

Observations on the Employment of Chloralamide, Hyoscin, and Amylene Hydrate. By Dr. P. NÄCKE (Hubertusburg).

Chloralamide was found very useful as a hypnotic in doses of 15-45 grs. It acts well, not merely in agrypnia, but also in excitement. It is much less valuable when there is pain as the cause of insomnia. It is best given soon before bedtime. Habituation frequently obtains. It is quite as sure as chloral hydrate, though rather less rapid in action; it is certainly safer. (These results are confirmatory of previous experience of the investigators).

Hyoscin the author found of no use.

Amylene hydrate is spoken well of by Dr. Näcke in the treatment of epilepsy, even of long standing; and he says it does not produce dangerous bye-effects. The dose given was 2-5 dessert-spoonfuls of a 10 per cent. watery solution. Unfortunately the author has to append to this account the results of further treatment, viz., failure in 35 cases!—"Therap. Monatsh.," *loc. cit.*, extracted from "Allgem. Ztschr. f. Psych.," *loc. cit.*

PART IV.—NOTES AND NEWS.

MEDICO-PSYCHOLOGICAL ASSOCIATION.

A quarterly meeting of this Association was held on Thursday, February 19th, at Bethlem Hospital, London, Dr. Yellowlees, President, in the chair. There was a large attendance.

The following gentlemen were elected members of the Association:—Charles Edward Saunders, M.D., M.R.C.P.Lond., Medical Superintendent Haywards Heath Asylum; John Alfred Ewan, M.A., M.B., C.M.Edin., Assistant-Medical Officer Dorset County Asylum; Charles Caldecott, M.B., B.S.Lond., M.R.C.S.Eng., Assistant-Medical Officer, Holloway's Sanatorium, Virginia Water; John Brooke Ridley, M.D., C.M.Edin., Assistant-Medical Officer Darenth Asylum, Dartford; Algernon Wilson Lyons, M.B.Lond., M.R.C.S.Eng., L.R.C.P.Lond., Assistant-Medical Officer City of London Asylum, Dartford; Harry Corner, M.B.Lond., M.R.C.S.Eng., L.R.C.P.Lond., Assistant-Medical Officer Bethlem Royal Hospital.

The PRESIDENT—There are two sections under the microscopes of interest exhibited by Dr. Hyslop. One shows the condition of the nerve after amputation; it is a section of the left anterior crural nerve six months after amputation of the leg, showing the degenerated nerve fibres. The second is a section of the nerve of the arm three years after amputation, showing the generation of nerve fibres and increase of connective tissue in the perineurium. I have now to call upon Dr. Savage to read his paper on "The Plea of Insanity." (*See Original Articles.*)

Dr. ORANGE—I am sure that everyone present will join with me in expressing our thanks to Dr. Savage for his very instructive paper. I wish to occupy the attention of the meeting only a very few moments to speak upon one point which was particularly mentioned by Dr. Savage, but which perhaps has not hitherto attracted as much attention as it deserves, and that is with respect to a

