rated, except for a little more than an inch at its anterior end. The parietal eminences and the left parietal foramen are distinct; the other sutures are unossified. The lambdoidal suture is almost semicircular in form.¹

These crania may, then, be regarded as forms transitional between the normally-developed skull and the true scaphocephalus, for, whilst they exhibit increased elongation, yet the lateral compression is not so great as to give them the characteristic boat-shaped form. This description of skull has also been recognised by Professor Von Düben (page 34, and plate 3; fig. 46 and 49), and numerous examples have been described and tabulated under the appropriate name of subscaphocephali, by Dr John Thurnam in his paper already referred to. In these crania the blending of the two parietal bones had undoubtedly not taken place until a much later period than in the true scaphocephalus. The development of each bone independently from its own centre had gone on for a considerable period, and as a consequence the growth of the head in the transverse direction had not been so markedly interfered with. It may be that the obliteration of the suture had not occurred until after birth, or until a late period of intra-uterine life,—a supposition which is rendered not improbable by the size of the parietal eminences.

(To be continued.)

ARTICLE III.—*On the Definition of Insanity considered Medico-Legally.* By JAMES RORIE, M.D., etc., Dundee.

(Read before the Dundee Medical Society, 1st March 1865.)

HAVING agreed to furnish a paper for this meeting of our Society, I have now to offer the following remarks “on the definition of insanity considered medico-legally.” In my choice of this subject I have endeavoured to consult your interest as well as my own; and as there are few amongst us who will not be called on sooner or later to give an opinion as to the sanity of an individual, I trust the subject will not be altogether devoid of interest. I need not add, that in this paper I do not expect to give you any additional information on the subject, but merely to bring under your notice a question which deserves at the present time every consideration. No one who has paid the slightest attention to the conflicting evidence afforded by the medical witnesses in any criminal trial where the verdict has hinged on the question as to the mental condition of the prisoner, will deny that in such evidence there is generally expressed so great a difference of opinion that it has now become quite questionable whether in such cases medical

¹ As I furnished Dr Thurnam with measurements of these crania, and as they have been incorporated in his table (9, 11, 12, 15), it is unnecessary for me to reproduce them here.

evidence is of greater value than that afforded by an ordinary lay witness. Moreover, when we consider the comparative want of confidence with which medical evidence in such cases is frequently received by the legal profession, it is surely of the utmost importance that we should inquire whether or not our medical knowledge and experience in this question are really of such importance as to enable us to protect those suffering from insanity from the consequences of their insane acts, and to release them from the penalties of the law.

At the same time it will be equally important if we can by any means arrive at the cause of the different opinions entertained by the legal and medical professions on the subject of insanity; for in possession of this knowledge we shall be the better able to supply what is required of the medical profession by our legal brethren.

In the investigation of this subject, therefore, it will evidently be necessary, *first*, not only that we have a thorough knowledge of the manner in which insanity as a medical question is viewed, but also, *secondly*, that to a greater or less extent we should be acquainted with the ideas on the subject which our legal brethren entertain.

But let us first consider the definition of insanity viewed as a mere abstract question. Numerous definitions of insanity viewed abstractly have been given; but none, so far as I know, that is universally applicable or satisfactory. As an example of one out of many may be adduced that given by Locke, "that it is a disposition to associate ideas incorrectly, and to mistake them for truth; hence," he says, "madmen err as men do who argue right from wrong principles." Now, however applicable such a definition may be to a case of pure monomania or delusional insanity, it is clearly quite inapplicable to an ordinary case of mania or dementia, for in the former case the mental faculties may be so convulsed as to be incapable of associating ideas, while in the latter, in extreme examples, it is questionable whether ideas are formed at all. The truth is, from this point of view, insanity is quite indefinable, it being equally easy to define abstractedly bodily disease.

But when we come to the legal definition of the term we find the case altogether different.

Legally, a person is regarded sane until he is proved insane; and when his sanity is called in question, it occurs chiefly with regard to his civil capacity, his civil responsibility, and his criminal responsibility. It is from the last of these that we will endeavour to arrive at the legal apprehension of the term.

