easily be *produced artificially*, and their phenomena studied and analysed at leisure. They are of course producible most readily in animals that are naturally *timid* and easily startled or frightened, such as sheep or hares, squirrels, certain horses and dogs, and many birds and lizards. Various even of the lowest animals show, moreover, in a marked way, the sometimes singular results of *alarm*. Thus, the lobster, "when suddenly alarmed by a loud noise, such as a peal of thunder, or the report of a cannon . . . . shoots (throws off) his claws immediately."*

A Medico-Legal Possibility. By FREDERICK NEEDHAM, M.D.

In a certain section of the public mind the impression seems somehow to have taken root that in a well-regulated asylum no accident can ever occur without affording evidence of want of care and forethought on the part of the responsible officers.

So far has this absurd feeling been carried that, within a recent period, a writer, professedly possessed of the requisite knowledge for his task, has been at the trouble of suggesting that when any patient dies from the effect of a certain class of accident the attendants in charge shall be subjected to the terrors of the law before they have been proved guilty of any offence, or in the absence of such proof; and that in default a victim shall be offered up on the altar of public opinion in the person of the unoffending medical superintendent.

It is needless to say that statements such as these carry with them their own condemnation. But it yet seems important that a record should be kept of such accidents, occurring from time to time in our practice, as suggest medico-legal possibilities, involving grave consequences to the credit of an asylum.

The investigations which have already been made into the condition of the bones in general paralysis tends to the belief that they are much more fragile in that disease than in health, or other forms of mental disease. An accumulation of facts upon this point will materially affect the question of death from apparent violence in such cases.

So, too, recorded instances of unusual accidents, not caused by, but at first sight attributable to, violence, will demonstrate two facts of considerable interest and importance to all those who are connected with asylum management—firstly, that the Superintendent of an asylum is at all times surrounded

* Dr. Baird, "Cyclopædia of the Natural Sciences."

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by the possibility of temporary loss of credit from circumstances over which he can exercise not an atom of control, and that he is, therefore, entitled to a just and discriminating criticism; and, secondly, that attendants upon the insane, while they are neither much better nor much worse than other people, are by no means such murderous and cruelty-loving brutes as sensation-coloured pictures have too often pourtrayed them.

Some weeks since an accident occurred in this asylum which suggested the foregoing remarks.

I was standing at the door of one of the airing courts talking to a patient, when I observed a male epileptic, who was taking exercise, suddenly fall, face downwards, upon the grass. He uttered no cry either before or during the fit which now ensued, but fell to the ground as if lightning-struck. He was, of course, at once attended to. His mouth and nose were bleeding freely; otherwise he appeared to have sustained no injury. In half an hour the attendant asked me to visit him again, as the bleeding still continued; and on examination, I found that the patient had fractured his lower jaw in two places.

Now, suppose this accident had occurred in a large court, thickly planted, or that from any cause the patient's fall had been overlooked for a few moments, and death ensued, what a very ugly combination of circumstances would have occurred; sufficient to justify a coroner's jury in a verdict of death from violence—to wit, a murderous blow on the face.

The facts that several competent persons, to whom I have mentioned the case, have recognised this possibility, and that no case of the kind has, so far as I am aware, been placed on record, must be my apology for the present communication.

Case of Ataxic Aphasia and Agraphia, with Locomotor Ataxia.

By J. Batty Tuke, M.D., F.R.C.P., and John Fraser, M.B.

W. F. C., aged 46, married, formerly engine driver, subsequently a time-keeper and publican, said to have been insane eight or nine months; assigned cause, excessive drinking; stated to be suicidal and dangerous to others; with no hereditary predisposition to insanity; was admitted to Fife and Kinross District Asylum on the 30th Sept., 1871.

It has been ascertained that this patient has been a drunkard all his life. In the year 1850 he was attacked by fits, which, from the description given, were epileptic. They commenced suddenly, were preluded by a sigh, the convulsions

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