

In this well-fought Will case opinions were given by Dr. John Watson, of New York; the late Dr. Luther V. Bell, Charlestown, Mass.; Dr. Isaac Ray, of the Butler Hospital; Dr. D. T. Brown, of Bloomingdale Asylum; Dr. Pliny Earle, and Dr. M. H. Ranney, of New York City Asylum; and Sir Henry Holland, Bart. All these physicians concurred in pronouncing Mr. Parish to have been, from organic disease of the brain, incapable of making a will. The opposite side was sustained by Professor Alonzo Clark, of New York, "whose objections, however, were fully answered by Dr. Watson."

## II.—*English Psychological Literature.*

### 11. *A Case of Moral Insanity or Dipsomania.*

(From 'Clinical Medicine: Observations recorded at the Bedside, with Commentaries,' by W. T. GAIRDNER, M.D. Edin., Regius Professor of Medicine in the University of Glasgow.)

From this acceptable contribution to medical literature, the faithful record of good work, communicated in a style as lucid as the matter is replete with careful observation and philosophic reflection, we shall venture to pillage a long extract, which will prove that the specialist also may refer to it with satisfaction and profit:—

The other case of delayed cure is also connected with drink, but although the man was very excited on admission, indeed quite frantic from drink, I doubt if it can probably be called delirium tremens. Since he has sobered down it has presented none of the characters of this disease; but, on the other hand, it is very evidently a case of what is now often called *dipsomania*.

Remark the particulars; for the case is a type of many others. This man came in mad with whiskey, and yet clamouring for whiskey; absolutely maniacal in fact; but I suppose merely from the immediate effects of drink. By and by he sobered down, and being told most absolutely he was to have no whiskey at all, he reconciled himself to what he thought was simply a necessity of the case. In the course of conversation with him about this matter, I thought I detected him in various palpable untruths; and, indeed, it very soon became apparent to me that he was one of those unfortunate persons who hardly know whether they are uttering truth or falsehood when they make a strong assertion. There was a shamelessness and regardlessness of consequences, and even of decency, about his whole manner, that convinced me I had to deal with a very low type, indeed, of human nature in this case. He had not the slightest sense of regret or of remorse, but would always take me into his confidence, and explain to me how much he needed

some more whiskey. The result of this unsought confidence was, that I learned his antecedents so far,—he had been drinking until the money was done, and till he was quite out at elbows; and then he went and drank at the expense of anybody and everybody who would give him whiskey, until he landed himself in the infirmary. He had not been in the ward two days, moreover, before he developed a new phase of degradation, for the attendant caught him masturbating. He did not deny the fact to me, but said it was only once, that he had never done it before, &c. All this, however, he said with the most perfect indifference as to whether I believed it or not, and I could not but tell him very plainly that I did not believe a word of it. This he received with the same cool indifference as the former charge of habitual masturbation. He is thin, withered-looking, without colour, yet without apparent bodily disease or deformity. There is in all this, evidence of long-continued and probably irreclaimable bad habits, founded on a weakening of the moral sense amounting to a kind of *paralysis* of it. You cannot get hold of anything on which to act in the way of making this man ashamed of himself. His aunt, whom I sent for, and who speaks of him on the whole with wonderful charity and good temper, as well as good sense, says, without reserve, that it was always so. He has *never* been able to do anything for himself, or to turn his mind to good in any shape. He *never* would work, and drank at all times when he could get the drink. In fact, she says he was always a perfect “gowk” (*i. e.* a fool, a simpleton, Jamieson’s ‘Dictionary’), that is the climax of her description; and I hold that it is both a charitable and a true description, the more so that it is perfectly simple and natural, having no relation to any ulterior object whatever, for she has plainly none in view.

