

arbour and destroying trees in a pleasure garden, about a kilomètre from his own commune. He was found on the place when the fire occurred. He desired to revenge himself upon the proprietors, because he believed that they had improper relations with his wife and that they met in the summer-house. He did not regret what he had done, declaring that God would not call him to account for the act, and that he had only done his duty.

He lived badly with his wife, who had not the best of characters. In consequence he took to drink, and in the end his neighbours did not consider him right in his mind. Whilst under detention and observation his conversation and conduct were markedly insane. He remained in an asylum for a few months, when he improved so much that he was discharged.

A few other cases are given, but they need not be reproduced.

On Febrile Delirium in Lunatics.

At a meeting of the Société Médico-Psychologique Dr. Christian read the history of a case—a man who had been insane for many years, labouring under what may be called monomania of persecution. He fell ill of erysipelas and died. During his illness he became delirious, and it was noted that this delirium appeared to have no connection with his ordinary state of mental derangement.

The reading of this paper led to several of those present expressing their experience in the treatment of similar cases, and on the effect of intercurrent diseases generally on mental derangement. The remarks are, as a rule, interesting, but they need not be further noticed, as the total result was to admit that we do not yet understand the relations in such cases. In any given case of insanity we cannot foretell whether an intercurrent disease will intensify or diminish the mental symptoms, or whether it will assist or retard recovery.

2. *American Retrospect.*

By D. HACK TUKE, F.R.C.P.

Proceedings at the Twelfth Annual Session of the National Conference of Charities and Correction held at Washington, D.C., June 4-10, 1885. Boston, 1885.

Among the papers read at this Conference eight are by experts in the Psychological Department of Medicine, and occupy more than 60 pages. Dr. Chapin, the Superintendent of the Penn. Hospital, Philadelphia, presents a report of the Committee on the Provision for the insane, in which it is stated that of the 92,000 insane persons in the United States 43,000 are not in asylums. Of Boards of State Charities it is held that their powers in respect to asylums should be limited to the examination and report of their condition and the investigation of abuses. The policy of committing

the responsibility of administration to such Boards is not wise. It is observed that whatever may be the objections to Local Boards entrusted with State Institutions, there are other largely compensating advantages in their favour. It is added that "Boards of State Charities" may exercise a wholesome oversight and supervision, observe the best methods, and urge their general adoption. Great satisfaction is expressed at the wide departures that have been made from former plans of asylum construction, as at Willard; Middletown; the open wards of the Government Asylum, Washington; the asylum at Kankakee; the Bancroft wards at the Concord Asylum; the "Cottage by the Sea," under the direction of the Friends' Asylum, Philadelphia; and the Mountain House connected with the Vermont Asylum. Such asylums as Kankakee have succeeded in showing that the cost of construction and the maintenance of patients may be considerably reduced, thus removing a great obstacle to the extension of State provision for the insane; while there has been an increase of personal liberty and a greater opportunity for the various occupations in which a community engages. Dr. Chapin makes this honourable acknowledgment:—"Candour compels us to acknowledge some of the results have been aided by fair and wholesome criticism, which has furnished moral support to bring about changes as well as incitement to devise ways for improvement. It is an unfortunate error to cultivate an opinion that any human work is perfect or cannot be improved." He advocates for the accommodation of bed-ridden patients, feeble dements, and epileptics, large associated dormitories (like our Caterham and Leavesden), with an efficient staff of night attendants, or a total separate building one storey in height, comprising a day-room or ward, and a dormitory with a few adjoining single rooms. Of the patients at Willard, 10 per cent. were of the class suited for this arrangement.

Dr. Godding contributes a paper on "Asylum Construction," the whole of which is well worth reading. In constructing an asylum for 1,000 lunatics, he estimates that 7 per cent. of the male patients will need infirmary care, 3 per cent. will be halt and blind, 5 per cent. convalescent, 5 per cent. epileptic, 5 per cent. very noisy, 5 per cent. considerably disturbed, 5 per cent. depressed and suicidal, 5 per cent. especially dangerous, and 10 per cent. careless and untidy. The remaining 50 per cent. will be comparatively quiet. Seven-eighths of the whole will be chronic cases. Altogether he reckons eight classes which require special conditions in construction.