According to the laws of England, a person *non compos mentis* is either an *idiot*, a *lunatic*, or a *person of unsound mind*, and these terms have been thus defined:—

"An *idiot* is a person whose mind, from his birth, by a perpetual infirmity, is so deficient as to be incapable of directing him in any matter which requires thought or judgment.

"A *lunatic* is a person 'qui gaudet lucidis intervallis,' and who

sometimes is of good and sound memory, and sometimes *non compos mentis*. And

"A *person of unsound mind* is one who, by reason of a morbid condition of intellect, is as incapable of managing himself and his affairs as an idiot or a lunatic, but not being an idiot or a lunatic, or a person merely of weak mind."¹

It is also to be borne in mind that, according to the laws of England, "in legal phraseology, a person whose moral feelings are perverted is not by reason of such perversion a person of unsound mind." Further, "If the mind is unsound in one subject it is not sound on any subject, the mind being indivisible."—(*Phillips*).

These definitions have been given in full, partly because in the Act of Parliament passed 29th July 1862 (25 and 26 Vict., cap. 54), intituled "An Act to make further Provision respecting Lunacy in Scotland," a change has been introduced in the definition of the term "lunatic," which by no means lessens the responsibility to be incurred by medical practitioners in granting certificates of insanity. In the Act (20 and 21 Vict., cap. 71) immediately preceding that above mentioned, passed 25th August 1857, a "lunatic" is declared to "mean and include any mad or furious or fatuous person, or person so diseased or affected in mind as to render him unfit, in the opinion of competent medical persons, to be at large, either as regards his own personal safety and conduct, or the safety of the persons and property of others or of the public." Whereas in the Act first referred to (25 and 26 Vict., cap. 54), a lunatic "shall mean and include every person certified by two medical persons to be a lunatic, an insane person, an idiot, or a person of unsound mind,"—adopting, to a great extent, it will be observed, the terms used in English law, and leaving the practitioner to discover their legal meaning, with this somewhat important difficulty, that the definitions established by the laws of England cannot, I think, be employed to interpret similar terms in Scotch law. But although it is held by the English law that if the mind is unsound on one subject it is unsound on all, there are certain limits marked out by both the laws of Scotland and England, which require that the unsoundness must be of such a character and extent as to destroy the person's responsibility before it can act as a bar to punishment; and this amount of insanity, so to speak, is tested by the person's ability to distinguish right from wrong. How far this is a proper test may be afterwards considered. Thus, Blackstone, in his Commentaries on the Laws of England, in referring to the cases which excuse from guilt (after mentioning infancy) states that, "The second case of a deficiency in will, which excuses from the guilt of crimes, arises also from a defective or vitiated understanding, viz., in an idiot or a lunatic. For the rule of law as to the latter, which may readily be adapted also to the former, is, that '*furius furore solum punitur*.' In criminal cases, therefore, idiots and lunatics are not

¹ Phillips' Law of Lunatics, Idiots, and Persons of Unsound Mind. 1858.

chargeable for their own acts if committed under these incapacities; no, not even for treason itself."¹

But he adds elsewhere, that "if there be any doubt whether the party be *compos* or not, this shall be tried by a jury; and if he be so found, a total idiocy or absolute insanity excuses from the guilt, and of course from the punishment of any criminal action committed under such deprivation of the senses. But if a lunatic hath lucid intervals of understanding he shall answer for what he does in those intervals as if he had no deficiency."²

But although this may appear strict enough; nevertheless, that there is considerable leniency extended to lunatics by the English law, is shown by the fact that the protection afforded by it does not merely refer to the mental state of the individual at the time of committing the crime, but also provides for any change which may occur between the time of committing the crime and the award of punishment.

