technically insane. Hysterical girls and eccentric men, for example, did all sorts of odd things, and yet they were not reckoned insane. They were allowed to go at large, and no question was ever asked as to their insanity. He considered, therefore, that he was justified in taking the ground that the man was not technically insane. He was glad that Dr. Ireland seemed to favour that view of the case. It was a unique case, no similar trial ever having taken place in this country. Dr. Inglis's two cases had been under his care, and he was much impressed with one of them. There was no doubt that the woman was in a state of somnambulism, and that she got into it from the state of wakefulness without going through the intermediate stage of sleep. That was a striking peculiarity which perhaps was not sufficiently brought out. Such a kind of somnambulism was rare, distinctive and more allied to the conditions of epilepsy than that of ordinary sleep. He very much agreed with the Chairman as to the curious effects of pieces of metal and bone. Anything applied in the same way would have the same effect. These cases must be looked at largely from a psychological point of view. After all, what was anæsthesia itself in those hysterical cases but a subjective phenomenon on the part of the patient? He could not bring it within the compass of any known laws of mind, or physiological phenomena, that those substances should have such an effect as was attributed to them. If they admitted such things to be true, there was no homœopathist, and no theory of the veriest quack that ever lived in this world but what might possibly be accepted. They, as scientific men, he thought, should be very sceptical indeed as to such phenomena except as curious psychological studies. As to hysteric epilepsy, he could not doubt, from what he had seen in the wards of the Charité Hospital at Berlin, that such a condition existed, and also from the cases recorded by Dr. Inglis. But they must look at many of them with reference to the subjective condition of the mind of the patient, and not exclusively from an objective point of view. For many of the facts we were indebted to the sensations and conditions of the patient, and he thought that they should scrutinise them very closely.

The CHAIRMAN said he thought that a man who committed murder in a state of somnambulism was not a man to be allowed to go abroad. If the Judge said he should be treated for his disease, why was he not sent to an asylum? The Judge seemed to think that this was a case for treatment, and the asylum was the place for treating cerebro-mental disease. He could have certified that the man laboured under cerebro-mental disease, and left it to the law to issue a warrant or not. He thought that between Dr. Clouston and the Judge the man had got off (laughter). The one would not make him lunatic, and the other would not make him criminal (laughter).

Dr. MCDOWALL said he did not see why a man should be punished for an act which he performed unconsciously.

Dr. RUTHERFORD said that he should be prevented from having the power to do such an act again.

The proceedings then terminated.

OFFICIAL OBSTRUCTION TO MENTAL SCIENCE.

Mr. Cross does not, unfortunately, distinguish between Madame Tussaud's "Chamber of Horrors" and a collection of casts of the heads of criminals taken after death for a scientific purpose. This at least is the only explanation which occurs to us to account for the Home Secretary's instructing his Secretary, Mr. Liddell, to write thus to a gentleman who was refused permission to take a plaster cast of a murderer's head, "I am to add that Mr. Cross has thought it advisable to give directions that the practice of allowing casts to be taken of the heads of condemned criminals should be discontinued." Our eye fell upon this, within a few days of examining the casts which have been preserved in Newgate, and are of great interest. In spite of the many uncertainties of the present day, we thought one thing to be at least certain,

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namely, that there was a greatly increased recognition of the importance of the development of the brain, whether in relation to crime or mental defect. But even this belief proves to be an illusion. Anthropology is deliberately discouraged in one of its most important branches—cerebro-mental science. At a time when a really scientific use is made of crania and casts of heads, the Government decides that the supply shall be cut off from one source at any rate; instead of doing what one would have thought a much more likely course to pursue, to make this practice compulsory, instead of depending, as it has hitherto done, upon private effort. We sincerely trust that this embargo upon so legitimate a use of the scientific materials at our disposal in prisons will be removed, and that the study of criminal pathology will not be retarded by so un-called for a prohibition.

If any one requires to be convinced how much interesting work may be done in this field, he should read a paper by Drs. Crochley Clapham and Clarke on "The Cranial Outline of the Insane and Criminal" in the West Riding Medical Reports, 1876.

A propos of the various forms presented by the head in the insane and vicious, the following letter, written by Dr. Conolly, to Dr. D. Hack Tuke, shows the interest which he took in the investigation. It is dated "Hanwell, Nov. 29th, 1845."

"As regards the prognosis in cases of insanity, I think I can point out certain heads which never get well—a low and narrow forehead being combined with a high vertex inclining backward, and a large occiput. The *approaches* to these heads are all bad; often seen in troublesome young people, and *mauvais sujets*. In such cases I find there is frequently an hereditary taint, and that there has been a wayward childhood, some irregular display of talent, ambition greater than ability, and self-esteem enormous.

"We have many incurable cases at Hanwell with well-developed foreheads; and the recoveries between the paroxysms are in these cases much nearer completion than in others; after years of insanity they are not incoherent.

"In an idiot's brain, carefully examined, we found nothing remarkable but its smallness.

"We have several illustrations of a predominant organ with its natural manifestations, as of Veneration, Love of Approbation, Benevolence.

"I have been paying some attention to our cases of *Paralysie Générale*—so much more frequent in men than in women; and common, I suspect, in classes above my poor people at Hanwell. I find that the subjects of this disorder have generally very good heads, and I have not found the malady incidental to the ill-formed, I have vainly attempted to draw.

"If I could some day have the gratification of walking round Hanwell with you, other observations on the forms of the head might occur."

Correspondence.

ERYSIPELAS IN ASYLUMS.

To the Editors of the Journal of Mental Science.

GENTLEMEN,—Had Dr. Phillimore confined himself to expressing the opinion that "the performer of these operations [post-mortem examinations] may communicate a poison which shall excite erysipelas in those predisposed to it," I would have been content to let it pass as being "too ridiculous." He is, so far as I am concerned, at liberty to hold any opinion he pleases. But when he stated that his opinion was borne out by official returns, it became necessary for some one to state the truth, lest uncontradicted error might ultimately be accepted by the careless and ignorant as fact.

In my former letter I tried to show that Dr. Phillimore was not justified in

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