systematic way of inquiring, before trial, into the question of insanity. It may be within the recollection of some of the members now present that seven years ago, at a meeting of this Association, a resolution was passed in favour of submitting a recommendation to the Secretary of State to the effect that, before trial, in those cases where there was any reason to suspect the existence of insanity, steps should be taken to have a medical examination made by the authorities, and that the evidence so taken should be laid before the jury, and that this should be done without involving any expense to the prisoner. The resolution was passed at the annual meeting of this Association in 1883; and, on the 18th of March, 1884, the *Times*, in its report of the proceedings of the House of Commons of the previous day, contained the following:—"Mr. Mellor asked the Attorney-General whether it was true that the Government had determined that the prosecution in all capital cases should be conducted by the Director of Public Prosecutions, and whether he had given any directions to that effect." In reply to this question, the Attorney-General (Sir Henry James) said: "Perhaps it will be the better course for me, in answer to the question of my honourable friend, to state what directions I have given to the Director of Public Prosecutions. I lately received a communication from the Home Office to the effect that in some recent cases great inconvenience, if not injustice, had resulted from no responsible person being in charge of cases when the life of the accused was at stake. I was also informed that the Home Office had found great difficulty in dealing with cases of alleged insanity, in consequence of the facts not being brought before the jury, and being only suggested after the trial. It seemed to me, therefore, advisable to take steps to insure that all evidence bearing upon the case, whether tending to prove the guilt or innocence of the prisoner, should be placed before the jury; and with that object I have requested that whenever an accused person is brought before justices on a capital charge, the magistrates' clerk shall communicate with the Solicitor of the Treasury, and that that officer shall take charge of the prosecution, unless he finds that some competent private person or local body has the conduct of it; but in the absence of such proper conduct it will be the duty of the Treasury Solicitor, acting as Director of Public Prosecutions, to see that the evidence in every capital case be fully brought before the jury. I have also requested that in those cases where insanity in the accused is alleged, full inquiry shall be made, and in the absence of his, or his friends', ability to produce witnesses, the Treasury Solicitor shall secure their attendance." I have no doubt that this statement of the Attorney-General's may have been noticed by many now present, but whether it has been so fully taken notice of as it deserves I am not quite sure. The result of such an instruction as that from the Attorney-General to the Solicitor of the Treasury, who is now the Public Prosecutor, is this:—If there is reason to suppose that the accused is insane, or if he is alleged to be insane, the Solicitor of the Treasury applies to two or more medical gentlemen residing in that part of the country where the trial is to take place, one of whom is usually the Medical Superintendent of the County Asylum, and the other of whom is often the medical officer of the prison, and requests them to examine the accused and to draw up a report as to his, or her, mental condition; and then, if those gentlemen are willing to comply with this request, they are afforded every facility for obtaining the fullest possible information with regard to the whole of the antecedents of the accused. They have only to express a wish to the Solicitor of the Treasury that certain investigations should be made, and those investigations are instituted immediately and fully. It has been said that a prisoner is not fully protected unless he has a solicitor as well as a medical adviser appointed for him. That, of course, is a difficulty; but the Solicitor for the Treasury, when acting in the way now referred to, is virtually the solicitor for the prisoner as well as for the prosecution. It is his practice to appoint a solicitor, as his agent, in the assize town where the case is to be tried, and that solicitor will always take any amount of trouble in obtaining full information as to the antecedents of the prisoner in those cases

where the prisoner is not provided with a solicitor. In this way a knowledge of all the facts bearing on the case is obtained by those who are charged with the duty of drawing up the report as to the mental condition of the prisoner, and the report itself naturally is an absolutely impartial report. The medical men are not advocates in any way, either for or against; they are employed by the prosecution, but with the full intention that the facts bearing upon the mental condition of the accused, whether telling for or against, should be as far as possible investigated, and that then the result should go fully before the Court. What Dr. Savage has said is very true as to the necessity of getting hold of the whole of the facts, and I thought it might be interesting if I pointed out that there exist at present considerable facilities for getting hold of the whole of the facts. There are three things that one wants to do in inquiring into matters of this description—firstly, to ascertain accurately the facts; then to put a medical interpretation upon them; and, thirdly, to consider what is the legal bearing of those facts, and this last is a point which may be very properly discussed with the legal gentlemen employed in the case.

Dr. BLANDFORD—I am very much obliged to Dr. Savage for bringing this subject forward to-night. I wish to make one statement with regard to the case he has alluded to of Mrs. Pearcey, because my name, very much against my will, was mentioned in the papers as having given an opinion that she was insane, which I did not do. This case brings me to the point, which Dr. Savage alluded to, of no plea of insanity at all being set up at the trial, but the plea of insanity being started after the trial is over and the prisoner convicted. Of course, if the plea of insanity is started at the trial the evidence which has to be brought forward can be sifted, and it acquires an importance which it does not otherwise possess, and all that machinery which Dr. Orange has just alluded to can be brought into play. When I was applied to by the solicitor for Mrs. Pearcey, he told me a long story about epilepsy and various attacks. I said to him—"Why was not all this brought forward at the trial, where it would, of course, have had very great weight?" Well, of course, the solicitor tells you that he is in the hands of counsel, and it seems to me in these cases they want to have two strings to their bow. They want first of all to see if they can get the prisoner off upon the facts, and if that does not do they try to run the plea of insanity. You will all of you recollect the same thing was done in the case of Lefroy and in the case of Lamson. I was not at all pleased at his coming to me at that period of the proceedings, and I said, "I will say this much—that if all this evidence of epilepsy is true, I think there ought to be an investigation," but I entirely declined myself to examine the woman. An examination was made, with what result you know. I think it is of the very greatest consequence that anything like a plea of insanity should be raised at or before the trial and not after, and I think that medical men should be guided to a great extent, as to their giving evidence, whether it is to be given before or at the trial, or whether it is started after, as in Mrs. Pearcey's case. In the one which Dr. Savage alluded to, of a man who shot a woman in North London, in which he and I were associated, the evidence was given at the trial. We were cross-examined, and everything was done *coram publico*. The result was the man was let off.

