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(1) This paper was read at a general meeting of the Medico-Psychological Association at Cheadle on February 14th, 1902, and was preceded by a lantern demonstration, given by Dr. David Orr, of the normal histological appearances of the nerve-cells in the posterior root ganglia of the dog and of the human subject, and the degenerative phases of the latter in general paralysis of the insane.

A Flaw in the English Lunacy Law. By ERNEST W. WHITE, M.B.Lond., M.R.C.P., Resident Physician and Superintendent, City of London Asylum.

THE following case shows the necessity for reform in the legal procedure connected with the admission of private patients:—E. E. S—, a lady patient, was admitted on October 26th last, upon the order of a justice of the peace who had not seen her, and upon the medical certificate of her regular medical attendant, and the second certificate of a neighbouring practitioner. Within the statutory period after admission she signed a request to be seen and examined by a judicial authority, under 53 and 54 Vict., cap. 5, sec. 8 (2). On November 2nd I made a return to the Commissioners in Lunacy stating—"She was insane, suffering from melancholia; had a dejected appearance and nervous manner, with delusions of unworthiness; said 'God would never forgive her her sins'; was agitated, restless, and dissatisfied," etc. On November 5th she was seen and examined by a local county justice of the peace, who, in the face of these three certificates, and a note in the case book by Dr. Patterson, reported that he did not consider the patient insane. In consequence of this report she was removed by her brother on November 26th, the Commissioners in Lunacy, who apparently, under 53 and 54 Vict., cap. 5, sec. 8 (3), had no option in the matter, having requested him to take this step. I may add we considered her probably suicidal, and when she left I wrote her ordinary medical

attendant advising him to watch her, and have her placed under fresh certificates, but she declined to see him again. On the night of December 9th (that is, less than fourteen days after leaving the asylum) E. E. S— committed suicide on the permanent way of the Great Northern Railway in North London. Thus a report by a young and inexperienced justice of the peace outweighs the opinions of two experts, the family medical attendant, who had watched the case for months, and a fourth medical man, who signed the second certificate on admission. Surely this life was sacrificed through a defect in lunacy law!

Mental Conditions resulting in Homicide. By G. T. REVINGTON, M.D., Resident Physician and Governor, Central Asylum, Dundrum.⁽¹⁾

IT is with great diffidence that I venture to address you to-day. I have not made any scientific discovery, and in my own opinion it is great presumption to open a discussion on a subject of which I am merely a student, and on which my studies have not yet enabled me to form definite theories.

I had not much difficulty in making choice of a subject. You will all agree with me that mental conditions resulting in homicidal acts are very interesting.

In nine and a quarter years I have admitted forty-nine men charged with murder or manslaughter. I am not dealing with female murderers, as these cases are mostly cases of infanticide, and are of a totally different nature. I have included one case of attempted homicide, not in order to make a half-century of cases, but because the case is one of extreme interest, and throws a bright light on homicidal conditions.

The difficulties of investigating these homicidal conditions are very great. Generally the witness who knows the murderer best is his victim, and thus the most important evidence is lost.

I do not propose to trouble you with statistics, but I may point out, parenthetically, that wives are the commonest victims, then children, then parents and sisters, but (and I am afraid will be a great shock to you) I have as yet met no person