Our patient has had sense enough for the most part, she says, to keep out of the way of the police, and that is about the utmost that can be said for him; but even that cuts two ways, for possibly if he had been more clever and ingenious, he might have been led more easily into positive crime. As it is, we have pretty clear proof that he is:—1. An utterly abandoned, and almost unconscious liar. 2. An almost equally shameless masturbator. 3. A drunkard, quite devoid of self-control, or even of the desire to control himself. 4. A *lazy* and an *incapable*, of the most incorrigible description. 5. “A perfect gowk,” or to use another most expressive Scotch phrase—a *ne'er-do-weel*,\* *i. e.* one who not only *does* not do well, but apparently *cannot* do well; who has neither the capacity nor the desire to do well. It is a case not only of degradation, but of positive *degeneration* of the moral instincts; and the degradation is

\* “Ne'er-do-weel, one whose conduct is so bad as to give reason to think that he will *never* do well.” (As an adjective.) “Past mending.” Jamieson’s ‘Dictionary.’

probably both physical and moral by this time; the machinery of mind has suffered as well as the mind itself. This man, I believe, literally *cannot* do good at present; you can no more expect good conduct and high principle from such an organization than you can from a gorilla. A long course of reformatory discipline might possibly, indeed, even now, do something to reverse the habits of forty years; but at this moment of time the man is in a state of *moral paralysis*, powerless for good, and a prey to evil, in virtue of his physical and moral organization, his craving appetites and deeply imprinted bad habits. There may have been also a congenital fault or deficiency; but about this we know, and can know, nothing with any certainty.

What can you do with such cases? you often meet with them in various degrees of urgency in the highest ranks, and then they are especially puzzling. Positions of very high responsibility have sometimes to be filled after a fashion, and in the eye of the world, by such persons. For example, it is quite easy to suppose that the peerage might devolve its honours upon the head of such a being as this, or a princely fortune might fall to be spent by him without control; which would be truly, and in the largest sense of the word, a *misfortune*, inasmuch as it would merely give free scope to all his base, revolting, and ruinous propensities. Then rises the question of moral responsibility in the eye of the law, or of technical *insanity*—a difficult one to settle, I need not tell you, from the legal point of view, especially when money is plentiful. Such men are not *cretins* or idiots, and yet there is something in them plainly deficient, as compared with a sound organization. There is a certain loss of self-control, which is not a mere vice but has become stereotyped, as it were, and stamped down upon the habit as an infirmity extending over the whole moral organization. But does it constitute insanity? The legal view of the case is extremely involved, and we have no occasion to discuss it at present, but as a practical question of medical treatment, I would put it thus: What can you make of him? Is there anything you can act upon through the ordinary forces of moral discipline, and with reasonable hope of a good result within a reasonable time? Is there any *moral leverage*, so to speak, by which you can move the sluggishness, the low tone of this man's whole moral nature? If so, use it by all means; but if not, or if you fail utterly after trial, accept the alternative. I consider this a really *diseased mind*, in a practical sense, as regards the medical and moral question of cure. It is a mind plainly requiring to be under control and coercion; you can make nothing of it otherwise. As to the technical question of insanity, as affecting legal rights and responsibilities, I would not allow it to be too much mixed up with the other, but leave it to be practically settled also according to the nature of the interests involved. I don't care

in the least about the *word* insanity ; and I confess I think it quite unnecessary to look too closely into the metaphysics of the matter. It is to me a practical question altogether ; in one case a question of medical treatment ; in another of law and of substantial justice (though sometimes rather rough and ready justice) to the individual and to society.

In this man's case, I should be disposed to recommend as a matter of treatment, his being put under a certain amount of personal restraint, with due moral and medical discipline, and this probably for a long time. I entirely believe that this man cannot possibly be made a useful member of society, or even otherwise than a nuisance, without such discipline. But I feel the want in these cases of proper support from public opinion, and from the law. I *dare* not certify even this wretched being as insane, without more obvious and striking reasons to carry conviction to every one's mind, as well as my own, than I have at present ; so he must be left to cumber the ground. If I could even force him into the workhouse, it would be a point gained ; but I cannot *force* him at all ; we must simply let him go his way. Better men than he have committed murder or suicide in the like circumstances, but I don't see clearly anything of this kind impending in this case ; I think he is too great a coward, and too utterly inert, to set about doing either the one or the other ; and therein, perhaps, lies his immediate safety. But the existing state of the law, and of public opinion, is very unsatisfactory in regard to these cases. As *prevention* is better than cure, I think that society, and the medical man as the organ of society, ought to have a much greater control than exists at present over such cases.