Dr. WEATHERLY—Might I be allowed to say a word with regard to the Attorney-General's rules in these cases. In a recent case, when the son of a medical man was indicted for murdering his sister, I know as a fact that the Treasury requested Dr. Needham to examine the accused.* He did examine him, and his evidence was to the effect that the patient was hopelessly epileptic and undoubtedly insane. The prosecution, however, did not put Dr. Needham in the witness-box, but the defence called upon him. When he got into the witness-box the judge refused to take any evidence from him at all. Luckily

* We have received from Dr. Needham, in reply to an inquiry, a brief statement of what really happened, which will be found at the end of the report of this meeting.—Eds.

for the boy, before Dr. Needham was stopped in his evidence, he let the jury understand that he believed the boy was of unsound mind, and the jury brought him in insane. In that case, although the Treasury had requested Dr. Needham to examine the boy, the prosecution did not put him in the witness-box, and the judge was absolutely insulting to Dr. Needham and would not allow him to give evidence.

Dr. ORANGE—Was that evidence proffered at the preliminary inquiry as to whether the boy was capable of pleading?

Dr. WEATHERLY—It was given at the trial.

Dr. ORANGE I remember the case. There was, first of all, a discussion as to whether the prisoner could plead. If I remember rightly it was proposed to call Dr. Needham, but the question was raised by the judge whether the witness had seen the prisoner on that particular morning so as to say whether or not he was then fit to plead. If I remember rightly that was the particular point, and it was decided that not having seen the prisoner on that particular morning his evidence had no effect at that moment. Then the trial went on.

Dr. WEATHERLY—It was after the question of the plea had been settled; I know the judge was very strong about it.

Dr. ORANGE—I think that the ultimate result was that he was acquitted.

Dr. WEATHERLY—Undoubtedly.

Dr. THOMPSON—I was called to examine a man who was indicted for murdering his mother-in-law, in Norfolk. I examined him, and gave as my opinion that he was of unsound mind at the time he murdered his mother-in-law, but the counsel for the defence did not think it wise to bring my evidence before the Court, and the man was condemned to death. I felt somewhat annoyed at having been asked by the Treasury to examine this man and then for my evidence never to be brought before the Court. I wrote to the Home Secretary, who answered that he would consider my report and communicate with the presiding judge at the trial, Mr. Justice Denman. He did so, and the result was that the man's death sentence was commuted to penal servitude for life, a somewhat illogical proceeding. I mention that to show that there may be this machinery, which Dr. Orange describes to us, for the defence of a patient who is supposed to require the examination of an expert, but it is for the lawyers apparently to decide whether it is to be brought before the Court. If I had not made every effort to substantiate my opinions to the Home Secretary the man would undoubtedly have been hanged.

Dr. MACDONALD—I may mention a case in which Mr. Justice Hawkins sentenced a man to death. It was almost a parallel case to that mentioned by Dr. Thompson. The man had a bad family history. He had one insane sister, and a brother about seven or eight years old suffering from epileptic fits. For some time he himself had strong suspicions that the people in his neighbourhood were watching him and injuring him in various ways. The result was, without any provocation, as far as I can understand, he purchased a revolver. He went out into the streets and shot a man. He was taken up, and the usual legal machinery was set in motion. The prisoner was examined by the Superintendent of the county asylum and myself, and we had not the slightest shadow of doubt that he was at the time insane. However, Judge Hawkins came down to try the case, and he said that the superintendent of the county asylum, who had been so for 30 years, did not know as much about the prisoner's mind as any of the 12 jurymen who were there to try the case. The result was the man was condemned to death. However, so strongly did we feel about it that we sent another conjoint report to the Home Secretary, who, on the following day (Sunday), without waiting for any further communication, sent Dr. Bastian and Dr. Shepherd by special order to examine the prisoner. Their report went in on Monday, and on the Tuesday morning the commutation came, and the man was sent to Broadmoor instead of being hanged.

