A Lecture

ON

RESPONSIBILITY AND DISEASE.

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(Concluded from page 152.)

It has been said that were there a window in every human breast society would come to an end, and certain it is that were we all to give expression to every suggestion, thought, and impulse that courses through our minds, this would be a very extraordinary world. There may be stolid, prosaic, well regulated beings who never experience an aberrant thought, a fantastic tendency, or a vicious inclination; but as for most of us, we are but suppressed volcanoes presenting a placid exterior, but full of fire and ebullition within. Most of us are, I venture to say, visited at times by odd ideas, cravings, animosities, and suggestions, which are checked and dissipated by will power, but which, were they during a suspension of that power to obtain outward expression, would declare us mad indeed. The first manifestations of insanity are often but the external display of traits of thought and feeling which during health are held in leash, but which owing to failure of will power have broken loose. I remember the case of a gentleman in a large midland town, a man of high culture but strong enmities, whose mental decay was heralded by the strange habit he fell into of shaking his fist violently at all the men he disliked as he passed them in the street. He always apologised for this act and greatly deplored it, but was quite unable to abstain from it. Sudden and complete overthrow of will power may be illustrated by the case recently described of a wretched Malay, who, on receiving the news of the death of his daughter, instantly started to his feet and ran amuck down the street, stabbing as he went along eleven persons against whom he had no ill feeling whatever.

If we wish to realise what insanity is, and what the consequences are of taking off will power and letting the lower centres go, we cannot do better than watch carefully our own mental experiences in going to sleep. The transition from the waking to the dreaming state may be long or short, but we shall not fail to notice in it the gradual supersession of fact by fancy, an acceleration in the rate of succession of mental images, combinations of ideas under new laws of association, impulses of which we should feel ashamed when awake, and an entire absence of that foresight which is, I think, a better gauge than memory of intellectual power. The power of foreseeing events, and of regulating conduct, not merely by the feelings of the moment, but by a just appreciation of remote contingencies, which is absent in childhood, which it is the great aim of education to cultivate, which reaches its highest perfection in manhood and dwindles again in old age, is the result of a supreme effort of the will, and is invariably absent or enfeebled in insanity. The least likely form of crime for a lunatic to commit is that involving a long look out ahead, deliberate preparation, perseverance in a course of action, and dissembling of demeanour, and I confess I should look with grave suspicion on the defence of insanity set up in any case of slow and secret poisoning.

That voluntary power is invariably impaired in insanity is not perhaps evident to those who have not looked closely into the matter. Is it not true, it may be asked, that some insane persons exhibit extraordinary fixity of purpose and persist in some course of conduct—as, for example, the refusal of food with dogged obstinacy? That is so, but insane obstinacy is no more an indication of voluntary power than is the late rigidity of a paralysed arm. That state of late rigidity in which the arm could not be stretched without being broken betokens that certain lower centres have been cut off from intercourse with higher ones and are undergoing degeneration; and so the unreasonable obstinacy of lunatics in insane conduct merely indicates that certain

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mental functions have escaped the regulation of volition, which is enfeebled, and are acting in an irregular and self-willed manner in consequence.

Volition has, we may say, two fields of operation; it regulates within certain limits muscular movements and mental processes; and I would call your attention to the fact that in almost all cases of insanity some interference with voluntary control over the muscles is obvious. One of the premonitory symptoms of insanity is sometimes a change in handwriting, which depends on highly voluntary movements; in facial expression or manner, which means some withdrawal of the controlling and balancing will power from the facial muscles, or those of the trunk and limbs. In mania we see wild and disorderly movements which cannot be stayed by any effort of the will; in melancholia, flaccidity and feebleness of the muscles, which may pass into cataleptic rigidity. In general paralysis we witness tremors and twitchings of the voluntary muscles; and in chronic insanity, antics, gyrations, and contortions of a purely automatic kind. And, parallel with these motor disabilities, we have in insanity a loss of those delicate adjustments of conduct to environment in which good breeding consists, a change in character, with unwonted outbursts of temper, garrulity, self-indulgence, incoherence—a series of mental phenomena signifying a suspension or annulment of the power of the will in certain areas of its mental sphere.