Thus the author already quoted states, that "if a man in his sound memory commits a capital offence, and before arraignment for it becomes mad, he ought not to be arraigned for it because he is not able to plead to it with that advice and caution that he ought; and if after he has pleaded the prisoner becomes mad he shall not be tried; for how can he make his defence? If after he be tried and found guilty he loses his senses before judgment, judgment shall not be pronounced; and if after judgment he becomes of nonsane memory, execution shall be stayed; for peradventure, says the humanity of the English laws, had the prisoner been of sound memory he might have alleged something in stay of judgment or execution."

"The only exception," continues Blackstone, "which appears ever to have existed in the English law to this rule was in the reign of Henry VIII., when a statute was made (33 Hen. VIII., c. 20) which, enacted that if a person, being *compos mentis*, should commit high treason, and after fall into madness, he might be tried in his absence, and should suffer death, as if he were of perfect memory. But this savage and inhuman law was repealed by the statute (1 and 2 Ph. and M., c. 10). For, as is observed by Sir Edward Coke (3 Inst. 6), the execution of an offender is for example, *ut poena ad paucos metus ad omnes perveniat*; but so it is not when a madman is executed, but should be a miserable spectacle, both against law, and of extreme inhumanity and cruelty, and can be no example to others."³

But another important question in connexion with this matter has arisen, about which there might well be uncertainty were such a thing admissible in legal affairs. It is, in fact, one of the questions proposed to the judges by the House of Lords in M'Naughten's case, and may be expressed thus, Whether a person under partial

¹ Commentaries on the Laws of England, by Sir W. Blackstone.

² Ibid.

³ Ibid.

delusion, committing a crime under the influence of this delusion, but knowing he was doing wrong, is liable to punishment; or to give the question as it was put, "What is the law respecting alleged crimes committed by persons afflicted with insane delusions in respect of one or more particular subjects or persons, as, for instance, when at the time of the commission of the alleged crime the accused knew he was acting contrary to law, but did the act complained of with a view, under the influence of insane delusion, of redressing or avenging some supposed grievance or injury, or of producing some supposed public benefit?"¹ You will no doubt be surprised to hear that this question was unanimously answered in the affirmative, namely, that the person under these circumstances was to be considered punishable. The answer given in full was, that assuming the question to be "confined to those persons who labour under such partial delusions only, and are not in any other respects insane," we are of opinion that, notwithstanding the party accused did the act complained of with a view, under the influence of insane delusion, of redressing or revenging some supposed grievance or injury, or of producing some public benefit, he is nevertheless punishable according to the nature of the crime committed, if he knew at the time of committing such crime that he was acting contrary to law."²

But we find that a difference exists when the injury is inflicted in supposed self-defence, and when it is inflicted in revenge for a supposed attack or injury.

Thus, in reply to another question put as above, "Whether a person under an insane delusion as to existing facts, committing an offence in consequence thereof, is thereby excused?" the judges stated that "the answer must of course depend on the nature of the delusion; but making the same assumption as we did before, namely, that he labours under such partial delusion only, and is not in other respects insane, we think that he must be considered in the same situation as to responsibility, as if the facts with respect to which the delusion exists were real. For example, if under the influence of his delusion he supposes another man to be in the act of attempting to take away his life, and he kills that man as he supposes in self-defence, he would be exempt from punishment. If his delusion was that the deceased had inflicted a serious injury to his character and fortune, and he killed him in revenge for such supposed injury, he would be liable to punishment."³ The following is added by one of the judges, who gave a separate answer, that "there is no law that I am aware of that makes persons in the state described in the question not responsible for their criminal acts. To render a person irresponsible for crime on account of unsoundness of mind, the unsoundness should, according to the law as it has long been understood and held, be such as render him incapable of knowing right from wrong. The terms used in the questions," he adds, "cannot be said (with reference only to the usage of language) to be

¹ Phillips' Law of Lunatics, etc.

² Ibid.

