writing, to sign his name, his amount of emotional language, as expressed by pantomime and many other interesting points, could be ascertained, which would materially assist his physician in determining his medico-legal position and capacity.

QUARTERLY MEETING IN EDINBURGH.

A quarterly meeting of the Medico-Psychological Association was held in the Physicians' Hall, Queen Street, Edinburgh, on Thursday, 14th November, 1878. Amongst others present were Dr. Jamieson (Aberdeen), Dr. Clouston (Morningside), Dr. Cameron (Lochgilphead), Dr. Brown (Cupar-Fife), Dr. Inglis (Morningside), Dr. Clark (Melrose), Dr. Fairless (Bothwell), Dr. Ireland (Larbert), Dr. Rutherford (Lenzie), Dr. Brodie (Liberton), Dr. Bower (Saughton Hall), Dr. McLeod (Carlisle), and Dr. McDowall (Morpeth). Dr. Jamieson in the chair.

PATHOLOGICAL SPECIMENS.

Dr. Clouston showed two cases of cancer of the brain—one primary and the other secondary—a case of syphilloma of the brain, with an erosion through the skull cap, and a case of slow atrophy of a large part of the occipital lobe of the right hemisphere from within outwards, leaving a number of single convolutions as detached islets attached to pia mater, and otherwise floating loose in serum, but with the nerve structure normal.*

Dr. McLeod showed a fresh specimen of apoplexy in a syphilitic brain (see Clinical Notes and Cases, p. 617).

Dr. Jos. J. Brown exhibited and shortly described microscopic specimens of a new and hitherto undescribed deposit in the brain, of which he hoped to give a full account at next meeting.

Dr. Clark showed a brain in which there had existed very extraordinary malformations and changes, and read a most careful description of it.†

Dr. Inglis read a paper on two cases of Hystero-Epilepsy,‡ which gave rise to an animated discussion, chiefly as to the case of Simon Fraser, the somnambulist.§

The CHAIRMAN said that this was a paper that might occasion a great deal of discussion. He was utterly sceptical that a metal put on any part of the body should produce such effects. He thought it was wiser to discredit all that (laughter). They were, however, exceedingly indebted to Dr. Inglis, and he did not want to interfere with his belief (laughter). It seemed to him to be insanity to believe that putting metal on certain parts of the body would cure anæsthesia.

Dr. IRELAND said that somnambulism was an extremely interesting subject—entering into some very interesting connections between mind and body. It had thrown much light on the extraordinary state of double consciousness which had certainly been proved to have actually occurred, by the labour and observations of physicians generally. In regard to the case of the man Fraser, that man had had the misfortune to kill his own child, and the question was raised whether he should be incarcerated for life. The decision of the Court was helped very much by the finding of the Judge, that under certain precautions, such as that he should not sleep with any one, he should be liberated. He thought that there were certain grounds for objection to the finding; but if the other alternative had been taken, and the man locked up all the rest of his life as a dangerous lunatic, he must say that the objections would have been stronger. He read the report in the newspapers; and it struck him that, taking it all in all, and taking everything into consideration, the finding was a

* The description of these cases is postponed from want of space
† This we hope to publish in next No. of the Journal.
‡ See "Edinburgh Medical Journal" for December.
§ See October No., p. 451.

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merciful and a just one. He was aware that there was room in this case for great difference of opinion. He thought that the connection between epilepsy and somnambulism could not be doubted. He had seen cases of somnambulism, and they were generally united with epilepsy or other neurosis. He had a case of somnambulism that took place during the day, but it did not possess any features of very marked interest. He must say that he doubted the statements about the wonderful effects of metalotherapy. It appeared that they could by means of metal discs remove anæsthesia, and what was more wonderful they could remove disease from the affected to the sound side. Whether that was an advantage or not he did not know, because he thought that patients would be ready strongly to object to this mode of cure. Dr. Inglis found that a bone did as well as a piece of metal. Dr. Hogarth's metallic "tractors" were at one time in great demand, and many other things had been supposed to have some magnetic power when held near a limb. The thing lasted for some time, and got considerably in vogue, till it was shown that bits of painted wood would do as well.

The CHAIRMAN—And tobacco-pipe stoppers (laughter).

Dr. IRELAND said that he was afraid that this discovery would have the same end. He once saw a very remarkable case of somnambulism himself in India, during the siege of Dehli, the result of which might have been even far more disastrous than in Fraser's case, but the details of which he did not think it would be prudent to publish at present, as the person to whom it referred was alive and held a position of some trust. One feature of the case was that the individual was occasionally seized with fits of laughter, and would laugh for an hour at a time.

Dr. CLOUSTON said that he made a careful examination of the man Fraser, and he wished to state his own view of the case, which he gave in the Court, and which was favoured by the Judge. Fraser was a man, as described by Dr. Yellowlees in the October No. of the Journal, of somewhat under the ordinary intelligence; but still he was a man who, in his position in life, had done his work well. He had never attracted particular attention, and he was a social, kindly man, who had made friendships; and the narration by the man himself of the whole circumstances of killing his child, and his obvious honesty in everything that he told connected with it, impressed him very strongly, and made him come to the opinion that it would have been a very hard thing to have considered this man as technically insane, and to have sent him for the rest of his life to Perth Penitentiary. As it seemed to him, the case was one that was not to be considered as technical and legal insanity. While he was conscious—during his waking hours—he was perfectly sane. He only got into an abnormal condition of brain when he was asleep. That it was a morbid psychosis he was not inclined to deny; but that it should take its place alongside the insanities, or that it should be regarded legally as insanity in this particular man, when all the other somnambulists who were liable to do the same kind of thing were reckoned sane, and not interfered with by the law, he did not think was just and right. No one had yet been able to draw any scientific or real distinction between his case and the ordinary somnambulism which is so common at puberty.* Till this was done, Fraser could not be reckoned as insane. If the law had hitherto made no provision for the proper care of such a man, it was not his business to strain theories as to insanity in order to look after him. The Crown Authorities were no doubt anxious that that should be done. They had the safety of the public to look after, and would have been glad to have sent the man to Perth; but it appeared to him, and apparently to the Judge, that it was a straining of the existing law to make him as technically insane, and to have treated him as such. He thought that the close connection that the disease had hereditarily and psychically with epilepsy did not prove that it was that disease or that the man was

* Even Dr. Echeverria in his most able, original and exhaustive Article (Originals, p. 565), has failed to do so.

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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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