Many of these appearances are identical with those described in connection with general paralysis, but until I have examined the spinal cord in other cases of a similar nature I must refrain from arriving at a conclusion as to the true pathology of this disease.

Sane or Insane? By F. NORTON MANNING, M.D., Inspector-General of Insane in New South Wales.

A. B., a prisoner with two or three aliases, aged 40, strongly-built, of short stature, with dark complexion and pock-marked face, was admitted into the observation ward at H.M. gaol, Darlinghurst, early in August, 1884, with the following history. He had served one sentence certainly, and perhaps more, in the neighbouring colony of Victoria, was reported to be an old offender, and was sentenced to seven years for arson in U.S.A., in March, 1884. He was sent at once to undergo the usual nine months' solitary and separate treatment with which all long sentences commence in Berrima—the special gaol set apart for this—and at the beginning of May was reported by the visiting medical officer of that gaol as unfit for this treatment, because he was an epileptic.

Late in June—some delay having occurred owing to the closure of an old and the opening of a new gaol—he was sent to Goulburn, where the prisoners sleep and work in association; and from there he was sent to the observation ward above mentioned, with a report from the visiting medical officer that he suffered from frequent and severe epileptic fits, that his mind was becoming affected, and that he was at times violent and troublesome.

The observation ward is set apart by Statute for the special care of prisoners showing symptoms of insanity whilst undergoing sentence; and before any prisoner can be removed from it to the asylum for insane criminals, one of the medical certificates must be signed by an officer of the Lunacy Department.

After a short residence in this ward, the medical officer reported that the prisoner was exceedingly violent and troublesome, and requested that he might be specially examined with a view to being sent to the criminal asylum. I undertook this duty myself, and I signed one medical certificate—the other being signed by the medical officer of

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the gaol—on the following grounds. The man was reported as epileptic by two gaol medical officers, each after somewhat lengthened charge of the case. I saw a very curious and incoherent letter written by the prisoner, in which there was repeated mention of Dr. Dick, formerly medical superintendent of Yarra Bend Asylum, and now inspector of asylums in Victoria, from which colony the prisoner came to New South Wales, and which led to the inference that the prisoner had been in one of the Victorian asylums. In the same letter was a statement that prisoner was entitled to considerable property by the death of his uncle, the under-secretary of one of the Public Departments, a gentleman who was still alive, and denied all consanguinity. The prisoner, at the time of examination, had two bad black eyes, received in a fight with one of his fellows. He was reported as extremely and suddenly violent, so turbulent as to keep the ward in disorder, and when quiet morose, sullen and taciturn. I found his memory apparently impaired, his answers were inconsequent and rambling, and the delusions mentioned in the letter were repeated. His manner was sullen and angry. He was very uncommunicative, and I could gather no information from him as to his history in Victoria. There was, in addition, the evidence of the warders and fellow prisoners that he was noisy and sleepless at night, and for two nights at least had slept scarcely at all. The warder in charge, a man of considerable experience and intelligence, believed him to be insane, and, with the medical officer, was anxious for his removal owing to the great trouble he caused. It should be stated that he was not noticed to have any fits whilst in the observation ward, a period of 12 or 14 days. The strong points in the case were the sequence of symptoms: the violence, loss of memory, &c., following epilepsy, and the sleeplessness.

The prisoner was transferred to the asylum for insane criminals at Parramatta, and for some time no doubts were raised as to his mental condition. The case-books describe him as silent and sullen, liable to outbreaks of violence, occasionally aggressive, and as having delusions—among them being that his clothes were poisoned, and that they were worn by the attendants. Later on he is described as quieter, better tempered and more amenable; and then, after more than four months' residence, a suspicion that he was malingering was expressed. It was noticed that he could talk sensibly and at length to the more intelligent patients, but was reticent with the attendants; and when specially ex-