Throughout those pathological states in which a diminished control of the will over muscles may be recognised, we notice a gradual reduction from the voluntary towards the involuntary in whatever the centre or part of it which is diseased represents. In progressive muscular atrophy, we see that the disease begins in the most voluntary muscles of the limb—those of the thumb and index-finger; that it spreads from these to the next most voluntary part—the hand; and that it only ultimately involves the larger and less voluntary muscles of the limbs. In chorea, we observe that the limbs—the more voluntary parts—are affected prior to the trunk—the more automatic part; and the arms, which are more voluntary than the legs, are affected before them. And so through all the pathological states in which diminished control of the will over the mental processes may be recognised we can trace out a gradual reduction from a voluntary towards an automatic condition. No doubt in all cases of insanity a certain amount of volitional power is retained, and this may in certain cases be effectual to some extent over the morbid mental manifestations. There may be contributory negligence on the part of a lunatic, just as there may be on the part of an invalid. Prof. Rühle, of Bonn, recommends the birch rod and shower-baths in certain cases of chronic vomiting, and asserts that children often die of a bad bringing up, and adults because they cannot, when ill, make up their minds to do what is right and omit what is hurtful; and Niemeyer quotes with approval the dictum of the wife of a Prussian general, a most determined woman but a tender mother, that whooping-cough is only curable by the rod. But no one in this country would now sanction such heroic treatment, or believe that anything but evil could come from such stringent appeals to a mere remnant of will in its corporeal relations; and so it would be dangerous in cases of insanity, in which will is obviously and seriously involved in its mental relations, to infer that what survives of it might, if put forth, have prevented a criminal act. In athetosis, in which the muscular movements are typically involuntary, the patient may sometimes by a strong effort control them for a little, but we do not blame him because he does not habitually do so; and in insanity, in which the mental movements are typically involuntary, but yet susceptible of some control, we must not expect of the patient what is beyond his strength—the habitual suppression of his morbid impulses. The criminal act of a lunatic is sometimes so alien to his healthy disposition, or so clearly motiveless, that we have no hesitation in concluding that his true will must have been in abeyance when he fell into it. At other times it follows upon mental struggles which he has himself described, and asked help in, previous to its commission, and is therefore clearly but the climax of a pathological process signifying the overthrow of the will. And at other times, again, it is associated with mental and bodily symptoms which, our experience has taught us, correspond with complete paralysis of will.

A lunatic may unquestionably commit a crime under ordinary motives. It cannot be contended that every mental oddity and isolated delusion is to put a man beyond

the pale of the law, but it is to be remembered that a really isolated, or, as it might be called, encapsulated delusion is a rarity, and that most delusions are but local manifestations of a constitutional vice, involving weakening of will. Most lunatics are, it has been said, mad to their finger tip, and what appear to be their sane acts are generally more or less tinged with insanity.

I cannot pause here even to sketch the several stages of mental dissolution, but I would suggest that there are practically three levels of these in connexion with lunatic crime. These are—the ideational level, the impulsive level, and the automatic level. On the first, the ideational level, the criminal act is committed under the influence of an insane motive or a delusion or hallucination, with consciousness at the time and remembrance afterwards of all that has taken place, but in consequence of a diminution of inhibitory or resisting power. On the second, it is committed under the stress of a sudden and irresistible impulse, which is often a reversion to a mere animal instinct—self-preserved, combative, or sexual,—with vague or imperfect consciousness at the time, obscure remembrance afterwards, and under a still more grave paresis of inhibitory power. On the third, it is committed under the influence of accidental or reflex suggestion, without consciousness at the time or remembrance afterwards, and during the complete abrogation of inhibitory power. As illustrations, I may mention on the first level the case of a man who kills his friend with elaborate preparation to spare him suffering because he has been told by the Archangel Michael that the death of that friend is necessary to the extinction of freemasonry, which is the curse of the human race, and who afterwards describes the homicide in detail, and with evident pride and satisfaction; on the second level, the case of a puerperal woman, who, seeing a glittering knife by her bedside, suddenly cuts her baby's throat, without afterwards having any clear recollection of the event or being able to say why she did it, although the knowledge that she had done it fills her with grief and remorse; and on the third level, the case of an epileptic, who, while recovering from a fit, kills whoever happens to be nearest to him, while still unconscious, and who retains afterwards no trace of recollection of the tragedy.

And here perhaps it may occur to our legal critics who have listened to us with patience thus far to ask how much nearer we have got to any solution of our difficulties. "Let it be conceded," I think I hear them say, "that your medical distinctions are sound, and that the degree of impairment of the will is the true measure of responsibility, how are we to ascertain the impairment of the will? You wish to deprive us of that test—a knowledge of the nature and quality of the act and of its wrongness—which we have hitherto employed, and which was at any rate applicable in a way, and you leave us without any test whatever. How are we to know that a man's will is weakened or on which of your levels he stands, or that he does not stand on that highest level of all where he is fully accountable for what he says and does?" Well, to such legal critics I would reply that it is no small gain to have got rid of a radically bad test, even if we have not a spick-and-span good one to substitute for it, and that the test of a knowledge of the nature and quality of the act and its wrongness in relation to responsibility in disease is radically bad, and is no more a test of responsibility than the acuteness of the colour sense would be of the range of vision. And to these critics I would further point out that it is no small gain to be put on the track, not of a new test—there is no single touchstone for all the metals or for a whole series of alloys,—but on a method of inquiry which will enable us to determine with reasonable scientific surety in a great majority of cases in what degree the will is weakened, that method being simply the established one of medical diagnosis. Disease does and always will present knotty problems to our consideration, but these must always be attacked in exactly the same way, and diseases of the brain are no exception to the rule. We may not at this moment be able to lay down precise rules as to the limitations of the will in disease and how these are to be determined; but in the course of time we shall probably attain to such rules, and meanwhile it is possible for medical men to say, in a large majority of cases, whether and to what extent the will is incapacitated. We can now, by the dynamometer and by electrical tests, definitely declare to what extent voluntary control is impaired in the voluntary muscles or in any set