We have been interested in the contribution from Dr. Vivian, of Mineral Point, Wisconsin, a member of the Board of Charities for that State. It is a temperate but forcible defence of the system pursued in Wisconsin: "So satisfactory has been the result of this experiment (so-called) that no more large institutions will be built

in Wisconsin; and if one of our present hospitals should be burned down, it is not probable that it would be rebuilt. The citizens of that State are satisfied that one of their hospitals has capacity for all the insane that are amenable to medical treatment, and that the chronic insane can be better and more cheaply cared for in the County Asylums." The cost of the buildings, including the administration building, varies from £26 to £75 per patient, exclusive of furniture. The cost of the State buildings is five times as much. The cost of maintenance, including salaries, and exclusive of the product of the farm, averages about 7s. 3d. a week, the cost in the State Asylums being about 16s. However, Dr. Vivian is alive to the dangers attending the County Asylum system and the absolute necessity of unceasing supervision.

Professor Hitchcock has an interesting paper, entitled "What the College may do to prevent Insanity," which contains some excellent observations, fully in accordance with the article on the recent Matriculation at the London University in the last number of this Journal. "Is it the highest type of mental solidity and growth to cram and unload as fast as the vocal organs can be made to articulate? Thoughts are not punched out as are the coins in a mint; but if worthy of anything more than a meteor shows, they are worked out by a slow process of crude production and careful manipulation, slowly turning them from side to side, laying them away on the shelf of reflection, and then over and again taking them down and recasting them, until they are garnished and polished." The writer concludes that "the College may possibly do something to check insanity by so arranging its courses of study that the reflective processes, the calm and slow reasoning methods, shall have a larger place in the development of young men." Unfortunately, however, as Professor Hitchcock sorrowfully admits, the "College of to-day excites, to say the least, a tendency to mental unsoundness." The same lamentable result is produced, as was shown in the article which appeared in our last number, by the system of examination pursued by the London University.

Dr. Gundry, the superintendent of the Maryland Hospital for the insane, has a very interesting paper on "Non-Restraint," which he warmly advocates. He observes that it "substitutes tact for force. It leads to forbearance in the adjustment of the patient and his environment, instead of exacting an unthinking compliance with arbitrary regulations. It does not wound the self-respect of the patient, nor blunt the sympathy of those around him. It modifies the feelings of all concerned, and promotes a mutual feeling of trust and better qualities of our common nature." Again, he says, "After more than eight years' careful trial of non-restraint in the treatment of the insane, I am convinced of its practicability, its expediency, and its beneficial results. Every day increases my appreciation of its merits."

"The Care of the Insane at Home and Abroad" is a valuable paper by Dr. Goldsmith, now superintendent of the Butler Hospital, Providence, Rhode Island. It scarcely admits of quotation, and we would therefore refer our readers to the paper itself, which has been reprinted in a separate form.

Dr. Stephen Smith, State Commissioner of Lunacy, New York, contributes a practical paper on the "Care of the Filthy Classes of the Insane," in which he suggests that State asylums should have separate buildings constructed with special reference to their care, with facilities for bathing and cleansing the patients. He further advocates the organization by county asylums of a night service for filthy patients, maintained with well-qualified attendants. Dr. Smith contrasts the present condition of asylums in which a night service for this class has been instituted with the former condition of the same asylums, when none such was adopted. The system carried out is simply that so strongly insisted upon by the late Mr. Gaskell. We are very glad that Dr. Smith has brought forward this important subject before the Conference.

The last paper of this series is entitled "Insanity and Lunacy Laws," by Dr. Fletcher, superintendent of the Indiana Insane Asylum. Among good suggestive remarks is the following:—"I know of no one thing which this Conference could do that would so largely aid in the treatment of the insane as the encouragement of the establishment of a National School for the training of attendants who have taken as a life vocation the care of the insane."

The succeeding section in these proceedings is occupied with two papers on the provision for idiots, by Dr. Kerlin and Mr. Richards, but our space will not allow of quotations from these instructive communications.

International Record of Charities and Correction. Edited by Frederick Howard Wines. G. P. Putnam's Sons, New York and London. One dollar per annum.

We are glad to welcome this new journal, of which the first number appeared in March, and is to be continued monthly. The name of the editor is a guarantee that it will be conducted with energy and ability, and, moreover, with impartiality. Mr. Wines has been for sixteen years the secretary of the Illinois Board of State Commissioners of Public Charities, and was the special agent of the Tenth Census of the United States. It is devoted to the interests of the officers and managers of public and private charitable and reformatory institutions and associations, but not only so; it will be found to have a claim on all interested in the elevation of mankind. The numbers which have been forwarded to us contain much interesting matter, and cannot fail to be useful. We heartily wish it success.