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amined by the medical officer, appeared dazed and stupid, and spoke of a number of delusions. He slept well, and it was remarked that he had not had an epileptic fit since admission. The suspicion was strengthened by further observation, and by some information which reached the medical superintendent, Dr. Godson, that he was, with another patient, planning an escape. A special report was made to me on this subject, and I examined him on March 2nd, with the medical superintendent and the assistant medical officer present. In his anxiety not to be sent back to gaol he overdid matters, and, in answer to enquiries, stated that he did not know his crime, his sentence, or how long he had to serve, and was unaware that he had ever had fits. His expression was heavy, and he evidently wished to appear demented. The interview taken in connection with Dr. Godson's reports left no doubt in my mind that he was malingering, but I thought it advisable before directing his return to gaol to make further enquiries as to his prison history.

Two days after my examination he attempted the escape, for which all arrangements had evidently been planned at the time of this examination. He had sawn through the iron framing of his window, replaced the piece sawn out by soft putty used for mending a broken pane, arranged how to get clothes, and, in fact, displayed very considerable cleverness; but it was defeated by his inability to get through an outer grating, a feat which a less muscular man could have managed, and by his inability to file away this—even if he then possessed the saw, which is doubtful—owing to an additional night attendant being on duty close at hand to frustrate the attempt. When he failed to get away, he replaced the sawn frame with putty, and in the morning accounted for scratches and bruises on his legs and body—evidently caused by a desperate attempt to squeeze through the too narrow opening—by the statement that he had *had a fit in the night*. When shown the sawn frame and asked for the saw—which was evidently of the finest kind, and was never discovered—he was evidently much chagrined, and broke out into violence and abuse.

A closer examination of his prison history and papers disclosed the following facts. The arson of which he was convicted followed an insurance on a small house, which had been effected with considerable cleverness; the risk having —owing to his adroit management—been taken by the insurance officer without any preliminary examination of the premises. There was no evidence of any epileptic fits until

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an attempt to re-open his case and to get his sentence commuted, on the ground that he had not been able to call important witnesses, had been made by him and had failed. Neither of the medical officers at Berrima or Goulburn Gaols had seen him in a fit, but had taken the reports of warders and prisoners. Dr. Dick had no knowledge of him under any of his aliases, or from his description, and though he was known in the Victorian prisons it seemed certain that he had not been in any asylum there. A re-examination of the letter containing Dr. Dick's name seemed to render it almost certain that it was written "with intent to deceive." For some days after his attempt to escape he was angry and sullen, but he recovered his spirits, talked to the attendants, and seemed to think the matter had blown over. On March 2nd he was sent back to Darlinghurst Gaol, and reported as a malingerer, and thirty hours after, he committed suicide by strangulation.

At the inquest the medical officer of the gaol stated that he closely examined B. on his return, and considered him sane. In the course of conversation he informed him that he was considered to be a malingerer, advised him to behave properly and not to give trouble to the gaol authorities, and warned him that any further misbehaviour would lead to punishment. The prisoner, who promised to give no trouble, was placed in a cell about 12ft. by 8ft., with two others, and about seven p.m. these two were alarmed by a choking sort of noise, and on examination found Barry with the rope of his hammock round his neck, and the end of it fastened to the eye in the wall used for slinging the hammock. Assistance was summoned and the rope removed, when the prisoner grumbled and said he was all right. His hammock and bedding were returned to him, and he appears to have slept. In the morning he was reported as malingering, and after a re-examination by the medical officer, who saw nothing to induce him to think him insane, was placed in a cell by himself to await punishment, after examination by the Visiting Justice. He was seen repeatedly during the day by the dispenser and other officers, took his food, and spoke rationally. His hammock and bedding were given to him at quarter past four p.m., and at quarter past five he was found dead, the cord of the hammock round his neck, and the end fastened to the bar of the iron gate of his cell. The opinion of the whole of the prison officials was that he had not intended to kill himself, but that on both occasions his intention was to keep up the idea that he was still insane.

