

Dr. Ford Robertson in dealing with a case of simple melancholia would advise the continuance of mental worry and overstrain, or an environment of morbid psychical influences. We would place no great stress on Dr. Clouston's reference to the characteristics of periods of age—just as little as on the religious manifestations of the insane. They are naturally tinged by the colour of the surroundings, just as they come up to date with delusions regarding the Röntgen rays.

It would appear to us that the weakness of Dr. Ford Robertson's position lies in his absolute denial of any causative force in manifestations of functional activity, and that the strength of Dr. Clouston's position lies in the opposing idea. The latter finds his chain of evidence in primary morbid weakness, a stimulus, a nutritional disturbance, and then, after all, a toxin. The toxins of fatigue have been already recognised, and the various forms of trades' paralysis have been described over and over again. Will Dr. Ford Robertson object to our assigning a blacksmith's paralysis to his daily occupation as a cause in the complex of causes? It would be an imperfect description of the case which would omit such a relevant fact, as it would be impracticable in treatment to ignore it. We know that, in such a case, nutritional changes precede the disease; and on that analogy Dr. Clouston might maintain his position. In the affairs of daily life, however, we have not to determine whether the egg or the hen occurred first, and until the toxæmists accumulate more evidence we do well to withhold a final deliverance.

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*The Cathcart Case.*

After a period of more than ten years justice and mercy have met in this case, some features of which are very interesting and may one day form the basis of a paper on medico-legal relationships.

The early history of Mrs. Cathcart's illness was dealt with at considerable length in the *Journal of Mental Science* for October, 1891.

Many of our readers doubtless recollect that in the July of

that year a very prolonged inquiry into her state of mind was held before a Master in Lunacy, and that the jury decided that she was of sound mind and fit to manage herself and her affairs. The finding of the jury evoked much comment at the time, and a contributor to one of the medical journals expressed the view that was then prevalent when he stated: "If it is the fact that she is now sane, all we can say is that the case affords the most striking and conclusive evidence of the benefits of asylum treatment ever publicly demonstrated, for that up to a few months ago she was insane was put beyond all question by her letters and actions, as was acknowledged by the eminent specialist who was called on her behalf."

Unhappily Mrs. Cathcart's conduct, when she was discharged from care, followed only too closely the course that was predicted by those medical men who had carefully studied her case. During the ensuing years—in fact, up till the date of her imprisonment in May, 1901—she was almost incessantly before the law courts. She changed her legal advisers a dozen times, and in many cases declined till compelled to pay their reasonable fees.

Saturated with suspicion, she trusted no one for long, and became the prey of designing and unscrupulous men. She employed detectives to watch her agents, and then instructed a second set of detectives to watch the former ones. Some of the solicitors into whose hands she fell were of the lowest class, and this was brought out in the recent inquisition when the judge commented on the number of those who had been employed by Mrs. Cathcart and had been struck off the Rolls.

In May, 1901, she had to appear before Mr. Justice Farwell; she then refused to produce certain documents in her possession, and was committed for contempt of court.

She was sent to Holloway Prison, where she spent a year. Nothing would persuade her to purge her contempt. The Treasury eventually decided to apply for an inquiry into her mental state. Mrs. Cathcart, with characteristic conduct, at first declined to have legal advisers, and then, having obtained counsel, at the last moment declined to continue them in her employment or to be responsible for their fees. She was visited by Drs. Maudsley and Savage on behalf of the Treasury, and she had the opportunity of consulting specialists of her own selection, but declined at first to see any.

The inquisition was held before Mr. Justice Grantham instead of a Master in Lunacy.

Mrs. Cathcart is a typical example of the disorder in which cunning and suspicion are equally blended, associated with organised delusions and with hallucinations. She is deaf, and has very clearly marked hallucinations of hearing. A prominent feature in her case is that she sees hidden meanings in every movement and action of those about her. When examined by the medical men who visited her in prison, she at one time imitated their actions, and at another resented their supposed interference. Even during the inquiry she imitated the actions of some of the witnesses, and before leaving the court she resented her own lawyer touching her, which he did when calling her attention to some fact.

The whole case was fairly laid before the jury, who unanimously decided that Mrs. Cathcart was of unsound mind, and unfit to manage herself and her affairs.

An attempt was made by her counsel to ensure that an order for the custody of her property only would be made, while she would be allowed to have her liberty; but it was pointed out that such a course would be certain to fail, as she was so readily influenced by designing people.

The evidence of the prison medical officer (Dr. Scott) was convincing, but that given by the female warders probably influenced the jury more than did the evidence of the experts. The evidence given by the medical men who were called on behalf of Mrs. Cathcart told rather against her than in her favour.

Now, fortunately, this lady will be, for the remainder of her life, protected from scoundrels, and more or less at peace with herself and the world. The end is satisfactory, but the mode of reaching it could not be more unsatisfactory from a legal point of view; whilst from the social aspect, the neglect of the individual and the welfare of society by their special and most eminent guardians is appalling to contemplate.

This unfortunate lady, for nine long years, was permitted week by week to demonstrate her insanity before many of our judges. The suffering inflicted on her relatives and friends was glaringly obvious, the squandering of money only too palpable, whilst the waste of public funds and the delay of justice to others by her occupying the time of the judges was notorious. The

absurd proceedings thus gravely dealt with constituted a contempt of court of a far more serious character than that for which the unfortunate lady was at last committed to prison. Finally, this lady, suffering from insanity and utterly irresponsible, was imprisoned for an obviously insane act, and for a whole year lay untreated in prison before her insanity was brought to a test.

A magistrate, if informed that an insane person exists in his district, is enjoined by the law to take steps for ensuring proper treatment.

Is it not even more clearly the duty of judges, if not moved by pity or feelings of humanity, at least to protect their courts from being occupied by insane persons, who furnish amusing paragraphs to the evening papers, or supply pitiful prey for legal scavenger sharks? If such a duty on the part of our judges becomes recognised as a result of this case, this unhappy lady and her friends will not have suffered in vain; but that such will be the result is, we fear, utopian.

Justice and mercy have met at last; but all this suffering and scandal might have been avoided ten years ago by a union between common sense and law.

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*The Bangour Asylum.*

Dr. Clouston, in a letter to the 'Scotsman' (May 5th), strenuously urges on the Edinburgh Parish Council the desirability of making a receiving hospital near the town, as a part of their scheme for providing for the treatment of the insane.

He advises that the incipient insane should be treated in the Royal Infirmary (as recently proposed), the acute insane in this hospital, and the prolonged and chronic cases at Bangour.

The hospital, he suggests, should not be built on the palatial system, but on one that would not involve a cost of more than £200 per bed, and should be named in such a manner that the patients should not consider they had been in an asylum.

These suggestions, if carried out thoroughly in conjunction with hospital out-patient departments, would constitute a very considerable advance in the systematic treatment of mental