question—will have to be considered, and possibly guidance or control might be given to the publican.

The publican, however, is licensed to supply the reasonable needs of his customers, and it would seem right that on the publican should rest the burden of disproof of having aided in producing drunkenness and any resultant crime. If, for example, a drunkard or drunken criminal is proved to have come from a public-house, the licensee of that public-house should be held responsible for the drunkenness, unless he can prove the contrary.

The publican's responsibility must be recognised in the most definite and legal manner, as a necessary antecedent to any real reduction in the amount of the drunkenness and resultant crime in this country. The continuance of the existing licensed production of crime cannot but be considered as a disgrace to our age and civilisation.

The Correlation between Sexual Function and Insanity and Crime.

From the earliest period of medicine a connection has been supposed to exist between the generative activitives and the processes of thought. Perhaps to some degree the perception of this connection was in early times due less to observation than to a fanciful association in the mind of the thinker between the two great functions which seemed the most mysterious belonging to our organisation, and which seemed to have in common a certain portion of the divine attribute of creation. And so we find the Egyptians worshipping the generative impulse under various forms, while the Greeks believed that the nymph Memory was the mother of the Muses (various types of mental activity) by Zeus himself.

In later days more substantial reasons have been found for associating disturbances of the generative organs, particularly in women, with abnormal states of cerebral action. The accomplished outgoing president of the British Gynæcological Society, Dr. Macnaughton Jones, dwelt upon this subject in his valedictory address delivered on January 11th. Dr. Macnaughton Jones has been for some time collecting statistics

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in relation to the connection of insanity with diseases of women, and has brought to the investigation a very extensive experience as a gynæcologist and as a general physician. Dr. Jones appears to have gone into the question with care, considering how morbid impulses originating through the process of menstruation in the various groups of a woman's pelvic nerves can find their response in reflected neuroses in other organs, and thus influence the coherence and stability of her nervous acts; considering also "how the normal fulfilment of ovulation with menstruation developed for the time being erotic impulses," and led eventually to "distorted mental visions and erratic moral acts, vulgarly called crimes, which the woman was helpless to evade or subdue." Having discussed these and kindred topics, and reviewed at some length the correlation of disease of the sexual organs in women with varying degrees of mental alienation, Dr. Macnaughton Jones concludes that this correlation is a point to be taken into serious consideration in dealing with the insane, that careful physical examination should be made when there is any reason to suspect disease of the uterus or adnexa, and that full weight should be given in considering criminal acts committed by women to the condition of the menstrual functions, or to the coincidence of such acts with the menopause. The greatest care is required to anticipate insane impulse and to prevent suicide and crime in the case of women who manifest symptoms that are due to a correlation between disorders of sexual organs and mental instability.

The views of so experienced a writer as Dr. Jones are always worthy of respect, and we are always glad when an earnest worker in another branch of medicine deals with those difficult subjects that form the boundaries of our specialty. The obstetric physician must often have opportunities for seeing slight mental disturbances which do not come under the eye of the alienist, and he very often has chances of studying incipient insanity which are denied to the man whose work is chiefly within asylum walls.

Nevertheless we are a little disappointed with the result of Dr. Jones's studies. If we are to judge from the abstract of his address which has appeared in the *British Medical Journal*, it cannot be said that he has done more than add his own valuable observations to those of many others as to the correlation which he dwells upon, and which undoubtedly exists. He

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does not seem to aid us in comprehending the connection. As to questions of operative interference, we hold that the same rules guide gynæcological operations in the sane and in the insane. Many alienists have entertained the highest hopes of obstetric aid in the mental diseases of women, and have in the great majority of individual cases been much disappointed. We are bound to put our patients in the best circumstances (gynæcological and other) for recovery, but we have to remember that we are not dealing with a disease which runs its course like a fever, but with an affection which, whatever its origin, is often essentially degenerative in its course. Again, there is another matter to consider. Affections of the female sexual organs are of such enormous frequency that it is difficult to understand how they can alone produce insanity in many cases. There must surely be in the majority of instances a *tertium quid.* Akin to this consideration is the reflection that affections of the sexual organs often seem to produce their effect upon the brain indirectly, that is through the mind. Thus the distress produced by sterility may be of a very complex nature, and may even lead to insanity (it is, by the way, a common cause of suicide among Oriental women), which we would no doubt be wrong to attribute solely to a reflex from trouble of the nerves of generation. Similarly mere vexation at the well-marked entry upon old age which the menopause is held to connote is sometimes a factor in producing depression at the climacteric period.

Aphasia and Will-making.

The difficulties which attend the making of a valid disposition of property by an aphasic are well known, and have attracted much attention. At the meeting of the British Medical Association in Edinburgh in 1898 the subject was very carefully discussed. Dr. Byrom Bramwell dealt exhaustively with it. Dr. Clouston proposed as a test that in every case where there was agraphia "the contrary case" or another disposition from the one apparently desired should be put, so as to secure not only an affirmative assent, but a negative dissent by the testator.

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