Dr. HACK TUKE—This is a very practical question. I well remember the resolution referred to by Dr. Orange, which was passed by the Association upon

this subject. It consisted of the proposal that there should be three persons appointed to examine a prisoner respecting whom the plea of insanity was raised, one being the medical officer of the gaol where he was confined, the second some medical man of repute in the neighbourhood, and the third a medical superintendent of a county asylum. I do not know whether the action then taken led to the appointment of Dr. Bastian as the official referee in these cases, but I think it must have been observed by those who have watched trials for murder since that time that there has been a very much more satisfactory course pursued, that there has been very much less of mere vexatious cross-examination of medical witnesses, and that the judge has listened to the evidence given by anyone specially appointed to this office with far greater attention than he would do to a partisan witness on whichever side he was called. It has also had due effect with the jury as being entirely impartial evidence and a simply scientific report. The plan seems to be a very good one, and it should, I think, be carried out uniformly, whether before or after the trial. Unfortunately, in one or two cases, which have been referred to, it seems to have been disregarded. The Home Secretary in one case mentioned sent Dr. Bastian and some medical officer to examine a convict, and their report was, of course, accepted. My idea is if it can be thoroughly carried out we should get what we want, and, I think, if we could make some representation approving of the present system, and expressing the hope that it might be adopted in all instances instead of only in some, we should be doing some good. I think it would be well if we could arrive at some practical result in that direction.

The PRESIDENT—I did not understand from Dr. Orange *when* the proceeding of which he spoke could be put into operation. I should like to know something more definite about that. Is it intended that such investigation should take place at the trial or come before the trial, and would the public be satisfied with what would seem to them a shirking of the question?

Dr. ORANGE—It is absolutely impossible to shirk the case, and the medical officers who have been instructed to examine and report on the case are called before the Court. If any resolution was passed here recommending that the case should not go into Court, I must say I do not quite know who would be the person to carry such a motion to the Home Secretary. The executive would never think of interfering with the action of the judges. The judges would unquestionably not allow the matter to be taken out of their hands.

The PRESIDENT—But yet the Court ought to be provided with special expert and medical testimony on the subject.

Dr. ORANGE—The Public Prosecutor would provide that, but, of course, every matter would still have to go before the Court. With regard to moving the Public Prosecutor, I take it anybody might put him in motion. A letter from any responsible person saying that there was good reason to believe that A. B., who was going to be tried, was a person not of sound mind, would be enough to put him in motion. There is no very definite machinery, but if it was made to appear to him in any way that inquiry was called for, he would give his instructions. I think it is well that that should be pretty fully known to members of the Association, so that they may know they will really be listened to if they stated that they require more time, or further evidence, or that it was necessary to have some medical man associated with them. All these suggestions would at the present time meet with full consideration at the hands of the Public Prosecutor, so that it seems to me you really have what you want.

The PRESIDENT—We are all agreed, I am sure, that the paper is very important and practical, and we thank Dr. Savage for having brought it before us. It is all very well for him to say we should be witnesses, not advocates. Unfortunately, you are not allowed to do more than answer questions. If you are wise you won't do more, and I think very few of us have been in the witness-box without coming away with a feeling that it has been a most unsatisfactory affair, and that you had not been allowed to say fully what you thought; so that being a witness is often a very uncomfortable and unpleasant