of them, and we are entitled to look forward to the time when we shall be able, not perhaps with equal precision, but still with fair exactitude, to say to what extent voluntary control is impaired in its mental sphere. Even now, by careful clinical studies, by an observation of the grouping and sequence of mental symptoms, and of the bodily symptoms which accompany them, we are able, in most cases that are submitted to us, to return with reasonable confidence an answer to the question, "Could he help it?" And we can do this in certain cases in which, but for our assistance and medical diagnosis, an erroneous conclusion would almost inevitably be arrived at. A man who had spoken freely on the previous day, when brought into court in the morning and charged with a serious crime, returns no answer to the indictment. When asked whether he is guilty or not guilty, he simply stares at the questioner, and although he evidently understands all that is said to him, and follows out verbal directions given to him, yet not one word does he reply to any interrogation addressed to him. Is he silent of malice or of the visitation of God? Being again questioned by the judge, the policeman behind gives him a push to direct his attention to the Bench, upon which he turns round and swears at that policeman in good set terms. Everyone in court laughs, and it is clear that the prisoner is an impostor, shamming dumbness, who, had he lived a few centuries ago, would have undergone the *peine forte et dure*. But, to make quite sure, a medical man is asked to examine him, and finds that there is loss of power in the right hand, the prisoner being a right-handed man; that his tongue when protruded is turned to the right; that the left corner of his mouth is drawn up when he shows his teeth; and that he labours under mitral stenosis, and he is therefore able to state upon his oath that the man is dumb—not of malice, but of the visitation of God; that he is aphasic, and could not speak if he would, and that the utterance of an oath or interjection, under provocation, is not incompatible with dumbness under such circumstances. A youth, who has expectations on the death of his mother, and who does not live happily with her, one morning, when she enters the parlour in which he is seated, accompanied by a maidservant, rises from his chair, glares at her, goes to the corner of the room where a gun stands, cocks it, raises it to his shoulder, and shoots her dead. When taken into custody, he says he knows nothing about the occurrence, and, considering the complexity of the several steps in it, his statement appears incredible; but a medical man who sees him at once finds that he has been subject to epileptic fits since puberty; that his pupils are dilated; that his tongue bears the mark of a recent bite; that there are many minute red puncta, like flea-bites, over his forehead, throat, and chest; that he has voided urine in the chair in which he sat; and that he often has done odd things after his fits. And the medical witness is therefore able to testify with conviction that the youth's account of his crime is correct, and that he was deprived of volition and reduced to mental automatism when he shot his mother.

A multiplicity of cases might be suggested in which an answer to the question, "Could he help it?" in the case of a person accused of crime, an answer to which the knowledge of the nature and quality of the act test could never give a clue, may be readily supplied by strictly medical testimony. And this brings me to the value of expert testimony in establishing the nature of insanity in courts of law.

It seems to me that nothing has more retarded an approach to a just appreciation of the relations of responsibility and disease than the assent, tacit or explicit, generally given to the dogma that the existence of insanity is a question for men of common sense—a question which they are quite as capable of deciding as medical men or experts. The late Lord Shaftesbury, who, by his philanthropic labours, conferred such signal benefits on the insane, did some disservice to medical jurisprudence when he lent the weight of his authority to this doctrine, and maintained that "persons of common sense, conversant with the world, and having a practical knowledge of mankind, brought into the presence of a lunatic, would in a short time find out whether he was or was not capable of managing his own affairs"; and the late Sir Benjamin Brodie erred, I think, still more grievously when he said: "It is a great mistake to suppose that this is a question (unsoundness of mind) which can be determined only by medical practitioners. Anyone of common sense, and having a fair knowledge of

human nature, who will give it due consideration, is competent to form an opinion on it; and it belongs fully as much to those whose office it is to administer the law as it does to the medical profession."

Now, it may be admitted that there was a time when medical science was in its infancy, when the functions of the brain were unknown, and when only metaphysical explanations of insanity were attempted, at which the existence of insanity in any given case might have been as correctly determined by plain unsophisticated men as by pretentious empirics; just as there was a time when morbid anatomy had not been studied, and when chemical analysis was in a rudimentary stage, at which the existence of poison as a cause of death in any given case might have been as correctly determined by unlearned men as by the alchemists of the period. Further, it may be granted that there are an immense number of cases of insanity in which the symptoms of the disease are so obvious and external, that special skill, although requisite to interpret these symptoms, explain their causes, predict their results, and prescribe treatment, is not necessary to their identification; just as there are many cases of poisoning in which the facts as to the purchase and administration of the deleterious agent are so clearly established, and the immediate consequences to which it gave rise are so patent, that the scientific evidence which would elucidate the composition of the poison, its mode of action and appropriate antidotes, may be safely dispensed with in bringing home guilt to the criminal. But, beyond all this, there are, it must be maintained, cases of insanity of so obscure and subtle a nature that they can only be properly identified by those who have made themselves intimately acquainted with the functions of the nervous system in health and disease, and who have by experience come to appreciate the significance of combinations of mental phenomena and of concomitant bodily variations, which would appear meaningless to the uninitiated; just as there are cases of poisoning so secret and ambiguous that they could not be brought to light without the aid of the toxicologist, who can extract from the tissue and demonstrate in his test tube the lethal substance. In every case of alleged murder by poisoning, the question whether poison was administered with a fatal result and malicious intention is one for the common sense of the jury to decide; but in nine cases out of ten the evidence on which the decision is founded is made up in great part of scientific observations and inferences, which are quite beyond their knowledge and comprehension, and which they are obliged to take on trust. Neither judge nor jury can have any personal knowledge of the symptoms of arsenical poisoning, of the appearances which it leaves after death, or of the processes by which the presence of arsenic in the organs of the body is proved. They may, perhaps, know by hearsay that arsenic causes vomiting and purging, and leaves an inflamed stomach; but they would probably view without suspicion the group of symptoms which would at once suggest arsenical poisoning to a medical man, they would detect nothing abnormal in those changes in the mucous lining of the gastro-intestinal canal which to the trained eye would be specific, and they would be absolutely incapable of following the tests by sulphuretted hydrogen, by silver and copper, by Marsh's and Reinsch's processes, by which the presence of arsenic in the stomach, liver, and kidneys was put beyond doubt. They would have to receive the evidence of experts given upon oath, and subject to criticism and correction by other experts, that the symptoms and post-mortem appearances were those which are caused by arsenic, and that arsenic to a certain amount was found in the body. Their common sense could never conduct them to these conclusions, and in many poisoning cases justice would be frustrated without expert testimony. Now, what I want to argue is that in cases of crime in which the defence of insanity is set up, the common-sense jury, while they must finally decide whether the insanity existed, and in such a degree as to have reduced the prisoner to the condition in which he could not help doing what he did, must be guided to their decision by expert testimony, the force of which they cannot always understand, just as they are in cases of poisoning.