³ Ibid.

equivalent to a description of this kind and degree of unsoundness of mind. If the state described in the question be one which involves, or is necessarily connected with such an unsoundness, this is not a matter of law but of physiology, and not of that obvious and familiar kind as to be inferred without proof.”¹

If we turn now to the laws of Scotland we shall find that by them criminal irresponsibility is to a great extent based on similar principles; but in the Scotch law there do not appear to exist those minute definitions which we have seen exist in the laws of England. Thus Alison, in his *Principles of the Criminal Law of Scotland*, states that “if insanity be of that complete and perfect kind which entirely overpowers the reason and takes away from the pannel the power of distinguishing right from wrong, or knowing what he is doing, it forms a complete bar to any criminal prosecution.” But he adds, “several nice and delicate questions arise as to the degree of insanity which in law have this effect.”

“To amount to a complete bar to punishment the insanity either at the time of committing the crime or of the trial must have been of such a kind as entirely deprived him of the use of reason, as applied to the act in question, and the knowledge that he was doing wrong in committing it;” and he adds, “If the pannel, though somewhat deranged, is yet able to distinguish right from wrong in his own case, and to know he was doing wrong in the act which he committed, he is liable to the full punishment of his criminal acts.”

But it is also stated that, “if it appear from the evidence that the pannel, though partially deranged, was not so much so as to relieve him entirely from punishment, the proper course is to find him guilty; but on account of the period of infirmity of mind which he could not control, to recommend him to the royal mercy.”²

In the case, however, of the trial of Alexander Milne, in Edinburgh, for the murder of James Paterson, in February 1863, where the plea of insanity was found not proven, and which has always appeared to me a singular miscarriage of justice, evidence is afforded that the strict view given above has, to a certain, though small, extent, been relaxed, for the Lord Justice-Clerk, in charging the jury, stated that “the doctrine of criminal responsibility is exceedingly simple. If a person knows what he is doing—that is, if he knows the act he is committing—if he knows the true nature and quality of the act, and if he apprehends also its effects, he is responsible; but if he is in such a state that he does not know the act or its true nature and quality, or the effects which may follow from it, he is not responsible, provided he is in that condition through mental disease. If,” continued his Lordship, “you are quite satisfied that the prisoner was under insane delusion at the time of the act, you need not inquire whether he knew right and wrong. If the delusion be once established, the law will presume

¹ Phillips' *Law of Lunatics*, etc.

² Alison's *Principles of the Criminal Law of Scotland*, 1832.

from that, that he did not know right from wrong. But you must be quite satisfied that he was under an insane delusion. It is not sufficient to say that a man is in an anomalous state, from whatever cause,—in a state that makes the bad part of his nature get the better of him,—a state, so to speak, of moral depravity. Weakness of mind, combined with moral depravity, does not make a man insane. There is no greater mistake. But if the mind is diseased, the man is insane; and if the mind is diseased, it is no matter what has caused it, so be that the insanity is actually produced and present at the time.”¹

The particulars of the case here referred to were as follows:—On the morning of the 7th January 1863, the deceased James Paterson sent one of his lads to the prisoner's to see about some work which had been intrusted to him by Milne the day before. This was about ten o'clock. The prisoner asked, Why didn't Paterson come himself? and told the lad to send Paterson. This the lad did, and Paterson left his lodgings about eleven to go to the prisoner's. . . . At ten o'clock the same morning the prisoner purchased at a shop in West Register Street a dirk, for which he paid 3s. 6d., and which he examined, saying “this would do.” Between eleven and twelve the deceased rushed through a room below the prisoner's shop, saying he was stabbed, and out by a door into the front area. . . . He then climbed over the railing, staggered up five or six steps into the baker's shop next the prisoner's, crying “I am stabbed.” There he endeavoured to seat himself on the counter, but slid to the ground, and expired. The prisoner gave several accounts of the occurrence, in one of which he stated that he had given his working jeweller a “prog” with the dirk, and in another attributed the death of deceased to an accident. He (the prisoner) was apprehended in his own shop in about ten minutes, having made no attempt to escape, and he had then the dirk in his possession, with bloody streaks upon it. The principal question involved in the case was in regard to the prisoner's sanity.