experience. I have had similar experiences to those detailed by some gentlemen who have spoken, and have again and again had to see cases after condemnation, and specially so in the case of the man who murdered a tourist in the Island of Arran. The authorities instituted an investigation afterwards, and they also made use of the Commissioners in Lunacy, or, at all events, one of them in that investigation. We were bound to secrecy; I do not know why. Certainly the very fullest facilities were given to us, as Dr. Orange has said would be done here. I do not know that I am entitled even to mention the detailed result of our report, but I do know that the sentence was commuted to penal servitude for life, a graduation of sentence which I was glad was made, because I think very strongly, and have long thought, that inasmuch as disease is a thing of degree, so the penalty ought to be a thing of degree also, and that there are certain forms of mental disorder which should mitigate and which should not annul the penalty for crime. That opinion I hold very strongly. We are all very much obliged to Dr. Orange for bringing before us the way in which the Public Prosecutor's aid can be invoked and obtained. I was not aware of it, and I think it an exceedingly important thing that it should be more generally known by all of us and by the public. The other mode which has occurred to me as a means of solving the matter would be, if we could have a specialist as they have in the Admiralty Court, where you see continually men of special experience seated beside the judge and helping him to solve difficult and special problems which are not within his special knowledge. That is another mode that has been suggested, and it might be a wise one. I will now call upon Dr. Savage to reply.

Dr. SAVAGE—I have little to say in reply, except to thank you for the very kind way in which you have received my remarks. I also must thank Dr. Orange for bringing before my notice what I certainly did not recollect. One feels that there is good machinery, but that it does not work, or does not always work, or does not work well, and I think with Dr. Tuke it would be well if one might—perhaps before the next quarterly meeting—just draw up a kind of reference. I think it would not be fair to do it on the spur of the moment, but before the next quarterly meeting we might draw up a paper as to suggestions to be made to the then Home Secretary. As to the question of drink, I own that might have been misunderstood by Dr. Orange, but my feeling is this: Suppose a man is a criminal and is insane, you need not bring it strongly before the Home Secretary that he has become insane because of drink. It is possible you may be pretty sure he is insane and that his criminal act came out of insanity due to drink, but it would be rather hard upon the prisoner—he being insane—to mention it; and, therefore, I said (as it were in a parenthesis) if the man might have committed an act through drink, perhaps it is best for you not to refer to it, in the interests of the prisoner.

Dr. ORANGE—May I say that I have done it, and with no bad effects whatever.

Paper by Dr. Clifford Allbutt, on "Observations on the San Clemente Asylum at Venice."

The PRESIDENT—I am sure we are all very much obliged to Dr. Clifford Allbutt for his very interesting notes. We shall be very happy to hear any discussion.

Dr. HACK TUKE—I visited the asylum at Venice more than twenty-five years ago, and, therefore, have been specially interested in this paper by Dr. Clifford Allbutt. At the time I was in Venice the women were confined in the general hospital. The asylum on the island of San Clemente was just being built, but I visited the other asylum for men on the island of San Servolo, and found the condition of the patients at that time very similar to that which has been described so graphically to-day. I was as much disgusted as the author of the paper with regard to the excessive amount of restraint in use. At the same time—and I think Dr. Clifford Allbutt has somewhat the same feeling—one did not see that there was intentional unkindness. I think the feeling towards the

patients was that of humanity, and it was simply ignorance on the part of the good brothers as to the best form of treatment. At the same time, I had certainly hoped that after the lapse of so many years there would be a great improvement in the condition of the insane in Venice, especially as in Italian towns generally I believe the state of the patients is much better. I do not know whether Dr. Clifford Allbutt has visited any other asylum under Italian rule. I was very much struck, not only with the sad condition as regards mechanical restraint, but with the very large number of cases of pellagra in the asylum at that time. I do not know whether in the asylum which Dr. Allbutt visited there were any cases, but he has not referred to them. Certainly, that was a very interesting feature of the cases I saw in that and some other asylums I visited. I remember inquiring whether there were any Commissioners in Lunacy at that time, and I was told there were none. I think I may infer that there are no Commissioners now, or the condition of San Clemente Asylum would be very different from what it is. If there are such officials they ought to be called to account as much as the authorities in the asylum. I would only say, in conclusion, perhaps Dr. Allbutt is not aware that all papers read here become *ipso facto* the property of the Association, and are published in the Journal according to the discretion of the editors. (Laughter.)

Dr. ALLIOTT—It would be interesting to hear from Dr. Allbutt and from Dr. Tuke how the cases were treated in Venice during the fifteen days' probation in the hospital. I think I understood Dr. Allbutt to say there were fifteen days' probation. Did he see the same coercion carried out there?