Of course Lord Bramwell denies this, disputes the value of expert evidence, and adheres tenaciously to the old doctrine. "It is contended," he says, "that medical men, and especially those who have experience in dealing with insane persons, have a special right to give opinions when a question of insanity is raised, that it is a question for

experts, and that they are experts. I wholly deny it. I have heard the late Lord Campbell, the Chief Justice, say the same, and object to the question, 'Was the man sane?' saying, 'That is a question for the jury. Insanity is no more a question for an expert than lameness. Is the man lame? Is he mad?' This sounds decisive, but it is really, it seems to me, fallacious reasoning, for, to take Lord Bramwell on the ground which he himself selects, I must remind you that lameness is an outward defect directly cognisable, while insanity is an inward disablement, the existence of which can only be inferentially ascertained. Anyone may satisfy himself that a man has a wen on his head, but only an expert is entitled to declare that he has a cavity in his lung. Then even lameness may be a question for an expert. There are cases of lameness, just as there are cases of insanity, that are unmistakable. A limp, owing to the fact that one leg is three inches shorter than the other, cannot be overlooked any more than the ravings and violence of a maniac. Who runs may read in either case. But there are minor degrees and incipient stages of lameness, and particular kinds of lameness, that can only be detected by a medical man. Thus only an expert, and an able one too, can in some cases distinguish between the lameness that is real and that which is assumed. I am but quoting a not uncommon experience when I recall the case of a young lady who had been pronounced lame by the common sense of a large and sympathetic family circle, and even by a country doctor, and who after having been confined to her couch for many months rose and walked nimbly out of the room when told by an expert (Dr. Buzzard, who had formed his judgment on those electrical tests which only an expert can employ) that she was not lame at all, and had been imposing on her friends. And where lameness is genuine enough it may remain undiscovered by those who have not been taught how to look for it. Some years ago I was waiting for a train at a station in the north, and was sauntering up and down the platform with a very able man, a county magistrate, when we saw in front of us a gentleman known to both of us, who was also walking about while waiting for his train. Immediately on looking at that gentleman I said to my friend, "Do you not notice that Mr. A. B. is a little lame?" to which my friend replied, after a good look, "No, not at all; that is his usual style of walking." I tried hard to make my friend see that Mr. A. B. was a little lame, that he kept his eyes fixed on the ground when walking, threw his legs outward and forward stiffly and with a jerk, and brought his feet down with a thump, exhibiting, indeed, what we know so well as the ataxic gait. But it was in vain. My friend merely replied that Mr. A. B. always was a stiff thick-set little man, and he smiled incredulously when I told him that not only was he lame, but that his lameness betokened a serious disease of the spinal cord. Within six months, however, my friend came to me and said, "You were quite right about Mr. A. B. His lameness has increased rapidly. He has been twice to London, and had joints which he supposed to be dislocated put in by a fashionable bone-setter, and he is now getting quite paralysed. In another two years Mr. A. B. died of *tabes dorsalis*. Now my diagnosis of lameness in this case, when neither the patient nor his friends suspected it, and when, had he been charged with lameness as an offence, he would certainly have been acquitted by a common-sense jury—a diagnosis which any medical man could have made,—shows, I think, that Lord Bramwell is in error in depreciating the value of expert testimony even in so simple a matter as lameness. And if in so simple a matter as lameness expert testimony is sometimes needful, how much more essential must it be in conditions that are more hidden and complicated. Drunkenness, we are told, is, like lameness and insanity, a matter of fact. "If I see that the man is drunk," Lord Bramwell, I fancy, would say, "I cannot help thinking so even if a Paget said he was not"; but in thus thinking and ignoring special knowledge he might do a grievous wrong. A man was seen to reel in the street, to fall, and then to vomit, and the vomited matter smelt of brandy, so a policeman took him to the station and charged him with being drunk and incapable. But the man protested that he was not drunk, having only taken one glass of brandy when he began to feel ill, and so the police surgeon was sent for to examine him, who, finding tonic contraction of the muscles of the neck, staggering gait with a tendency to fall forwards, double optic neuritis, and oscillating movements of the eyeballs, was able to certify that he was not intoxicated, but suffering