Now, the evidence adduced, and cleared of much extraneous and irrelevant matter, showed that the mental condition of the prisoner was as follows:—At a party the prisoner gave on the previous Christmas, he had been drinking to a certain extent, but it struck one of the witnesses that there was something else wrong with him, “there was a wild roll in his eyes;” he was excited, he arranged his male guests in line, took a sword and marched them to supper to the tune of the Merry Masons, and otherwise conducted himself outrageously. That on the 5th January he declared that he felt himself unwell, and that he suspected poison had been put in the water; that on the same day he had expressed a strong fear of robbers, and declared they were trying to poison his wife, his family, and himself. On the 6th it was shown that he

¹ Edinburgh Medical Journal, March 1863.

suspected Paterson of having an intention to break into his shop; that he was unnaturally afraid of robbers, and that "the spirit had told him so." That in consequence he removed some jewellery to a neighbour's safe, expressed his fear of being killed; and on the 7th, although perfectly sober, he seemed very strange. There was something very piercing in his look; and he declared his wife and a man had been attempting to poison him.

I have purposely avoided referring to the evidence given by witnesses who had conversed with him after his apprehension, because such evidence must always be received with great caution. But by far too great importance appears to have been attached to the various explanations given by Milne after the deed, as affording proof of the absence of insanity; for although the medical witnesses could not on the spur of the moment recall any similar case occurring in a lunatic, it is well known to be by no means an uncommon occurrence for the insane, after committing an outrage, to attempt to excuse themselves in this manner, as if they were conscious of right and wrong, although their conduct in other respects clearly established the opposite. In short, the evidence afforded as to the prisoner's mental state at the time of the act, showed that he was suffering from a very ordinary form of insanity, viz., monomania of suspicion, and that under the influence of the delusion that he was to be robbed and poisoned, he killed Paterson.

From evidence admitted in a still more recent case, it would appear that further relaxation of the strictness of the Scotch law may be hoped for, and in a direction of the utmost consequence to a class now almost unquestionably recognised by the medical profession as insane, but for whom no legal protection at present exists, namely, impulsive and moral lunatics. I here refer to the admission, with the concurrence of the Court, of evidence regarding the mental state of the prisoner's maternal relatives as bearing on the question of the prisoner's sanity, in the case of J. S. Love, tried before Lord Ardmillan on 22d September 1864. Although in this case there was an extraordinary difference of medical opinion, which led to the medical evidence being virtually thrown aside altogether, there was no want of direct evidence to show that at the time of the deed the prisoner was so insane as to render him irresponsible; but the indirect, though strong, collateral evidence was also admitted, that his mother had been insane and in an asylum, and that her brother had four idiot children. Now, the universal admission of such evidence would be of the greatest assistance in proving that moral and impulsive lunatics should be regarded legally as irresponsible, as the very essence of moral insanity appears to me to consist in the fact, that their inability to act in accordance with the laws of their country is, in reality, a mental defect acquired by hereditary transmission.

Leaving the legal definition, let us now look for a little to the medical definition of insanity. In doing so, we find at once that

we enter upon a totally new field of inquiry. The individual's responsibility is now entirely overlooked, and his ability to distinguish right from wrong disregarded. The only question here raised is, Does the person suffer from one or other of the following forms of mental disease, mania, dementia, idiocy, monomania, melancholia, and impulsive and moral insanity. As examples of the various definitions, given by medical writers, of insanity as a disease, may be quoted that by Esquirol, viz., "That insanity is a cerebral affection ordinarily chronic and without fever, characterized by disorders of sensibility, understanding, intelligence, and will;" or that by Cullen, "That insanity is in a person awake a false judgment arising from perceptions of the imagination, or from false recollections commonly producing disproportionate emotions;" or, to take a more lengthy one by Pritchard, insanity is "a chronic disease manifested by deviations from the healthy and natural state of the mind, such deviations consisting either in a *moral perversion*, or a disorder of the feelings, affections, and habits of the individual; or in *intellectual derangement*, which last is sometimes partial, namely, in *monomania*, affecting the understanding only in particular modes of thought, or general and accompanied with excitement, namely, in *mania* or *raving madness*; or, lastly, confounding or destroying the connexions or associations of ideas, and producing a state of *incoherence*."