At the April meeting of the Society of Medical Jurisprudence and State Medicine, held at the Academy of Medicine in New York City, Dr. Spitzka opened a discussion on the "Legal Definition of Insanity," as follows:—

* * * * *

I have always entertained the view that the law has not alone the right, but the duty, to set up standards by which the rules of human action are to be judged, even though these standards appear arbitrary to physicians and metaphysicians. But for the law to set up an arbitrary definition *within* the domain of Medical Science, is clearly an encroachment. The law should limit itself to defining criminal responsibility, morbid influence, civil capacity, and such other conditions which the physician has no more right to attempt moulding to exclusively medical theories than the lawyer is entitled to force a scientific term into the Procrustean bed of the requirements of Civil and Criminal Practice. In some lines on this matter addressed to physicians, I have ventured to caution them against ever attempting to define insanity as a legal conception. A physician is never called upon to certify to a railroad injury in a legal as distinguished from a medical sense; there is no contagious disease which has a different name in law than in medicine, and indeed I feel inclined to challenge proof that any fact in science can be declared a fiction in law in one and the same breath. I know of one, and but one medical writer of eminence, who holds opposite ground, and, as usual with him, he demonstrates his position by an exceedingly vigorous illustration. Dr. Hammond holds that the law has a perfect right to construe a legal definition of insanity, just as he maintains it to have a perfect right to assert that a whale is a fish, notwithstanding that science classifies the leviathan of the deep as a warm-blooded animal. I am willing to admit that if the right be conceded the law to define the whale as a fish, because when they framed the common law according to which the Queen had a right to his bone, and the lord of the manor where the animal was cast ashore, to his tail, they knew very little about zoology; if it be permitted to adhere to such a definition in opposition to the concurrent testimony of scientists and whalers, if it be encouraged to perpetuate an absurdity on the statute book which a school-boy would blush to utter, that then I am wrong, and that the law has a perfect right to set up definitions of insanity which seemed antiquated even to mediæval physicians.

Let lawyers entrust the strictly medical task of determining what acts, declarations, and physical signs occur among the insane, as manifestations of insanity, to physicians; let them accept the definitions, limitations, and the classifications of insanity at the hands of those to whom the unanimous voice of civilized mankind has entrusted the custody and treatment of the insane. Then let the wise heads of their profession apply the results of medical observation to the practical needs of society, just as it applies the

results of arts and sciences generally to the intercourse of mankind in its great and complete task of prohibiting what is hurtful, and enjoining what is beneficial to the common welfare. It is the aim of civilized society to be humane; if insanity be considered a misfortune, and it be shown that the escape of the exceptional criminal who can truthfully plead insanity does not exercise a pernicious influence in the way of encouraging crime, then the law may elect to regard insanity and irresponsibility as practically convertible terms. But if it were apprehended that the medical definition of insanity covered so wide a ground that to admit it as a bar to punishment would hamper the administration of justice, and reduce that certainty of retributive penalty which is the chief protection of society, I do not see how any utilitarian philosopher can object to such limitations being made as will ensure the safety and happiness of the sound and productive part of the community at the expense of some part of the defective and burdensome classes.

I suppose that others, particularly on the legal side of the house, will enlighten you as to the various definitions which have from time to time been framed in the codes, or delivered from the bench. The few opinions which I shall cite are submitted more for the purpose of showing that the lack of unanimity among alienists referred to in the question before us is fully paralleled among the interpreters of the law. Medical men are frequently reminded that "doctors disagree," but I remember a distinguished judge who, in speaking of the uncertainties of the law, dwelt at some length on the case of a gentleman who had been on the losing side so often that he had come to look on courts and juries in a hopeless way. But on one occasion he assured his friends that he had finally gotten into a position in which he was sure to be sustained by the law, as it could not help, from the nature of the case, but be right in taking one horn of a dilemma. The fact was, that his wife sued for divorce on the ground that he was and had been impotent for years, while the servant girl sued him for bastardy. However he was wrong, for he lost both cases.

In his testimony before the Select Committee on the Homicide Bill, Lord Justice Bramwell declared *verbatim et literatim* as follows:—"I think that although the present law lays down such a definition of madness that nobody is hardly ever really mad enough to be within it, yet it is a logical and good definition." I believe there are few lawyers in this room who would agree with this opinion, and none who would express it in exactly such terms. In welcome contrast is the declaration of the Lord Chief Justice of England, who, in a criticism on one of the plans for codifying the law of insanity which grew out of the McNaughten case, said:—"As the law, as expounded by the judges in the House of Lords, now stands, it is only when mental disease produces incapacity to distinguish between right and wrong, that immunity from the penal consequences of crime is admitted. The present Bill intro-

duces a new element, the absence of the power of self-control. I concur most heartily in the proposed alterations of the law, having been always strongly of opinion that, as the pathology of insanity abundantly establishes, there are forms of mental disease in which, though the patient is quite aware he is about to do wrong, the will becomes overpowered by the force of irresistible impulse; the power of self-control, when destroyed or suspended by mental disease, becomes, I think, an essential element of responsibility."