from a tumour of the middle lobe of the cerebellum. No one but a doctor could in this case have distinguished between drunkenness and a fatal disease, and but for the intervention of an expert, an unfortunate man might have had a gross stigma put on his reputation. And so in many cases in which insanity, which is a far more occult condition than lameness or drunkenness, is in question, expert testimony is really essential to decide whether the man is mad, and whether his madness is of a kind that deprives him of self-control. A man who is known to have quarrelled with his wife at times kills her one night, gives himself up to the police, and conducts himself in prison so rationally that no one suspects him of mental unsoundness, and he would undoubtedly be hanged but for the evidence of a medical man sent to see him. The medical man (making out that he had been depressed in spirits, and had harboured all sorts of hypochondriacal delusions for months before committing the murder, that he is profoundly anæmic, that his mother died in a lunatic asylum, that two uncles had been insane, and that he himself had been shut up in an asylum after an attempt at suicide during a previous attack of melancholia) feels warranted in declaring confidently that his own account of his crime—which was that, after being entirely sleepless for some nights, a strange rushing came into his ears and a dimness in his eyes, and a trembling all over, so that he felt he must kill his wife, whom he loved dearly, and so did it, and felt better immediately—was perfectly consistent with our knowledge of the way in which impulses arise in the course of melancholia, and that our experience of such cases, and the constant observation of large numbers of them, have convinced us that enfeeblement of will is characteristic of them, and that there occur during their progress impulses which it is impossible by any effort or under any intimidation to resist. And a case which Lord Bramwell himself suggests may be used to illustrate the value of expert evidence. "Take the case of stealing," he says, "with proof that the offender believes he is King of England. Suppose a case of deliberate stealing; he goes to a shop, has goods shown him, and secretes some or picks a pocket. He has a delusion unconnected with his crime. What is to be done with him? Is he to be acquitted? Is he to be half-punished? He is more dangerous than the sane; more in need of a strong deterrent; is he to be less warned and fortified? It cannot be; pitied let him be, but punished he must be; the public conscience would revolt if he was not." And why so? Because Lord Bramwell chooses to conclude that his delusion was unconnected with his crime, whereas expert testimony would unhesitatingly affirm that his delusion was probably the very essence of his crime. When a man, labouring under the optimistic or exalted delusion that he is King of England, commits a larceny, the chances are a hundred to one that he is labouring under general paralysis, fully believes that the whole universe belongs to him, and that he is legally entitled to take whatever he desires, even if he has to do so surreptitiously to avoid trouble, and suffers at the same time from hopeless enfeeblement of the will, both in its muscular and mental spheres. The voluntary muscles in such a man, as might be demonstrated to Lord Bramwell at any moment, tremble and quiver, and have lost their cunning while his thoughts roll on through cloudy immensity, do what he may to condense or direct them. He is, in fact, a dying man, not to be warned or fortified in any way, and to punish him ought to revolt the public conscience much more than to let him go scot free.

If insanity is not a question for an expert, I would ask—How comes it that medical men and not plain men of common sense are called on to sign the certificates and affidavits on which a lunatic is deprived of his liberty or the control of his affairs? How comes it that, in spite of the repeated declarations of judges that expert testimony is of no special value, medical men are still invariably summoned as witnesses in lunacy cases? How comes it that the Lords Justices—the most eminent of judges,—whenever the competency of an alleged lunatic to demand that the inquiry into his mental state shall take place before a jury, or whenever the recovery of a lunatic, so found by inquisition, is in question on his application for a *supersedeas*, require a medical report, and will not receive one from even an experienced legal official? The fact is that practically the utility of expert testimony in insanity is acknowledged, and it is difficult to understand how it could be otherwise, for all who have made only a superficial study

of mental diseases must perceive that there are in them little signs and symptoms, perversions of thought and derangements of bodily functions, which would altogether escape the notice of common sense, but warrant an expert, founding on his experience, in proclaiming that the will is reduced to impotency, and that the lunatic cannot control himself. There is something in the appearance, manner, and mode of expression of lunatics of various classes which would pass unnoticed by common sense, but be characteristic to those who had been accustomed to watch them narrowly. There are styles of morbid thought which cannot be simulated. There are latent or concealed delusions which start into view when the appropriate spring is touched. There is the order in disorder of dissolution which cannot be imitated. There are types of delusions and hallucinations which are easily recognised. And, above all, there are physical signs of disorder of the brain and nervous system which correspond with certain stages in the degradation of will power. But physical signs and mental symptoms in insanity can only be clearly understood in their relation to voluntary control by an expert, whose testimony is therefore of the first consequence when the range of such voluntary control is in question.

To the expert witness in cases of insanity and crime these questions should, it seems to me, be put: Was the prisoner insane at the time when he committed the act of which he is accused? Was his insanity of such a nature and degree as to deprive him of control over his conduct? What are the grounds upon which you have formed these opinions? It would then remain for the jury, aided by the judge, and with the assistance of other experts if necessary, to decide on the validity of the grounds stated and on the weight to be attached to the opinions expressed.