Dr. WHITCOMBE—I should like to ask if the sisters or nurses in the asylum are paid, or if they are performing their duties in connection with some religious section? I know that in some countries sisters look after the asylums without payment. There is another point raised which I think, perhaps, even we in England might take into consideration: that is the fact that patients are sent to a hospital before going to an asylum, a most important step, I think, for weeding out cases which may not require asylum treatment.

Dr. MACDONALD—May I ask Dr. Allbutt if he made any inquiries as to whether the patients suffered from diseases, and whether they were under medical treatment, medicines being administered to them?

Dr. CLIFFORD ALLBUTT—As regards the payment of attendants, the sisters, of course, would receive no payments, nor the brothers. Whatever payment, in kind or otherwise, might be given would go to the institution, not to the individual. All the ordinary nurses would, I take it, be paid in the usual way. With reference to the intermediate class of lay assistants, there were twenty-nine who were, perhaps, partially religious, but I do not quite know what their position would be. As regards the hospital, I had not time to go there. I understood distinctly from my informants in the asylum that the treatment in the hospital was just the same as the treatment in the asylum. I cannot give any information as to diseases, because, unfortunately, the medical director was out when I went there, and I did not see him. He addressed me as I went in, but I thought at that time he was the Chairman of Committee or some lay person, so that I had no conversation with him; I, therefore, could get no information on the subject. The patients who were in there in restraint were so numerous that it was almost impossible to make any observations. There were very many in bed for mental, but not bodily diseases. As to the use of medicines, I was shown into a large and exceedingly handsome surgery, but whether they used the medicines in it I cannot tell. If my paper should be published, I can only say I must tone it down considerably before it appears in the Journal. I think we do not recognize how very little the doctrines of non-restraint are known to the public. A gentleman called on me three or four days ago at Whitehall, an exceedingly intelligent person, a man of very considerable position in his way, a country gentleman; though a magistrate, I do not suppose he ever acted as a magistrate, or entered an asylum, but he was a man of great general intelligence, and with a good deal of cultivation. As we were

going out he saw a picture, which many of you may have seen in our board-room, representing a man with an iron collar round his neck and iron chains round his arms, tied to a post, as a kind of memento of what used to be done in times gone by. As we were passing, he said: "Ah, poor things, I suppose it is necessary—I suppose it must be done." I said: "Do you think that is done now?" He said: "Well, I suppose it would be necessary; in fact, I do not know how you would get on if you did not do a thing of that kind."

The PRESIDENT—I am sure we are all very much obliged to Dr. Clifford Allbutt for this paper. I have been interested in it in connection with Dr. Tucker's book. His description of the asylum is exceedingly like what we have just heard from Dr. Allbutt. As to hospitals, I am not surprised to hear that the treatment of patients in hospitals is just as bad as in the asylum. I am quite sure in this country of ours there is at least fifty times more restraint in general hospitals than in the asylums. (Applause.) Nobody supervises them, and nobody puts the amount of restraint in a register, or makes a stir about it. It really makes one very indignant to hear about all this terrible restraint, and then to come home and find that if we dare to put a boot on a patient's foot, soft and padded, so that he may not get cold if he gets up in the night time, it is labelled with the same opprobrious name. I think we have reason to be angry. It is true, as Dr. Allbutt has said, that the public know very little about the management of an asylum. I think I can parallel the story that he gives, for I was once asked, in all seriousness, by a clergyman in Wales, if we ever had to use fire-arms. (Laughter.)

A paper by Dr. Baker, on "Notes descriptive of a new Hospital-Villa recently erected in the grounds of the York Retreat," was read, in his absence, by Dr. Tuke.

Dr. MACDONALD—I do not know whether it is quite fair to criticize a paper in the absence of the writer, but I should like one question on the subject of ventilation. I understood the author to say that the extracting shaft is to be in the centre of the ceiling. I can only express my surprise that that is to be so in a new building. I think, at no distant date, the system of ventilation will be that, instead of extracting the heat and depreciating the atmosphere at the top, it would be extracted at the bottom. The cold air should come in at the top, and help to clear away the foul parts of the atmosphere of the room, where it is most required, and being heavy it falls. The ventilation should be at the bottom, where the air is better than at the top. There are many other points in the paper in which I take very much interest, especially those of ventilation and heating. I have visited a great many asylums, but I must say I have found none to compare with the system of ventilation as now being carried out in the asylum at Montrose. The hospitals there are by far the most healthy of any that I have ever visited, and I believe there are few asylums to which I have not paid a visit.