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They pointed out the fact that the attempt made at seven o'clock at night, with two other people in a cell 12ft. by 8ft., and so close as to almost touch him, was certain to attract attention, especially at that early hour, and that there had been no further attempt during the night, when, the other prisoners being asleep, it might have been more successful, and they showed also that the attempt which resulted in death would probably not have succeeded except for an accident which disturbed the gaol routine and postponed the usual official visitation from a little before five to a quarter past five o'clock—their view being that he put the rope round his neck a little before five, knowing the gaol routine, and expecting to be visited at or about that time.

This may have been the case, but on a consideration of the whole circumstances I am inclined to think that the suicide was deliberate and intentional; that, being a man of great determination of character, finding himself back again in gaol with six years more to serve, with all his labour and pains thrown away, and all chance of escape or of mitigation of sentence gone, he simply "threw up the sponge," being at the time thoroughly responsible for his actions.

The Coroner, who, in the course of the enquiry, remarked that suicide was no proof of insanity, summed up at its close with cynical brevity, and told the jury that whether the man was sane or insane mattered very little; the only point they had to consider was whether he hanged himself or somebody else hanged him, and the jury promptly found a verdict that he hanged himself.

It need hardly be said that the task of reporting this case is not a pleasant one, since, whether the man was sane and a malingerer, or insane and irresponsible, it is quite clear that I committed a grievous mistake. It is of course possible that this man was insane when certified, and that the malingering commenced only in the asylum after convalescence, and when he saw that the chances of escape were greater there than in gaol, but I cannot adopt this view. In the view that I now take, this mistake consisted in certifying to insanity without such full and deliberate examination as was necessary, and in accepting evidence of epilepsy without full enquiry. It is always advisable to make at least two examinations of insane prisoners before certifying, and in acting in this case after one examination I departed from a usual custom. The evidence as to epilepsy in these cases should consist of the direct testimony of a skilled witness. The length of time for which prisoners will keep up sham

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epilepsy, the completeness with which they will imitate the phenomena of the attacks, and the sufferings they will undergo to carry their point, are well illustrated in a case admirably told by Dr. Carlos MacDonald in the "American Journal of Insanity" for July, 1880. The fact that suicide is not inconsistent with sanity is curiously illustrated by a case which occurred in Sydney within the last few days. A middle-aged, intelligent artisan, a confessed "free thinker," who had repeatedly when in good health asserted that he would commit suicide rather than suffer a lingering death, was admitted into one of the general hospitals with dropsy due to hepatic and other mischief. During a residence of two or three weeks there was not the smallest reason to think him otherwise than thoroughly sane and intelligent, and his ailment did not in any way seem to affect his mental condition. At the visits of his wife he discussed the chances of recovery, told her quietly that if he ascertained from the doctor that his case was hopeless, he should commit suicide, and said he had thought of asking her to bring him a pistol, but considering that this would be a cruel shock to his fellow-patients in the ward, he would not adopt this method.

One day, soon after this conversation, he learned on enquiry from one of the resident medical officers that his case was a hopeless one. He watched his opportunity, went out on to a balcony outside the ward, which was on the second story, deliberately flung himself over on to some stone steps and broke his neck.

CLINICAL NOTES AND CASES.

Case of Moral Insanity or Congenital Moral Defect, with Commentary. By D. Hack Tuke, M.D.

Read at the Annual Meeting of the Medico-Psychological Association, held at Cork, Aug. 4, 1885.

When I was at the Kingston Asylum, Ontario, last August, a male patient had just escaped from the institution, and made a criminal assault upon a little girl in the neighbourhood. From the inquiries I made, I found that the case was one of much interest in its bearing on moral insanity (or imbecility), and I was allowed to read the notes in the well-kept case-book of the asylum. Dr. Metcalf, the medical superintendent, has very kindly permitted me to make use of them,

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