And in his testimony before the same committee before which Lord Justice Bramwell made the singular declaration alluded to, Lord Justice Blackburn said:—"On the question of what amounts to insanity that would prevent a person being punishable or not, I have read every definition which I could meet with, and never was satisfied with one of them, and have endeavoured in vain to make one myself. I verily believe it is not in human power to do it. You must take it that in every individual case you must look at the circumstances, and do the best you can to say whether it was the disease of the mind which was the cause of the crime, or the party's criminal will."

It is really singular that, after this deliberate and philosophical opinion in conservative England, there should, in the bosom of a Society where lawyers and physicians were once in the habit of meeting, and in this progressive city and decade, pass unchallenged the statement of a legal writer, R. S. Guernsey, who says: "As to the rule above stated and illustrated, should the question of *sanity* and *insanity* of a person be passed on exclusively by physicians? This question may best be answered by inquiring into the *standard* by which the subject is to be measured. *That standard must be the average man, and hence what we may call common sense—that is a due regard to the usual institutions and habits of mankind.*" A little further on we are enlightened as to the drift of this declaration by these words: "There is no question that arises in the administration of the law where expert testimony may be less necessary, and where it should be less controlling on the jury, and where the common observation and experience of man should prevail over all theory, than in cases of alleged insanity."

That kind of common sense to which this writer refers, and which he appears to regard as an ideal, evidently attempted to be attained by himself, has a dangerous resemblance to the "common sense" displayed by Sir Matthew Hale when, in summing up against two witches, he said that he had not the least doubt that there were witches, "first, because the Scriptures affirmed it; secondly, because the wisdom of all nations, particularly our own, had provided laws against withcraft, which implied their belief in such a crime." Such opinions I can understand the development of in an atmosphere of a dusty closet filled with antiquated folios. Actual contact with the subject about which the writer argues

with such refreshing positiveness would prove the only corrective. Unfortunately that corrective is not always as efficiently administered as in the case of a judge of the Brooklyn City Court, who had a man charged with being insane brought before him about a year ago. On hearing a voluble and connected narrative from the accused, he decided that he was not insane. Then, referring to the logical manner in which the prisoner explained that he had stolen a ride in a milk waggon to get from Hoboken to Brooklyn, he waxed quite eloquent over the absurdity of the expressed opinion that the man was insane, and ordered the clerk to make out the discharge papers. The prisoner then raised his voice in praise of the enlightened judge; from declamation he passed to yelling, and soon there was the spectacle of a violent maniac flying around the court-room. The judge became alarmed, and hurried up his commitment to the nearest asylum. "Common sense" of ten minutes before *versus* "common sense" of then; just as common sense declared the man a lunatic adventurer who suggested that the earth was round centuries ago, and to-day would declare something very near the lunatic the man who, with Kosmos Indico-pleustes, would venture to declare the earth flat.

It is due, I think, to an unconsciously fostered tradition that lawyers and judges, who would consider themselves presumptuous if they ventured to decide what broken legs, kidney troubles, and eye or ear diseases are, do not hesitate to assume the position of critics and even of experts in the most subtle and difficult branch of medical science. That tradition was practically overthrown in the memorable contest between the immortal Kant and his fellow-townsmen Dr. Metzger; the former maintained that the determining of mental states in courts of law is the province of mental philosophy; the latter claimed it for his own profession, and gained the day over him who was perhaps the greatest thinker of his nation. It was under the inspiration engendered by this great contest that Hoffbauer's Treatise on the Medical Jurisprudence of Insanity was written. Much harm has been done, too, by the Anglo-Saxon vice of following precedents. It so happened that when Erskine defended Hatfield, who shot at the King in Drury Lane Theatre, delusion was proven to exist on the part of the accused. In his great plea Erskine concentrated his reasoning on *this* particular point, and so eloquently argued out the *dictum* of John Locke that "delusion is the test of insanity" as to tincture the minds of whole generations of lawyers and even of physicians with this notion, so that more than one now in this room has been stared at with surprise if not indirectly held up to ridicule for declaring that delusion is not necessary to constitute insanity. Those who fall back on Erskine's interpretation seem to forget that he was making his plea for Hatfield, and not for the insane at large. He made the most of his case. It was his object to save his client, not to vindicate scientific definitions. All who have even

a limited familiarity with the insane have gathered the experience of Pinel expressed in these words: "One may have the greatest admiration for Locke, and yet confess that the ideas he gives of insanity are very incomplete when he regards it as inseparable from delusion. I thought myself like this author when I resumed my researches at the Bicêtre, and I was not a little surprised to find numerous insane who never at any time showed a lesion of the understanding, and who were dominated by a sort of furor, as if the affective faculties were alone involved."