Expert testimony, to be of the highest value, ought of course to be founded on an examination, or, better still, on repeated examinations, of the accused, made as soon as possible after the perpetration of the crime. The Government have, in several recent cases in which there was a likelihood that the defence of insanity would be set up, secured the highly skilled and expert services of Dr. Charlton Bastian to conduct such examinations, and this is an immense step in the right direction. His verdict as a psychologist and neurologist commands the confidence of the medical profession, and has never been impugned in any way. But insanity is a chronic disease; and even when the expert has not seen the alleged lunatic until some time after his crime, he may still be able to say whether in the course of a disease still existing, or of the recent existence of which there are traces, such a criminal act was likely to crop up as part and parcel of the disease; and whether it is consistent with his experience and with the history of the act that the accused could not help it. When the crime was committed during a temporary paroxysm of madness or during an attack from which recovery has taken place before the examination has been ordered, it may still be possible for an expert to say whether the symptoms described to him form a true picture of mental disease or are only a spurious copy, and whether any wreckage still marks the course of a nerve storm. Sometimes it will be impossible for an expert to make up his mind either one way or the other, and then it is his duty plainly to say so.

And now, gentlemen, before I close I have a practical suggestion to offer which would, if adopted, I venture to believe, do more to reconcile the great professions of law and medicine on the questions at issue between them respecting insanity and crime than any prolongation of those elaborate and sometimes highly spiced logomachies in which they have both indulged in the past. In medical science and practice little progress would be made were we to stop short at diagnosis in our studies of disease, and refrain from verifying or refuting the opinions to which the symptoms and history have conducted us by subsequent observations. Prediction is the test of science, and adaptation is the measure of its power. Astronomy is accepted by the masses of mankind because its professors can foretell eclipses and the transits of stars; chemistry is revered because it can join together the elements and provide for many of our wants; and medical science is entitled to popular confidence just in proportion as it can forecast the course and terminations of disease, and the ravages which, when triumphant, it will be found to have wrought in the textures of the body, and can, by a fresh

adjustment of conditions, prevent its propagation, arrest or retard its march, or modify its features. But the invaluable aid which subsequent observation affords to medical science has been almost altogether dispensed with in the medical jurisprudence of insanity, and no wonder, therefore, that that branch of medical science is held in low esteem. A man charged with murder is declared to have been insane at the time he committed the crime. A wrangle upon the subject between doctors and lawyers engaged on this side and that takes place in court, and is carried on perhaps for a short time afterwards in newspaper columns by editors and crotcheteers, and then no more is heard of the case. The man is either hanged—and under these circumstances, I admit, very few subsequent observations are possible—or he is sent to Broadmoor, where careful subsequent observations are made and recorded during the rest of his days—observations which could not fail to reflect an instructive light on the proceedings at his trial, and to supply indications for guidance in similar cases, but which remain buried in oblivion. Now, what I desire is to obtain publicity for subsequent observations on insane criminals, and to secure that these observations shall be of a thorough and impartial description. Every year a certain number of prisoners charged with murder are, on arraignment, generally on medical testimony, pronounced incapable of pleading; or are, after trial, and again generally on medical testimony, acquitted on the ground of insanity (to use the old phrase); or found guilty, but declared to have been insane when they committed the act (to use the new one); or are, after having been found guilty, sentenced to death and left for execution, and, again almost invariably, in consequence of medical intervention, reprieved on the ground of insanity. All these are swallowed up in Broadmoor Asylum, and nothing more is ever heard of them except by their own relatives. True, when these criminal lunatics come to die, there is inserted in the appendix to the annual report of the asylum a few brief notes of his or her case, together with a summary of the pathological changes revealed in the brain and other viscera on post-mortem examination; but these notes, although most ably and carefully prepared under the supervision of the former gifted medical superintendent of the asylum, Dr. Orange, and his energetic successor, Dr. Nicolson, are only distinguished by initials, are technical in expression, do not convey information sufficient to warrant a judgment upon the whole case, and are only seen by those who are specially engaged in the treatment of insanity. What is wanted is a series of skilled and sustained observations on homicides who have escaped punishment on the plea of insanity, made by competent and unbiased authorities, couched in language understood of the people, and published from time to time. And in order that such a series of observations may be pursued, I would propose the appointment of a committee or commission, composed in equal parts of lawyers and medical men, whose duty it should be to visit Broadmoor Asylum as often as they might deem expedient, to examine individually all patients detained there who have been charged with murder, and also the officers of the asylum, and its case-books and registers, and to report to Parliament annually on the mental condition of every such patient, with special reference to the circumstances of the crime of which he or she was accused, and the evidence adduced at his or her trial, adding such remarks on the relations of insanity and crime, and such recommendations for alterations of the law, as their experience may suggest to them.