*The Antagonism of Law and Medicine in Insanity, and its consequences. An introductory lecture.* By THOMAS LAYCOCK, M.D., Professor of the Practice of Medicine and of Clinical Medicine, and Lecturer on Medical Psychology and Mental Diseases, in the University of Edinburgh.

(‘*Edinburgh Medical Journal*,’ July, 1862.)

This introductory lecture to his course of medical psychology by Professor Laycock is worthy of record in these pages as containing an unanswerable argument for the addition to our medical curriculum of clinical teaching of mental disease. It is indeed mournful to think how this subject is neglected in England. A very few lectures at St. Luke's form the whole that is done herein, and these lectures are far from giving either a regular or systematic course of instruction.

“ If any arguments were needed,” says Dr. Laycock in the introduction to this lecture, “ that such a course should form part of the

medical curriculum, and be delivered in every medical school of the United Kingdom, recent proceedings in the English Courts of Law and in the House of Lords would amply supply them. From those proceedings we learn how distinct and complete is the antagonism between law and medicine, as to the principles of mental science and its applications to mental diseases and defects. Medicine declares that insanity is a physical or corporeal disease; law declares that it is not. Medicine says that insanity and imbecility are different conditions; law, that they are analogous. Medicine maintains that a theoretical and practical study of mental diseases and defects is necessary to the proper understanding and detection of mental disease or defect; law denies this, and says it is a fact to be determined by any dozen of ordinary men in consultation on the case. Medicine says a man may be insane and irresponsible, and yet know right and wrong; law says a knowledge of right and wrong is the test of both soundness of mind and responsibility to the law. Medicine says, restrain and cure the insane and imbecile offender against the law; law says, hang, imprison, whip, hunger him, and treats medical art with contempt. Thus law, as recently expounded in the English Courts and the English Legislature, is entirely antagonistic to medicine on all those questions of mental science which involve the freedom and well-being of the imbecile and insane, and which often determine whether they shall die an ignominious death or not. This antagonism is a very serious matter therefore to the insane, their friends, and families; more serious to the judges and legislators of our country; and not without deep interest to the medical profession. For with such direct antagonism to medical doctrines and practice on the side of law, the existing prejudices in the mind of the public, and which have been exhibited in very high quarters, will be more deeply rooted; so that we shall have greater difficulties to encounter in treating the insane, in bearing witness to their infirmities in courts of law, and in enlightening the public on a subject which most deeply concerns it."

Professor Laycock enforces his argument for the necessity of instruction in our schools of medicine on the question of insanity by a reference to the debates in the House of Lords in the Chancellor's Lunacy Bill of this year (happily amended in the Commons), and by the trial of George Clark\* at Newcastle-on-Tyne on the 27th of February, 1862. This latter case is so instructive that we quote Dr. Laycock's summary of it; with his remarks in full:—

"A man named George Clark, a cabinetmaker, killed a tax-collector in Newcastle on October 1, 1861, by stabbing him with a sharp-pointed knife. In the month of May preceding the collector had dis-

\* The evidence bearing on the mental state of Clark, and the charge of the judge, are given at length and ably commented on in the 'Medical Critic and Psychological Journal,' for April last.

trained upon Clark's tools for the non-payment of his dog-tax ; and this was the alleged motive, as it was clearly the exciting cause, of the murder. He was tried on 27th February last, and defended himself. The history of his conduct previously and subsequently to the murder, and his conduct during the trial, abundantly proved that he was an aggressive melancholiac ; labouring under notional insanity both at the time he committed the act, and when tried for it. The judge laid down the law of the case to the twelve "ordinary men" who constituted the jury, and who, in accordance with his charge, brought in a verdict of guilty ; and then the judge solemnly pronounced the sentence of death. He told the helpless lunatic at the bar he had no doubt, and the jury had no doubt, not only that when he committed the murder he was responsible for his actions, but also that he understood perfectly the whole of what he was doing in depriving himself of counsel and defending himself ; otherwise he (the judge) would have postponed the trial or postponed the sentence. Then the judge solemnly exhorted the madman to repentance and prayer, and finally petitioned the Lord to have mercy on his soul.\*