As it is customary for every person who treats of this subject to give a new definition, I would suggest the following,—That insanity, the disease so called, is a perverted condition of the mental and moral faculties, consequent on derangement, or diseased condition, or maldevelopment of the nervous system, and which derangement or disease may be either primary, arising from a functional or organic derangement of the nervous system, or secondary, arising from functional or organic derangement of other organs, as of the heart, liver, intestines, uterus, etc.

With regard to the medical definitions of the different forms of insanity, those given by Traill¹ and Taylor² may be regarded as sufficiently established. In *mania* "there is a general derangement of the mental faculties accompanied by greater or less excitement, sometimes amounting to violent fury"—(Taylor), producing the furiosity which renders the individual irresponsible according to the law of Scotland.

Monomania and melancholia are forms of insanity "in which the mental alienation is partial"—(Taylor), and characterized by the dominance of one morbid idea, or of a confined class of ideas—(Traill), producing the unsoundness of mind of the laws both of Scotland and England.

Dementia "is a total absence of all reasoning power"—(Taylor), producing the fatuous condition referred to in the law of Scotland.

¹ Medical Jurisprudence, by Professor Traill, 1858.

² Taylor's Medical Jurisprudence, 1861.

Idiocy "is characterized by the want of mental power being congenital"—(Taylor), a term used in the laws of both countries.

With regard to these forms of insanity there can be no difference of opinion between the members of the legal and medical professions, for, if established, we have seen that they render the individual irresponsible.

The great point at issue has reference to those forms of mental alienation known as moral and impulsive insanity.

For this class of cases the law makes no provision, and the reason is obvious. Moral and impulsive lunatics are cases where we have neither fury, delusions, nor inability to distinguish right from wrong. When a woman commits impulsive infanticide, she may be found before and after the act to all appearances quite sane, and sufficiently horrified at the deed she has committed, although in some cases there is sufficient evidence afforded that the desire to commit the act may have existed for days, and gradually increased in strength till it overcome all power of resistance. The same remarks apply to impulsive homicide.

Now, if we examine into these cases, one character will be found to pervade them all, and one to which too little importance has been attached by legal writers, namely, the absence of all motive or inducement. It is true that it may be extremely difficult in some cases to prove the existence of sufficient motive, but when it appears to be absent, and especially when there is also strong presumption of hereditary insanity in the individual's family, we have a condition which it is earnestly to be desired should be legally established as proof of irresponsibility.

To remedy this palpable defect in the law, it has been urged that the legal definition should, by Act of Parliament, be made to include such cases, on the grounds of the person's inability to control his actions; but leaving out of consideration whether or not this could be effected so easily as imagined, the expediency of such a proceeding might well be called in question. It is true that an impulsive lunatic acts in consequence of this reason, but a thief must be equally excused, because the temptation to steal overcomes his power of resisting the temptation, and so he might equally be declared unable to control his actions.

Before closing this paper there is one more subject to which I would beg to call your attention; and that is in connexion with attempts at suicide. Is every attempt at suicide to be regarded as a proof of insanity? The almost invariable finding of the English coroners that persons who have committed suicide have done so under a fit of temporary insanity, might well lead us to suppose that an attempt at suicide should be regarded as a proof of temporary insanity; but before coming to this conclusion, should we not also consider whether if the public were to realize the fact more than they appear to do, that an attempt at suicide is still legally a crime punishable by law, and that its commission might stamp their

