

himself and his affairs? Can he any longer be entrusted with free action without danger to himself, and probably also to the public? Whether *this degree* of mental derangement exists is a matter of evidence, before judicial action can be taken—judicial action, that is, for the purposes of protection merely,—protection of the unfortunate individual against himself and others who may be disposed to take advantage of the grievous condition to which he has been reduced; and protection to third parties—to the public against his dangerous acts, which he cannot resist committing, and for which he is not held legally responsible. That is the whole question. Does satisfactory evidence bring the case up to this line? If so, from that moment the law benignly steps in, to protect both the lunatic and the public. Now, in this case, I am of opinion, as also must every one be who has been in court during the proceedings, or seen the accurate report of them, from day to day, in the public papers, that this line has been not only reached, but far surpassed, by such clear and cogent evidence as has proved irresistible, even to those who opposed the proceedings on behalf of the unfortunate nobleman whose case is now before me.”

In the House of Lords, Lord Wicklow mentioned by name the inquisition on Lord Kingston, without any of that spasmodic sympathy which was affected in the lower House when the name of an insane member was brought forward. He expressed his regret that the protection of the law had not been thrown over the unfortunate nobleman at an earlier period, for he had, he said, been insane twenty years, and had, during this time of unprotected insanity, dissipated a great fortune, and become, practically, a pauper. That he had at last received protection, appears to have been almost the accidental result of his having been apprehended by a railway policeman, as he walked into a tunnel just when a train was due. The result of this apprehension was detention at the Denbigh County Asylum, and legal action taken by his brother.

The symptoms of insanity, which were those of chronic mania merging into dementia, and complicated by simple paralysis, possess no special interest.

NOTES ON BOOKS.

The Legal Relations of Insanity. By DAVID SKAE, M.D., Physician to the Royal Edinburgh Asylum, &c., &c. Edinburgh, Murray and Gibbs. Pamphlet.

THIS is a lecture which was delivered before the Royal College of Surgeons, and although on a subject which has become somewhat trite, it has been handled by the eminent physician of the Morning-side Asylum with such power of philosophical analysis, and of ori-

ginal illustration, that it becomes equally new and instructive. With great skill and judgment, Dr. Skae defines and insists upon the only really standing point for the alienist physician in lunacy trials, namely, the determination of the question as to the existence or the absence of mental *disease*.

“I profess myself—speaking for the profession at large—to be able to distinguish *diseases* when I see them. I contend that we know our profession better than to confound eccentricity, or peculiar tenets, crotchets, or beliefs, with the delusions of the insane. I should be sorry to think that I could not distinguish drunkenness, or thieving, or any other vice, from a disease of the brain, of which these propensities formed only part of the symptoms. I would as soon maintain that a hot skin was scarlatina, or a shivering fit an ague, or a cough an inflammation of the lungs, as I would assert that any one of the symptoms referred to constituted insanity. I hold myself able and bound in every instance to make out the whole features, history, and progress of each case sufficiently to establish my opinion on the sure basis of a scientific diagnosis. I must make out disease, or the case is altogether beyond my province.

“Just as, in the illustrations referred to, scarlatina, ague, and pneumonia, it is not a single symptom that proves the existence of any one of these diseases. A hot skin is common to all fevers, a shivering fit precedes many affections besides ague, and a cough is a symptom of fifty diseases besides pneumonia. But in each of these cases a certain concatenation of symptoms enables me with certainty to make out the disease. So in any case of insanity; in very few cases would a single symptom, whether a delusion or an overt act of vice, folly, or extravagance, afford anything more than a mere presumption of madness.”

The author then proceeds by a clever analysis and comparison of cases of mere eccentricity of opinion and of real insanity, having a superficial resemblance to each other, to show how in the former the natural history of disease affecting the brain, and through it the mind, is wanting in some of the essential particulars; while in the latter the entire description and detail of every individual symptom of the disease are made out just as in a case of scarlet fever, typhus, or pneumonia.

This all-important point is equally insisted upon in the author's definition of insanity.

“To reduce my definition to a brief compass, I would say that *insanity is an (apyretic) affection of the brain in which emotions, passions, or desires are excited by DISEASE (not by motives), or in which CONCEPTIONS are mistaken for acts of PERCEPTION or MEMORY.*”

An influential meeting of the medical profession has recently been held in Edinburgh, for the purpose of advocating certain changes in the legal forms necessary for the detention of insane patients in an

asylum. We have not seen that anything more to the purpose has been said at the meeting than in this pamphlet of Dr. Skae's. Those who read our review of the Scotch Commissioners' Report, will see the view we take of the question,—whether or not the certifying medical men ought to state facts observed by themselves; but it certainly does appear a strange and mischievous anomaly in the law of Scotland, that the consideration of the validity of these certificates should not be submitted to a central and scientific authority, as in England. They have to be submitted, before a patient can be received in an asylum, to the sheriff of the county, and as the sheriffs in the different counties appear to have very different standards by which to measure the validity of the medical certificates, it can excite no surprise that the feeling of the profession on this matter is one of uncertainty and dissatisfaction. Dr. Skae gives some ludicrous examples of the medical facts indicating insanity upon which the sheriffs have grounded their warrants. Thus, one certificate stated, "shakes his head in a curious way;" another, "he is incoherent in his appearance;" another, "wants a Bible, and is anxious about her soul's salvation." Dr. Skae, we think very justly, objects to the need of a sheriff's warrant in any case, since it so closely assimilates the forms needful for the treatment of the insane as sick, to those which give authority for the incarceration of criminals; and he strongly advocates the adoption of the provisions of the English law in which no sheriff's warrant is required, and in which the Commissioners of Lunacy introduce an uniform judgment upon the validity of medical certificates. It must, however, be remembered, that the Commissioners are not, as Dr. Skae appears to suppose them, in any way the legal judges of medical certificates; for it is only a short time since heavy damages were given against the proprietor of an English asylum, in a court of law, for detaining a gentleman under cure and treatment under a certificate which was formal but not valid; he being, at the time he was received, unquestionably insane. The examination which the copies of admission papers undergo at the office of the Commissioners of Lunacy, is indeed of essential service as far as the formality of those papers is concerned, and we fully concur in Dr. Skae's recommendation, that the English forms should be extended to Scotland. The question of validity, however, is one which can only be determined by the examination of witnesses, in disputed cases, and is therefore properly a question for courts of law.

Dr. Skae's lecture to the College of Surgeons is an excellent example of the way in which a specialist may instruct his professional brethren.