received year after year patients suffering from general paralysis, who had committed offences of the general paralytic type, which would have attracted the attention of anyone who possessed the least experience in insanity. Such cases had been convicted and sent to prison for periods of, say, six weeks or three months, and in one instance they had been discharged without their insanity having been detected. This important matter should be brought to a practical issue, either by reference to a committee or in some other way.

Dr. NICOLSON referred to cases sent to Broadmoor simply upon the verdict of the jury, or the award of the jury that they were to be detained during Her Majesty's pleasure, and which were there found to be clearly cases of unsound mind, although the prison surgeon had appended his remark that there were no indications of insanity. No doubt hitherto the great bugbear of cross-examination stuck very much in the throats of the surgeons. They did not like to raise the question of a man's insanity, knowing that they might be had up and pestered with all sorts of questions for which they were not prepared; so they preferred to go on quietly till the end of the sentence, and then let the man be discharged in the usual way. He hoped, however, that under the present system of concentration under Government, the attention of medical men appointed to prisons would be better directed to this point. The difficulty immediately occurred when the prison surgeon made some sort of suggestion or statement, or distinctly announced that the prisoner was a lunatic. As soon as he said anything, the governor, who might or might not take an interest in the question, would tell the medical officer (not perhaps directly, but indirectly), that he did not want all these questions raised. The medical officer would be given to understand in a general way that, if he was going to make out that all the people there were insane, the sooner he was out of that the better. In the Government prisons some of the governors were quite ready to see when a prisoner was of a defective type of mind, and in that case immediately to refer to the medical officer to ascertain whether they should award him any prolonged punishment, and the question was then settled by the medical officer; but other governors would not do this, and perhaps matters would be allowed to go on until, after repeated punishment, the medical officer was compelled, by the state of the man's health, to take him under his more immediate care.

The CHAIRMAN said that certainly they were much indebted to Dr. Hack Tuke for his paper, and he should call upon him to reply. He thought also that Dr. Maudsley should be asked to give up to Dr. Tuke for consideration when the matter came before any committee, the valuable Report from which he had quoted extracts. It was the outcome of many able minds. No doubt barristers

did not want assessors any more than experts, because they would find that they knew too much for them. When they read of a recent trial which had gone on for days, but which was settled by an ordinary jury in a short time, it did seem to him a very serious anomaly that it should have been allowed to last so long.

Dr. HACK TUKE, in reply, said that, as regards Dr. Maudsley's observations, he had found, in talking to barristers, that there was exactly the same objection in their minds to assessors as to experts giving written reports on which they were not to be cross-examined by themselves. He did not therefore see that they would stand any better chance of attaining what they wanted by proposing assessors.

Dr. MAUDSLEY—Both are suggested.

Dr. TUKE said that, at all events the attempt at reform made in 1868 entirely failed. Dr. Maudsley had a great sense of the genius of English jurisprudence. In this he could scarcely agree. Upon comparison with the Austrian and French codes, one was struck with the great superiority of either over our own on this subject. Taking the Austrian code, with its recognitions of emotional as well as intellectual states of mind, this could not fail to be acknowledged, and he himself certainly preferred, in regard to forensic medicine, the genius of Continental law. The appointment of assessors would leave entirely unremedied the evils arising from there being no provision made for the proper examination of the prisoner when apprehended and brought before the magistrates or magistrate. With regard to Dr. Rayner's desire that the subject should take some practical form, nothing occurred to him but to refer it to their Parliamentary Committee, and if it were understood that it might be brought before that Committee with the weight of the opinion of the present meeting, he for one should be very glad.

This course was determined upon.

Dr. RAYNER read a paper on "Insanity from Lead Poisoning." He observed that although his attention had been directed for some years to the subject, the number of cases coming under his observation was inconsiderable, and that he brought them forward in the hope of inducing others to place on record their experiences, rather than with the idea of formulating any definite conclusion. [These Cases will appear in the next number of the Journal, with additional ones by Dr. Savage]. Dr. Rayner concluded by stating the three principal modes in which lead-poisoning may produce insanity. 1. That of coarse lead-poisoning producing attacks of acute mania and conditions closely resembling general paralysis, such as Tanquerel describes under the term lead encephalopathy. 2. Cases of minute and protracted lead intoxication, producing slowly developing sensory hallucinations, noticeable by the absence of the feeling of persecution, and by the persistence of the hallucinations of vision. 3. Cases in which somewhat coarse toxæmia in the first instance develops gout, and then acting in conjunction with the gouty poison, produces a form of mental disorder, closely resembling general paralysis.