The report of a Criminal Lunacy Inquiry Commission, or Committee, thus constituted and empowered, would, we can scarcely doubt, be received yearly with eager interest, and be reproduced and commented on in the public press, and especial curiosity would be displayed in connexion with such portions of it as dealt with cases of great doubt and difficulty which had exercised the public mind powerfully. And the knowledge that such a report would be forthcoming annually would, I venture to think, have a salutary and sobering effect on many of those engaged in cases of murder in which the defence of insanity is set up, by reminding them that they might be accountable for their words to the tribunal of public opinion in a stricter sense than heretofore. Looking forward to such reports, the faithful scientific witness would speak with confidence, assured that his evidence, although it might appear strained at the time, would be confirmed by events; while the pseudo-

scientific witness, if there be any such, who is led into the box by a thirst for notoriety or a spurious philanthropy, would pause before committing himself to statements which might rise up in judgment against him in a very damaging and persistent way. And there can be no impropriety in alleging that such reports would ultimately prove useful to judges and counsel, not by rendering them more careful, for nothing can exceed the caution with which they now proceed in murder trials, but by removing misconceptions under which they have laboured, and convincing them that there are more things in heaven and earth than are dreamt of in legal philosophy. It would be no small gain to bear in upon the minds of some of them, as the madhouse memoirs of such reports would sometimes assuredly do, that a nominal knowledge of right and wrong is not incompatible with a total bereavement of self-control and complete subjection to strong delusion, and that a man who, looked at from a distance, is apparently a voluntary organism, may turn out on close scrutiny to be a mere simulacrum driven about by morbid impulses and casual suggestions as helplessly as is a paper butterfly in the air currents set in motion by a Japanese fan. There is not a doctor amongst us who will not allow that he has had to abandon a diagnosis, formed perhaps with the utmost discrimination and held with confidence, because of the inexorable logic of the progress of the case; and there are, I opine, few judges on the Bench or counsel at the Bar who might not be edified by having brought under their notice now and again the later chapters of a case involving medical considerations with which they had had to deal at a critical epoch in its history.

Upon the general public, too, and our teachers in the press, such reports would have an educational effect, and gradually build up more correct notions than are now prevalent as to the nature of insanity and the kinds of proof which go to establish its existence. I have often thought, when looking at a case of advanced insanity which in an early phase had been a subject of public inquiry, how abashed would be some writers and correspondents who had impugned the decision arrived at and inveighed against the lunacy laws, could they but see the natural development of the canker the existence of which they had at one time denied; and surely the glimpses into Broadmoor which the reports of a Criminal Lunacy Inquiry Commission would afford would go far to impress moderation on our censors, and satisfy them that what seem "trifles light as air" may be, in questions of madness, "confirmations strong as proofs of holy writ," and that minute symptoms which doctors are laughed at for enumerating may prove of serious import.

And, beyond all this, the deliberations of such a commission as I have suggested would, as I have hinted, conduce in some degree to an agreement between lawyers and doctors on the question of insanity and crime. It is in the atmosphere of the courts of law that differences between them spring up, differences which in private conference speedily dwindle away. It is about theoretical definitions and verbal distinctions that they contend; and whenever they are brought together in actual contact over a case anywhere save in a court of law, the lawyers with striking aptitude adopt the scientific standpoint, and harmony results. My experience of the Board of which I am myself a member—that of the Lord Chancellor's Visitors, which is made up of three lawyers and two doctors—justifies me in saying this; and the experience of the Board of Commissioners in Lunacy, which is made up of three lawyers and three doctors, is, I understand, to the same effect. The severe intellectual training which a barrister goes through, the art which he acquires in his professional practice of sifting evidence and of concentrating his attention upon minute details, as in reading judicial decisions, prepares him to look with insight and judgment upon cases of insanity when they are brought under his personal notice; and I believe I shall be correct in saying that he generally takes to the study of such cases when called upon to do so, with keen scientific interest, and rapidly attains a breadth of view regarding them not inferior to that of any doctor. I anticipate, therefore, that in a Criminal Lunacy Inquiry Commission composed of lawyers and doctors no divergence of opinion would occur. The two wings of the Commission would feel each other's difficulties, and compensate each other's shortcomings. The lawyers would come to realise the incompleteness of the law, and to attach due importance to delicate and obscure forms of

disease of the brain; and the doctors would come to realise the still fragmentary character of their science, and to attach due importance to that maintenance of the universal in its conflicts with the individual will upon which trade, industry, art, and science depend. The recommendations of the commission would, in all likelihood, lead to such amendment of the law as would put an end to conflicts in courts of justice on questions of responsibility and disease.

A CASE OF INTUSSUSCEPTION OF THE CÆCUM, ASCENDING AND TRANSVERSE COLON, TREATED BY ABDOMINAL SECTION, WITH SUCCESS.

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IN view of the comparative rarity of successful operations for intussusception I desire to place the following upon record. It appears to furnish additional evidence, if any is wanted, that abdominal section may be safely undertaken for this condition in its earlier stages even in young children, and ought, therefore, to be resorted to at once if other simpler methods of reduction fail.