Vote of thanks to the author of the paper.

The PRESIDENT—I can quite endorse what has been said about the Montrose Asylum. Anyone who has an opportunity should certainly visit it. I have now only to state that the next quarterly meeting will be held in Bristol on the first of May.

The following is the statement of Dr. Needham, referred to in the footnote, p. 321:—

"I was requested by the Treasury to see a prisoner at Shepton Mallet gaol, who was accused of murdering his sister, to form my opinion as to his mental state, and give evidence at the Taunton Assizes.

"I saw the prisoner, and talked to him for more than an hour, with the result that I had no doubt that he was an epileptic imbecile, and not responsible; and so I declared in my report to the Treasury solicitors.

"I was subpoenaed to attend at Taunton, where the counsel for the Crown

declined to call me—I presume because he considered it his first and only duty to secure a conviction of the prisoner.

“I was called, in common with four medical witnesses for the defence, by the counsel for the prisoner (Mr. Bucknill, Q.C.), and attempted to be examined as to my opinion, but when the judge heard the word ‘opinion’ he stopped proceedings at once by saying that he would have no opinions in his Court. It was for witnesses to give facts, and for the jury to give or form opinions.

“It was pointed out that I was a Crown witness, specially retained as a skilled person, and that I could not properly give facts without drawing the necessary skilled deductions from them. All this was of no avail. The judge was master of the situation, and flatly declared that he would have no opinions—medical or otherwise—given in his Court. If I liked to tell the jury verbatim my conversation with the prisoner, I could do so, but I was not to state to them any opinion that I had formed, or any deductions that I had drawn from it. They were to draw their own inferences from the questions asked and the answers given during a conversation which lasted more than an hour, and contained, of course, the admission by the prisoner that he had committed the murder.

“The position was one which I could not accept, and I withdrew from the witness box, feeling very much as if I had been helping in one of the uproarious and indecent exhibitions which are recorded as occurring in Judge Jeffrey’s Court.

“The other witnesses mounted the rostrum in turn, and were similarly treated, no opinions being allowed to be given.

“Dr. —, who was one of them, afterwards wrote a letter to the newspapers, in which he pointed the moral that men examining prisoners should take verbatim notes of all conversations, however prolonged, and give them in full when asked to do so.

“I could accept no such conclusion.

“If a man is called as an expert he must help the jury with his special knowledge to an interpretation of the facts.

“He may state the facts which occur during an interview, but he ought surely to claim, if so, to draw the legitimate scientific inferences, and to state them also. Otherwise his position must be as ridiculous and undignified as that of a civil engineer, who might be allowed to say how much iron there was in a bridge, and how it was arranged, but was forbidden to say what relation was borne by the two to the purposes for which a bridge is required; forbidden to state his opinion as to whether the weight, quality, and arrangement of the materials are sufficient to insure stability, an inference which no ordinary jury could draw from any mere statement of facts.”

ROYAL EDINBURGH ASYLUM FOR THE INSANE.

On February 23rd the Annual Meeting of the Corporation of the Royal Edinburgh Asylum was held in the Council Chamber, the Lord Provost presiding. The Treasurer (D. Scott Moncrieff, Esq., W.S.) having read the annual report of the Managers for the year ending 31st December, 1890, Dr. Clouston, Physician-Superintendent, read his Report for the year. From it we quote the following paragraphs on the increase of insanity, and on Influenza.

“It was a fact which did not tend to bear out the popular ideas as to the rapid increase of mental disease in recent years, that the yearly production of pauper lunacy in the district (Edinburgh, Leith and Portobello) had scarcely risen appreciably during the past fifteen years. The production of rate-supported insanity was, in fact, with them not keeping pace with the growth of the population. They seemed to be a saner people in Edinburgh than they were fifteen years ago, for the population had increased in that time about 30 per