The CHAIRMAN said that the paper just read was the result of much close observation. The cases were certainly of a very persistent nature, for he understood that none of them recovered except a very doubtful case. It would seem that the lead itself must be a very potent poison to the cerebral tissues, or else there must be some other cause. In one case which had come under his own observation, he made a very careful examination. The patient assured him that it occurred from pump water. Further enquiry proved that the man had never drunk much pump water in his life, except mixed with gin. Perhaps some of Dr. Rayner's cases might be of a somewhat similar nature.

Dr. SAVAGE stated that he had himself been trying to collect information about these cases of lead poisoning, but he had not received a single reply to the enquiries he had made in his circulars. He had seen at least four distinct cases, and, had time permitted, he would have given them. Perhaps they would form a useful addendum to Dr. Rayner's paper. In one case the patient's friends thought it impossible that lead should have been the cause. The man came in with spongy gums, and other characteristic symptoms, and got well. He said

that it was lead. He had been a clerk in lead works for nearly 20 years, but had never handled it up to three months before he broke down. There was a temporary deficiency in the staff, and he was put on as a tester, and part of his duty was to test the samples of white lead to see if it were fine enough. Another case was that of a woman under Dr. Moxon, of Guy's, who suffered from acute mania—hallucinations associated with sight and hearing. She had an affection of the vagina, and she had used very strong lead lotions on her own account, and she was poisoned in that way. There was another case about a fortnight ago in Guy's. A man who was admitted was supposed to be suffering from delirium tremens. He turned out to be a very sober man indeed, and it proved to be due to lead poisoning. In this type of disease there were three phases—acute mania, a mental condition associated with hallucinations, and another condition hardly to be separated from general paralysis. He was inclined to think that true general paralysis might be produced by chronic lead poisoning.

Dr. MCDOWALL said that if Dr. Savage would apply to Newcastle, where there were many lead works, he would probably gain much information upon the subject. He had heard of very bad cases of dementia caused by lead-poisoning, and they had found at Newcastle that if they adopted the treatment recommended in books, the patient would be poisoned outright. If iodide of potassium were given in very severe cases, the patient would pass into a state of coma and die quickly.

The CHAIRMAN—Did the Guy's Hospital patients recover upon the elimination of the lead poisoning?

Dr. SAVAGE—The first did.

Dr. RAYNER, in reply, said that as regarded the Chairman's observation, as to the unhopefulness of these cases, and his remark as to the similar case developed from alcohol, the explanation would probably be found in the prolonged action of the causes. The patients having probably been under the influence of the poison for many years, a form of insanity was produced which very closely resembled insanity resulting from equally protracted poisoning by alcohol. In the first class of case quoted, the encephalopathic, that was obviously due to very coarse lead poisoning. In the third class of case in which gout was produced, and then in conjunction it acted upon the nervous system, there could be no doubt about the action of the lead. There seemed to be a special proneness in gouty patients to be affected by lead-poisoning, Dr. Garrod pointed that out, and also that although lead-poisoning was very common in England, it was not common in Scotland or France, and it was ascribed to the fact that in England people used beer and fermented liquors, and that in France and Scotland they were not so extensively used.

THE MEDICO-PSYCHOLOGICAL ASSOCIATION.

A Quarterly Meeting of the Medico-Psychological Association was held at the Royal College of Physicians, Edinburgh, on Friday, 11th November, 1879. Among those present were Drs. Jamieson, Johnston, Batty Tuke, Ireland, Yellowlees, Clouston, McDowall, Philip, McLaren, Inglis, Clark, Rutherford, &c.

On the motion of Dr. CLOUSTON, Dr. Jamieson was called to the chair.

Dr. IRELAND read a paper on "Left-handedness in Idiots."

The CHAIRMAN said that the subject was a curious and very interesting one, and Dr. Ireland had evidently devoted much attention to it. There was one point, however, on which he would have liked to have had a more definite expression of Dr. Ireland's views, viz., the final cause of right and left-handedness. He himself had not specially studied the subject, but he had the idea that the heart being on the left side might be an element in the tendency of man, considered as a fighting and working animal, to use the right side, thereby shielding the great centre of vitality. Woman, again, as a producing and nursing animal, carried her child on the left side, in the region of the heart; but these