Charles S—, aged four years, was admitted into University College Hospital on Aug. 25th, 1887. He had always been a healthy child, and had had no illnesses except measles and whooping-cough; he had been run over by a cab four months before, the wheel passing across his chest. His health had been excellent up to the day before admission; his bowels had been opened at 10 A.M., and he had gone to school and returned quite well. Nothing was noted up to bed-time, but at about 3 o'clock in the morning the child awoke, complaining of pain in the abdomen. He then passed a stool, which was fairly loose, but with no relief of the pain. A little later he tried to defecate, and brought away about a wineglassful of blood, and half an hour later some more. From this time on until 2 P.M., when I first saw him, he continued to lose blood from the rectum at short intervals. On admission, he lay with his legs drawn up and resisted examination. An ill-defined tumour could be felt in the left iliac fossa. The finger introduced into the rectum reached nothing abnormal at first, but was covered with blood and mucus on being withdrawn. When I examined the child his state was as above, but I thought at one moment that I could reach a tumour in the bowel by the rectum. But even uncertainty on this point in no way influenced the diagnosis of intussusception of the large intestine, which appeared quite clear from the history, symptoms, and the presence of a hard tumour in the left iliac region. I therefore proceeded to distend the rectum and colon with water to as large an extent as appeared safe, and this seemed to have the effect of getting rid of the tumour as far as manual examination went. On my return, however, to see the patient at 7 P.M., I found that he had continued in great pain, and to pass blood from the rectum, and that the tumour was as clearly present as before. I therefore decided at once to operate. All antiseptic precautions having been taken and chloroform having been given, I made an incision in the middle line from the umbilicus downwards for about 2½ in. The carbolic spray was only turned on a moment before the peritoneum was opened. On passing in my hand, I found the intussusception without difficulty in the left hypochondrium, but could not at first draw it into view. The incision was therefore prolonged about an inch upwards to the left of the umbilicus, and I was then able to manipulate the mass within the abdomen, though with some difficulty. By drawing upon the intussusciens from below with the finger and thumb of one hand, and squeezing it upon the intussusceptum with the other finger and thumb, I was able to force the latter upwards and to the right, and gradually to unravel it (still within the abdomen). This was somewhat assisted by drawing upon the portion of bowel which ran into the intussusceptum from above, but was almost entirely accomplished by squeezing the latter from below and at the same time gathering in the slack in my fingers. There was a little difficulty in reducing the last portion; but this was soon overcome by steady pushing and

drawing. The bowel was much congested and marked by submucous hæmorrhages, but was not very oedematous. When satisfied that the intussusception was perfectly reduced, some coils of protruded intestine were washed and the abdominal cavity mopped out with warm carbolised sponges, and closed in the usual way with seven or eight stout silk sutures. A dressing of salicylic wool was then applied after the wound had been dusted with iodoform, and the abdomen was firmly bandaged. The whole operation and dressing was finished within thirty-five minutes, and the patient bore it very well.

Immediately after the operation the child was given four minims of the tincture of opium, followed by two minims every two hours until the morning of the 27th. On the day following the operation (26th) the child was sick four or five times, probably from the effect of the chloroform, but not afterwards. He was restricted to a milk diet, given in very small quantity. During the night of the 26th the bandage round the abdomen, which was very tight, was loosened a little, giving considerable relief, and on the 27th I examined the wound and found it all that could be desired. The opium was then stopped and a little brandy was given with the milk. On the 28th he was given a little chicken broth, and the bowels were moved naturally for the first time. As soon as the heaviness of the opium passed off he seemed very well. The wound was again examined and redressed on the 20th, and looked perfectly satisfactory, and on the 31st he had a second stool naturally. He was then allowed to have some light solids. On Sept. 2nd the wound was dressed again and for the last time, the stitches being removed; a broad strapping of American plaster was put completely round the body to support the scar. After this there is nothing to note except that the child seemed quite well. During the first three days after the operation the temperature touched 101·2° on two occasions, but was usually below 100°, and after the third day was always so until the patient was discharged on Sept. 16th quite well.

The operation was relatively a short one and was not very difficult. This was due to the fact that the method of unravelling the bowel by traction and squeezing from below, rather than by traction on the included bowel from above, was resorted to at once.

Having been more than once deceived by the disappearance of the tumour under inflation or injection into the belief that I had reduced an intussusception, I was quite prepared for a return of both tumour and symptoms in this case, and found little difficulty in making up my mind to adopt the only other means of saving the patient's life—namely, abdominal section. The age of the patient added, perhaps, to the gravity of the procedure; but there was the hope that by operating early, while the child's strength was unimpaired and before serious structural changes had taken place in the bowel, the result would be quite different from that usually seen where abdominal section is undertaken. In this case the degree of strangulation or incarceration must have been very considerable, for blood was constantly being passed from the rectum, and when exposed by operation the bowel was seen to be deeply marked by ecchymoses. Nevertheless, the reduction of the intussusception offered no insuperable obstacles, the pressure of the mass between the fingers combined with traction on the intussusciens from below, probably unloading the vessels of the congested part, and so enabling it to slip up within a short time.

The few cases on record in which, like the present, an intussusception has been cured by abdominal section appear to me to open up a very large question. This has already been discussed by Mr. Hutchinson in his well-known classical paper published in the Transactions of the Medical and Chirurgical Society thirteen years ago, and by Mr. Marsh a little later, also by Mr. Howse conjointly with the late Dr. Hilton Fagge in a paper worthy of its authors. But it is a remarkable fact that in spite of the strong arguments in favour of this method of treatment of a very hopeless condition furnished by these gentlemen, and the three successful cases recorded by them together with one by Mr. Godlee, we have heard little or nothing of it within the last twelve years. As a matter of fact, there has not been, so far as I know, a single case of successful laparotomy for intussusception recorded in London during all these years, except Mr. Godlee's, until the present case. Now, what is the reason for this? Either intussusception is not such a common disease as formerly, and there has been no occasion at all to resort to severe methods of treating it; or some