family with all the odium that a crime regarded as a felony and little inferior to murder had been committed by one of its members, might not this knowledge serve to check to some extent the prevalence of attempts at self-destruction. There can, I think, be no doubt that there are many who attempt suicide who would shudder at the idea of being thought capable of committing murder; and yet what is the law on the subject? The great exponent of the English law argues the question thus: "The pretended heroism, but real cowardice of the Stoic philosophers, who destroyed themselves to avoid those ills which they had not fortitude to endure, though the committing it seems to be countenanced by the civil law, yet was punished with cutting off the hand which committed the desperate deed. And also, the law of England wisely and religiously considers that no man hath a power to destroy life but by commission from God the author of it, and as the suicide is guilty of a double offence, one spiritual in invading the prerogative of the Almighty, and rushing into his immediate presence uncalled for, the other temporal, against the king, who hath an interest in the preservation of all his subjects; the law has, therefore, ranked this among the highest crimes, making it a peculiar species of felony,—a felony committed on one's self; a *felo-de-se*, therefore, is he that deliberately puts an end to his own existence or commits an unlawful malicious act, the consequence of which is his own death: as if attempting to kill another, he runs upon his antagonist's sword, or shooting at another, the gun bursts and kills himself. The party must be of years of discretion and in his senses, else it is no crime. But this excuse ought not to be strained to that length to which our coroner's juries are apt to carry it, viz., that the very act of suicide is an evidence of insanity; as if every man who acts contrary to reason had no reason at all, for the same argument would prove every other criminal *non compos*, as well as the self-murderer. The law very rationally judges that every melancholy or hypochondriac fit does not deprive a man of the capacity of discerning right from wrong, which is necessary to form a legal excuse; and therefore, if a real lunatic kills himself in a lucid interval, he is a *felo-de-se* as much as another man."¹

From the foregoing observations we have seen that a very important difference exists between insanity regarded as a medical, and lunacy regarded as a legal question. While the former applies to a disease which may or may not destroy responsibility, the latter demands that irresponsibility be proved, before it can be admitted as a plea; and the great puzzle of the present day with regard to civil incapacity and irresponsibility is, how to bring insanity under medical treatment before it has rendered the individual legally irresponsible. Into this subject, I cannot at present enter, and will now close with the practical inference that it is the duty of the medical practitioner, in giving evidence as to the mental condition

¹ Commentaries on the Laws of England, by Sir W. Blackstone.

of a person on trial for outraging the laws of his country, to satisfy himself that the insanity destroys responsibility, before certifying him to be a lunatic. To certify a person in such circumstances to be insane because he appears unable to control his actions, is to offer a medical theory where a medical fact is demanded, and is to become an advocate of that pseudo-philanthropy which would insist on moral perversion being legally recognised as proof of irresponsibility,—a state of matters which would be fraught with the greatest danger to all our social interests. The depravity, immorality, and low cunning of a convict may resemble in some respects the character of the true moral lunatic; but for such cases seclusion in Portland or Pentonville is the best of moral remedies, and in dealing with such, the medical practitioner should never forget that laws “cannot be framed on principles of compassion to guilt.”

ARTICLE IV.—*On the Facilitation of the First Stage of Labour.* By
ANDREW INGLIS, M.D., F.R.C.S.E.

(Read before the Edinburgh Obstetrical Society, 8th March 1865.)

AT present many different means are in use for favouring the progress of the first stage of labour. Simple dilatation with the finger has from time to time been alternately praised and decried. Just now the voice of the majority is in its favour; and I am certain that it does good in some cases, but only where the resistance to dilatation is not excessive. Within the last few years, india-rubber dilaters have been tried pretty extensively, and they also have been found of service. However, not only is considerable difficulty experienced in their use, but that difficulty is usually great just in proportion to the urgency of the case. Sponge tents also have been used in such cases, but I have never seen them produce any great result. While these our direct surgical means are so scanty, there is no lack of therapeutic agents which have been tried. Injections have been used extensively, both per vaginam and per anum, consisting of warm water, as well as containing opium, belladonna, and other drugs. Medicinal applications to the same parts, in a more concentrated form, have also been used.

Remedies intended to act through the general system are frequently given. Chloroform, which is the most valuable of these; opium, which also certainly sometimes does good; tartrate of antimony, bleeding, emetics, purgatives, and ergot,—have all been in turn pressed into the service, but I think little need be said about their general inefficiency. My experience supports what I believe to be the general opinion,—that it is precisely where dilatation without interference is most tedious, that the foregoing means are most nearly inert.