

and punishment, and it no longer becomes necessary to know whether a man is morally responsible or not.

It is only necessary, then, to know if the person is *dangerous to society*. We deprive a cholera patient of his liberty, not to punish him, but to protect the community, and so we must treat criminals whether sane or insane.

We must cure them, if we can; if not, we must detain them for life in some way profitable to society and themselves.

This is the only basis for a just penal system, for that man is surely less responsible, who is brought up in ignorance and vice, than the one raised in luxury and well schooled; and yet our law recognizes no such distinction.

And when punishment is meted out, the bank president suffers probably more in one day than the foolish thief in six years; and the family of one feels the disgrace, and therefore is likewise and unjustly punished, while the other may not have any sensitive relatives. Justice can not be blind, and yet it is so represented.

All modern penologists urge the *social utility* test to take the place of the *moral responsibility*, a relic of theological days.

Hereditary Degenerative Stigmata.—Magnan (Arch. de Neurologie, May, 1892).

After a very painstaking and thorough consideration of the physical and psychical stigmata of degeneration, Dr. Magnan says in resumé: In certain subjects, in whom the intelligence is perfect, the moral state is defective, while in others the moral state is perfect; but certain intellectual aptitudes, certain faculties are entirely faulty. In a third group may be placed individuals who, under ordinary circumstances, are well balanced, intellectually and morally, but who, under slight depressing or fatiguing influences, show loss of mental equilibrium and intellectual and moral defections.

The author cites a peculiar case of sexual perversion which illustrates the idea of degenerative heredity: A young man, twenty-one years old, who was observed one day, while sitting, to take from his pocket a scissors, and with them cut a large piece of skin from the left arm. When pressed for an explanation of this untoward procedure, he said that he had spent many pleasant hours in pursuit of a young girl who had beautiful white skin, and when he saw her he was filled with a desire to kill

her and eat her skin. In order to prevent himself from doing this he turned his passion against himself and cut his own skin. The act of mutilation was accompanied with sexual erethism, and following this a profound feeling of comfort and ease. In this case his antecedents were very bad. His paternal grandfather was an alcoholic, his father suffered from epilepsy and died from cerebral apoplexy.

A sister of the patient is mentally deranged. The patient himself had been incorrigible from infancy. At the age of six the sight of a young boy or girl with a fine delicate skin would provoke genital excitation. At nine years of age he began to masturbate and had ejaculations, and at the moment of ejaculation his habit was to prick deeply the abdomen with a pin, a knife or the point of a sword. When he resisted the temptation to slay a child with beautiful skin, he had peculiar sensations of innervation and of dying, with a sense of constriction and contraction in the epigastrium. When these sensations came he would cut himself. The disposition of the patient is extremely mobile, sometimes gay and happy, filled with good humor, although he is haunted with the idea of suicide. Physically, he has but few of the stigmata of degeneration.
J. C.

A Contribution to the Study of Cerebral Localizations, derived from a Case of Injury to the Head with Consecutive Motor Aphasia, Verbal Deafness and Agraphia.—Dr. Francesco Borgiotti, of the University of Sienna, communicated to the *Gazetta degli Ospitali* (March 9, 1893), the history of a patient in whom a blow, not sufficiently severe to abrade the skin, upon the left side of the head, in the region corresponding to the scissure of Rolando, caused a series of temporary symptoms, identical in nature to those arising from a persistent pathological change of the same locality. The patient, Solferino Bartolozzi, a robust, well-developed and healthy young man, on receiving the blow, fell to the floor, and remained there senseless for some minutes. Recollections of the place and manner of the accident came back to him slowly, and the subsequent general muscular weakness disappeared but gradually. All attempts to speak were in vain, although after awhile his mental faculties regained their integrity, and permitted him to reason over the quality of his vertigo, which he himself compared to that pro-