Such was the deliberate, solemn procedure in an English court of justice in the year 1862, in the case of a maniac who, being let loose in society by the law, became in due course amenable to the law. I do not say that murderous maniacs should not be hung ; much might be said as to the expediency of that ; but certain inhabitants of Newcastle, in common with all who value justice rather than expediency, were shocked with that sad outrage on justice perpetrated in the name of the law, and at once took vigorous and happily successful steps to prevent the hanging,—the humane judge helping them. The judge was not to blame in this case, remember, but the law. This he laid down clearly and plainly, and I may say with admirable although inexorable justice, as between the maniac murderer and society. The legal dicta being what they are, no other course was judicially open to him. Clark knew what he was about, and therefore he was responsible for his actions ; however mad he might be, if he knew this he must suffer the penalty ; that is the law. "In a well-known case," he said, "the House of Lords put questions to the judges, and the judges answered them in this way." If a man had a delusion and killed another in consequence of it, if that delusion would not in law justify a sane man in seeking vengeance, neither in law would it justify an insane man. And the judge added the theory of the law. "In point of fact," he remarked, "the law does so because it acts upon people's fears, and it endeavours to protect persons from the murderous attacks of others by acting upon the terrors of those who may feel disposed to do such attacks ; and if

\* The surgeon of the prison who had watched Clark for five months said he was insane ; and the Medical Inspector of Prisons, sent by Sir George Grey, concurred.

a person has a particular delusion, but still has the power of knowing what he is doing, and that what he is doing is wrong, the law will make such a person responsible." And so Clark was condemned to be hung.

Now, there is perhaps no more instructive example on record of the mischievous influence of an ill-considered speculation than the opinion of the law Lords, to which the judge in this case referred the jury, and which guided his own course in the solemn administration of justice. It has more than the force of an Act of Parliament, but yet is a mere dictum of a number of gentlemen learned in the law; most learned in that—nevertheless, with no professional knowledge of that which they had to decide upon—namely, the nature of imbecility and mental incapacity, and the bearing of mental disease upon even their own theory of legal punishments. This dictum was duly explained by a learned judge to twelve ordinary men, all equally ignorant of the subject as the twelve judges. A maniac plead before them for his life, and yet he was held to be both morally responsible and capable of conducting his defence: the plainest facts of the case failed to bring out the common sense of the judge or the jury, weighed down by the legal *dictum*; and a maniac was not only found guilty, but solemnly sentenced to death. The judge wisely said "it would be folly—almost blasphemy—to punish a man for an offence to which he has been instigated not by his own guilty will, but by an infiction sent upon him by Providence itself," and solemnly sentenced the man to be killed. But be it noted, on the next morning he wrote to Sir George Grey to express his doubts as to the man's sanity. A certificate of insanity was then duly signed by two competent physicians, and the catastrophe of a judicial—almost blasphemous—murder was obviated. But the Nemesis of legal error still pursued the Government, for the magistrates of Newcastle, already enlightened by the Lord Chancellor's expositions, refused to concur with the physicians, and declared that the grounds for the medical opinion were insufficient to constitute mental unsoundness. The man had been fairly tried, and duly and solemnly condemned, and they concurred with the "ordinary men" of the jury; so that it only remained for Sir George Grey to get the wretched man out of their custody by commuting his sentence to PENAL SERVITUDE FOR LIFE."\*

This case is certainly a singular illustration of the distinction between law and justice.

Professor Laycock may well conclude his lecture with the remark, that from whatever point of view we look at the present position of mental science and of its practical applications to mental diseases, and to the administration of justice, it must be confessed that it is

\* The prosecution, suspecting that Clark was feigning madness, sent Dr. Macintosh to examine him, who reported that he was insane.

intolerable, and a disgrace to us as a nation. It is no longer to be endured that the courts of law and schools of medicine should be at issue as to the fundamental question, whether insanity be a disease or not, and as to all its important practical applications. It is quite certain that there can be no withdrawal therefrom on the side of the profession, for to that principle and its applications must be attributed the rescue of the insane from the state of degradation and the cruel usage of which they were the victims at the close of the last century; on the contrary, it will be more and more developed, for to recede would be to reverse medical progress, and stop all the large advance in mental science made of late years.