As I understand the question, it is so framed that we are excluded from discussing such subjects as the definition of responsibility and punishability of the insane, or the determination of their testamentary and other contract capacity. Nor do I believe it would be proper to drag in the medical definitions of insanity except in so far as they have been deliberately coined for use in courts of law. I have sometimes ventured to think that a very fair way of interpreting the relations between the medical definition of insanity and the legal interpretation of civil and criminal responsibility would be the asking of this question: "Is the subject of this inquiry suffering from a mental disorder which would justify physicians in committing him to, and restraining him in an asylum?" I believe that some such test of insane irresponsibility is the one lawyers, with a justifiable desire for tangible formulas, are in search of. Certainly the sense of society at large seems to regard the person insane enough to be restrained of his liberty as insane enough not to be held criminally accountable, and insane enough to have the burden of proof that he is competent to perform civil acts thrown on those who defend it. But it is not in the power of medical science to clothe such a conception in exact and concise English. The law has the advantage of medicine in every way here. It must be and can be more exact, dealing as it does with human and artificial institutions. Many of the legal definitions of responsibility are expressed in clear and unmistakable terms. If we are to judge of the desirability or need of a project by its success, the palm must be awarded to those legal authors who have limited themselves to defining legal conceptions, and no progress has been made in any State where lawyers have wandered away from the legal domain, and instead of developing and elaborating legal tests have blundered (for I can call it nothing else) into metaphysical disquisitions. All such, unless associated with actual contact and experience with the insane, are as barren of result as the writings of those old controversialists whose tomes lie mouldering on the remote and higher shelves of our theological libraries.

It is nothing less than the non-expert badgering to which physicians have been compelled to submit, after they had been entrapped into defining insanity for legal purposes, that could, I will

not say excuse, but palliate Doctor Sheppard when, in his work on lunacy, he advises physicians to define insanity as a "disease of the neurine batteries of the brain," with the express intent to "puzzle the lawyers!" I know of an instance where this definition was used by the leading alienist of St. Louis, with precisely this object, and the cross-examiner "failed to come up to time" in consequence. But it is much more dignified, I think, and runs more in the direction of enlightenment, for the medical witness to admit that he cannot pretend to give an exact definition, and then to offer an approximate one. The brief and easily remembered one which I employ is that "it is a term applied to certain results of brain-disease and brain-defect which invalidate mental integrity." I once had the ambition to frame an exhaustive definition, but you will appreciate my not inflicting it on you when I add that, in order to shut off every source of ambiguity, I had to insert as many clauses as there are links in a tapeworm, that it contains one hundred and twenty-four words, and that it is only in particularly favourable moods that I can remember even half of them myself. I heartily subscribe the *dictum*, which I think originated among the legal fraternity, *omne definitivum periculosum est*.

3. *German Retrospect.*

BY WILLIAM W. IRELAND, M.D.

Aphasia with loss of an ear for Music.

Dr. A. Kast ("Aerztl. Intelligenzblatt," No. 44, 1885, quoted in the "Centralblatt für Nervenheilkunde," No. 2, 1886) has given a curious case of loss of the power of speech, and injury to the musical faculty.

A country lad, 15 years of age, was thrown from a waggon, and in falling struck his head against the wheel. He lost consciousness, and awakened several hours afterwards paralysed on the right side, and unable to speak a word, but he could understand what was said to him. The power of the right leg returned partially after two weeks, and after three weeks he was able to speak some words. On being taken into the hospital at Freiburg, two months after, there were still some remains of the hemiplegia, and motor aphasia, though he could already repeat some words said to him. He could only partially understand writing. Before the accident the patient had been a prominent member of a choral society; but now he found that though the melody was always rightly given, the tone was incorrect, and there were false intervals. Dr. Kast found that he could not even correctly follow another person in singing. After two years' interval Dr. Kast found that the lad could pronounce very few more words, and the