

have secured for him an acquittal on the ground of irresponsibility." When equally able men acquainted with mental disease arrive at different conclusions in regard to the insanity of a prisoner charged with crime, the case is hardly likely to be one of obvious imbecility.

The other sections of the book appear to be carefully prepared, and the student will find Dr. Abercrombie's work useful before proceeding to master the standard manuals of Medical Jurisprudence. In another edition the oversights in this can be easily corrected.

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*Scheme of the Functions of the Cranial Nerves.* By Dr. HEIBERG, Professor of Anatomy in Christiania. Wiesbaden, 1885.

The method of the plan is straightforward, and yet ingenious. The twelve cranial nerves, with the parts which they innervate, are printed in series. So far, we have a simple statement of fact as brief as the case admits of; this constitutes the straightforwardness of the plan. The ingenuity consists in the printing in three different colours—red, yellowish-brown, blue—(these three colours representing respectively motor, sensory, and special functions), and the combination, if necessary, of these colours in one and the same word. As an example, we may take the fifth nerve. This nerve is in the first place sensory, but it also contains motor fibres, and also some fibres of special sense—*i.e.*, it is a mixed nerve; and, accordingly, the word Trigemini is spelt with yellowish-brown, red and blue letters. Thus, at a glance we gain the idea of the mixed character of the nerve, as, also, we recognise the nature of the fibres which enter into the composition of the nerve. The seventh nerve, the facial, is printed in two colours—red and blue—the red letters standing for the motor fibres, the blue letters for the special nerve fibres supplied to the sub-lingual and sub-maxillary glands. The second nerve is printed entirely in blue, its unmixed nature being thus indicated. The same plan is carried out for the sub-divisions of a nerve—*e.g.*, the many branchings of the fifth nerve.

For purposes of teaching and of learning, the method here adopted is certainly a good one; but whether it might not have been better is another question. We are inclined to think it might. The purposes of a plan are not those of a systematic treatise; the former aims at summarized knowledge, and we

think this aim has not here been pursued as far as it might have been. If at the end of the short table here given Dr. Heiberg had put together the knowledge contained in it, so that a general idea could be gained of the *areas* of skin or mucous membrane supplied by the principal nerves, the "Scheme" would have been yet more useful than it is.

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*The Private Treatment of the Insane as Single Patients.* By EDWARD EAST, M.R.C.S., L.S.A. London: J. and A. Churchill, 1886.

Everyone conversant with the treatment of the insane will admit that some cases of insanity are better placed under single care than in an asylum. The attempt made in the defunct Lunacy Bill to abolish the system of private patients was extremely foolish, and, had it succeeded, would have been disastrous. Even with the modifications which the Lord Chancellor afterwards introduced when the threatened mischief was pointed out to him, the Bill would have seriously hampered the friends of patients and doctors consulted as to the best location for particular cases. We trust that any future Lunacy Bill will not lay down any inflexible law on this matter, but will leave to the Commissioners in Lunacy the decision whether particular cases may not be advantageously removed from single care to an asylum. That some patients suffer from being in lodgings, or in the house of a medical man, and would be more advantageously placed in a private or public asylum, we do not deny; but, we repeat, the remedy should be entrusted to the Lunacy Commissioners.

As a contribution to the subject, the *brochure* of Mr. East will be found useful, and will convey the information required by those wishing to decide upon the location of insane friends. We think it hardly falls within the scope of the book to give a chapter on "Treatment;" and as the subject cannot be done justice to in so short a treatise, the author would have been wiser to leave it out altogether. The statement made at p. 23, that "cures, especially in acute cases, are far more common" than formerly, cannot, we fear, be substantiated; and however much we may wish it to be true, it is as well not to hazard it without proof. Another statement can hardly be allowed to pass without correction, namely, that "the system of non-restraint was inaugurated by Pinel at Bicêtre," whereas neither Pinel nor Tuke contemplated or approved of what is