16.—*Plural Births in Connection with Idiocy.* By ARTHUR MITCHELL, A.M., M.D., Deputy Commissioner in Lunacy for Scotland, Corresponding Fellow of the Edinburgh Obstetrical Society, &c.

(‘Medical Times and Gazette,’ Nov. 15, 1862.)

During the last four years Dr. Mitchell had officially to examine and report on a large proportion of all the idiots in Scotland. In the course of his inquiries into the history of each case, from time to time, it was stated, that the patient was one of twins. This, indeed, occurred so frequently, that he was at length led to suspect that there might be some connection between plural births and congenital defects of mind. He therefore resolved to investigate the subject, and to determine how frequently, in a known number of idiots, a twin would appear.

As the result of this numerical inquiry, in 443 cases, Dr. Mitchell states that—

“11 times the idiot was one of twins.

“4 times one or other parents of the idiot was twin or triplet-born.

“32 of the 443 mothers had borne twins, once, twice, or more frequently.

“43 of the 443 families presented twins, more or less frequently, borne by mother, grandmother, aunt, or sister of the idiot.

“I hardly think,” he adds, “that any one will peruse these facts without feeling that some connection between plural births and idiocy, if not proved, has, at least, been rendered highly probable.

“When compared with single births, the whole history of plural births is exceptional; they are more fatal to the mother; they represent a larger proportion of dead-born children; the mortality of the offspring in infant life is greater; premature deliveries are more numerous; abnormal presentations and the necessity for instrumental assistance occur more frequently; the children are smaller, and



are apt to be unequally developed. All these points of difference are far from indicating vigour; on the contrary, they lead us to anticipate, in twin children, feebleness of constitution and imperfect development."

Dr. Mitchell illustrates this view in a series of propositions, worked out in the style of Professor Simpson's numerical demonstrations in his obstetric papers:

I. Parturition is more fatal to the mother in plural than in single births.

II. Plural births are more frequently premature than others.

III. Abnormal presentations, and the necessity for instrumental assistance, occur more frequently in twin than single births.

IV. Of twin children, a larger proportion is dead-born than of single.

V. But not only is the death-rate among twins abnormally high before the children are finally separated from their mothers, it also happens that the same excessive mortality is observed during the first week or ten days of extra-uterine life, and there is every reason for believing that it continues for several years.

VI. Twin children, as a rule, are abnormally small at birth.

VII. In the case of the cow, the female co-twin with a male is very generally barren.\*

VIII. When both children live, and have to be nursed by one woman, there is a risk of injury from underfeeding. I do not think that this proposition demands any comment.

"The foregoing facts in their aggregate prove," says Dr. Mitchell, "that, when woman ceases to be uniparous, it is to the disadvantage of herself and of her offspring, and especially to the disadvantage of the latter. It is the departure from a design of nature, not seemingly under control, and having a cause which we do not know; but, being a departure, misfortune is the result. Everything in the history of twin children indicates low viability, feeble organisation, and imperfect development; and this, apart from the risk of injury to which they appear to be peculiarly exposed in the act of birth, would lead us to expect among them the frequent occurrence of nervous disorders. In whatever class the condition, during intra-uterine existence or at birth, is unfavorable to life—in that class we are certain to find a prevalence of cerebral disease, accompanied often by physical defects or frailty. That twin children are in this unfavorable condition I think has been established. Woman was clearly intended to bear only one child at a time, and the wider the departure from this intention the more marked is the consequent

\* Professor Simpson has shown that this does not hold good in the human family, though it was long believed to do so. Nevertheless, in the fact, that it is true of any uniparous animal, we see the indication of a tendency to incomplete development in cases of twinning.

calamity. If we turn from twins to triplets and quadruplets, we find the proof of this statement. Among them premature births are still more frequent, and the number of dead-born children still greater, and of those who are born alive only a few reach maturity. I know personally only one triplet case, in which all three reached adult life. They are three men born half a century ago, and, curiously, they are all at present living under one roof. One is lame, one has double rupture, and all three are eccentric. In one this eccentricity of late years has been intensified, and is now spoken of as *insanity*. He alone is married, and one of his children is a complete idiot. I know another case in which two of triplets reached maturity. They are both women, and are both married. One is barren, and the other bore two children with spina bifida, and a third anencephalous. The mother was a tall, handsome, and intelligent woman, and bore several other children, well-formed, and apparently quite sound both in mind and body.

“Plural births have been thought to indicate an excess of reproductive force; and in one sense, perhaps, they may be so regarded. But this is certain, that in families where they occur with frequency they are often associated with illustrations of a manifest deficiency in the reproductive powers. In many instances I have observed this close alliance between what is held to indicate excess, and what is held to indicate deficiency of reproductive energy. Twinning in the human species, I think, must, at least, be looked on as a misdirection or error in reproduction, and it is doubtful whether in any case it is correctly spoken of as indicating high reproducing qualities. If a woman bears twins or triplets, and if among her single-born children, hare-lip, club-foot, dwarfage, microcephalism, and abortions occur, I scarcely think we can say of that woman, because she bore twins, that the faculty of reproduction in her is strong. It is both strong and weak, apparently excessive at one time, and defective at another; or rather, perhaps, according to the view which I am inclined to take, weak at all times, since an error in any process is practically weakness, whether it lead to overdoing or underdoing in the results; and still more positively is that process weak which is influenced by a peculiarity tending to overdo now, and to underdo then. The proof of strength and perfection in any process is a good result, steadily produced. The proof of weakness is a bad result, and uncertainty in the character of the badness augments the weakness. True, it may be said, the process in the one case is called weak from attempting too much, and in the other from not attempting enough—in neither case accomplishing the work well: the one, however, being a weakness from excess, and the other from defect, with an essential difference, therefore, in their nature.

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“Everything, in short, points to a remarkable connection between

twin births and defective organisation. If this be recognised as true, then twin children ought to be treated with peculiar care after birth, and for the first few years of life. The defect may, in many cases, merely consist in a negation of power—a lessened viability—rendering them unable to resist pernicious influences, which would scarcely affect children more favorably conditioned at birth. Care in the nursing and general management of such cases is clearly desirable, in order to secure, as far as possible, the completion of that development, which may be regarded as probably imperfect at birth. All other aspects of the condition of twin children indicate the same necessity for unusual care.”

The fact that persons of very great intellectual and physical vigour are every now and then found to be twin-born, in no way interferes with the soundness of the *general conclusion* to which this research points, and the basis of which may be briefly stated as follows :

1. Among imbeciles and idiots a much larger proportion is actually found to be twin-born than among the general community.
2. Among the relatives of imbeciles and idiots twinning is also found to be very frequent.
3. In families where twinning is frequent, bodily deformities (of defect and of excess) likewise occur with frequency.
4. The whole history of twin births is exceptional, indicates imperfect development and feeble organisation in the product, and leads us to regard twinning in the human species as a departure from the physiological rule, and, therefore, injurious to all concerned.
5. When we pass from twins to triplets and quadruplets, everything we know regarding these latter gives support to the general conclusion in question.

17. *The Medical Critic and Psychological Journal*. Edited by FORBES WINSLOW, M.D., D.C.L., No. viii, October, 1862.

The current number of this journal contains the first part of a most philosophical paper, ‘*On the Nature of Volition, Psychologically and Physiologically considered*,’ by J. Lockhart Clark, F.R.S.

It is too carefully reasoned to admit of any abstract of its contents.

There is also an interesting paper on ‘*English Suicide-fields*,’ by J. N. Radcliffe, Esq., the Honorary Secretary of the Epidemiological Society; apparently a summary of the paper which attracted so much notice at the late Social Science\* Congress in London.

\* ‘The Social Science Review’ for September has also three articles by Mr. Radcliffe on this subject of suicide.

The average of suicides in England and Wales, to the population, is 6·7 suicides to 100,000 population. Mr. Radcliffe gives the following table, showing the counties and districts of inordinate tendency to suicide :

		Proportion of suicides to 100,000 Population.	
<i>The London Suicide-Field.</i>	{	Middlesex . . . . .	10·5
		Kent . . . . .	9·7
		Surrey . . . . .	9·5
		Sussex . . . . .	8·9
		Hants . . . . .	6·9
<i>The Midland Suicide-Field.</i>	{	Leicester . . . . .	8·9
		Lincoln . . . . .	8·7
		Nottingham . . . . .	8·7
		Warwick . . . . .	8·0
		Derby . . . . .	7·77
<i>The Northern Suicide-Field.</i>	{	Westmoreland . . . . .	9·9
		Cumberland . . . . .	8·6
		Lancaster . . . . .	7·0
		Chester . . . . .	7·0

18. *Homicidal Mania: a Biography; with Physiological and Medico-legal comments.* By D. YELLOWLEES, M.D., Assistant-Physician, Royal Edinburgh Asylum, Morningside.

(Read before the *Medico-Chirurgical Society of Edinburgh*, 4th June, 1862; and reprinted from the '*Edinburgh Medical Journal*' for August, 1862.)

William Smith was for more than twenty years the most remarkable and most dangerous inmate of the Royal Edinburgh Asylum: the story of his life is worth telling for its own sake; but yet more so for its physiological interest, and for its bearings on some very important and much debated questions in legal medicine. Dr. Yellowlees has told this history with much skill. We must refer to his paper in the '*Edinburgh Medical Journal*' for the narrative. We quote Dr. Yellowlees' summary of the case:—

"It is scarcely possible to find language strong enough to describe the bloodthirsty passion which possessed the man, the devilish ingenuity, deliberateness, and determination with which all his attacks were made, or the fiendish delight with which he gloried in relating them, and revelled in the thought of a merciless and bloody success.

"In 1855, his health began to give way, but he still indulged in

fierce threatenings far beyond his power of execution. In this year restraint was finally discontinued, and he was taken regularly under special charge of an attendant to the chapel and the weekly ball—privileges which he highly valued. He spent his time chiefly in writing songs, anthems, and choruses, which were the names he gave to miserable attempts at music with original words attached.

“In 1858, I first made Willie’s acquaintance, and a visit to his room then was a thing to be remembered. You might have noticed, ere leaving, the strength of the door, the absence of all furniture except a fixed bed, the height of the window which Willie insisted on having open even in the depth of winter, and the many writings and drawings on the wall, but your attention would certainly have fixed itself first on Willie himself. He was always to be found sitting up in bed, with his inkbottle beside him and his manuscripts on his knee.

“In the end of 1858, he had a slight apoplectic attack, but its effects were very transient and did not alter his mental condition.

“In 1859, he was as poetical, loyal, and homicidal as ever. He frequently appointed days for murdering certain people, and had always some ingenious reason for his non-fulfilment of the threat. When he failed to find a good excuse, he said it was in order to show that he was a merciful man, and not the bloodthirsty villain they took him for. In further support of this, he used to quote occasions when he might have brained or strangled an attendant and yet refrained, not recognising that this very argument was a confession of how constantly the thought of murder was uppermost in his mind.

“About this time Willie was offered the privilege of a visit to Edinburgh. For almost twenty years he had never been beyond the grounds of the asylum, and had spent most of the time in his solitary room. He was, from old age and increasing dementia, by no means the formidable man he once had been; and it seemed that this indulgence might with proper precautions be safely granted, and might add a little happiness to his lonely life. He was much elated at the prospect and very grateful. He selected the night-watch as the person who should accompany him, and at the time appointed he was ready, dressed in the best suit the attendants could procure. He went to the door full of eager anticipation; but as soon as he saw the carriage waiting for him, and understood that he was not to walk through the town as he had intended, he turned and went straight back to his room, threw aside the new suit, and absolutely refused to go.

“He had evidently intended mischief, and was so mortified at his purpose being thus thwarted under the guise of special kindness, that no persuasion could induce him to change his resolution.”