A. W—, female. Patient has shown decided improvement. She was extremely irritable, quarrelsome, constantly annoying and interfering with the other patients, and at all times dull and morose, taking no interest in herself or anything else. Since commencing special treatment she has become more intelligent and generally more accessible. She now works and assists in the ward.

R. K—, female, and H. Y—, female. Both these patients prior to the administration of coll. brom. frequently had violent bouts of excitement, requiring their removal to a padded room. Since commencing special treatment they have both become quiet and generally more amenable. No recurrence of maniacal phase.

J. C—, male. Prior to treatment patient was quiet and attracted little notice. Since administration of coll. brom. he has become extremely irritable, quarrelsome, and generally difficult to manage. He is at times violent, and will attack other patients on the least provocation. The average number of fits occurring per month have been reduced by 50 *per cent.*; but in spite of this diminution patient's mental condition, viewed as a whole, appears to have become worse.

K. W—, male. This patient showed a curious reaction following the taking of coll. brom. Within a fortnight of the administration of the drug he passed into a stuporose condition, lying in bed apparently oblivious to everything. He was mute and resistive, refusing his food and requiring to be fed with a stomach-tube. Formerly clean in his habits, he would now pass urine and fæces in his bed. This state continued for several days. During succeeding weeks he lost weight considerably, and became very thin and ill-nourished. Whilst being tube-fed the collosol bromide was withdrawn, but as soon as he began to take his food again the drug was continued. After some days he commenced to speak, became clean in his habits and was allowed to get up. He then gained weight and is now approaching his normal previous physical state. Mentally he appears to have deteriorated; whereas previously he was bright, cheerful and amicable in disposition, he is now sullen, morose and inaccessible. This patient has no history of a stuporose state similar to that which ensued apparently as a sequela of the of the taking of the drug.

R. R—, female. Prior to commencing special treatment this patient was quiet, unobtrusive, and attracted little notice in the ward. She has now become excited, hostile, abusive and pugnacious. Her untrustworthy character necessitates constant supervision on the part of the staff.

E. C—, female. This patient has certainly become more irritable and troublesome since the administration of the drug. Previously quiet and tractable, she is now hostile and abusive, requiring much tact and persuasion to do anything that is required of her.

M. O—, female. The use of coll. brom. in this case appears to be partially responsible for the production of a vivid auditory hallucinosis, which has not previously been noticed during the period she has been in hospital under observation. The "voices" to a large extent govern and determine her conduct. She has become impulsive, querulous, and adopts a hostile attitude towards both patients and staff.

The remaining eighteen cases show no appreciable change either mentally or physically, except, as in the above cases, there has been a decrease in the number of fits.

Medico-Legal Notes.

THE following account of an interesting case is extracted from the *Rhodesia Herald* of January 19, 1923.

Josephine Hennesey was tried on a number of charges of larceny to which she pleaded "guilty." The facts were, substantially, un-

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disputed. There had been a long series of thefts from various houses during a period of eighteen months.

For the defence it was urged that there had been no attempt to profit by the sale of any of the stolen articles; that in every case there were articles, in the same room, of much greater value than those which were purloined; that the risk run by the prisoner was out of all proportion to the value of the stolen articles; that there had been little attempt at concealment of the thefts; and that, although many of the stolen articles consisted of wearing apparel, in most instances, the prisoner had made no use of them. No plea of "insanity" was set up. But the advocate for the defence urged that this was a case of true "kleptomania." He quoted certain books which have been written on this subject. He called no medical evidence. But he suggested that there was "repression," arising from a sex basis. No precise details were given, but there seems to have been some trouble between the prisoner and her husband, perhaps connected in some way with the fact that the woman was childless. It was further urged that, in such a case, imprisonment was likely to damage the culprit's mental condition still more.

The magistrate, in giving judgment, said that he was bound by previous decisions. He laid down that South African law recognized no distinction between various forms of mental aberration or defect, and that the same tests of legal responsibility must be applied in every case. He stigmatized the theory of repression as "startling," and said that he was unable to apply it. He sentenced the woman to a fine of £25, or, in default, two months hard labour. The money was paid.

The case is of some interest, inasmuch as it is one of the first instances in which these newer psychological theories have been raised in a court of law as explanations of an offence. That the magistrate declined to recognise the validity of this explanation will occasion no surprise. An English judge would certainly have acted in the same way. But that these theories are discussed in court is at least an indication of the direction in which opinion is tending.

James M'Ilveen Abbott, æt. 21, was brought before the High Court at Glasgow on May 2, 1923, charged with the murder of John Tennant Bell. Lord Sands was the presiding judge. The allegation in the case was that on February 15 the accused, who was an apprentice in the works of which deceased was the manager, struck deceased on the head with a hammer, causing a fracture of the skull, an injury from which he died a week later. The accused was stated to have on two previous occasions committed an unprovoked assault upon

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another apprentice. On the day of the alleged murder the prisoner had committed a similar assault, and for this he was told that he would be dismissed. These allegations were not investigated at the trial; for at the outset a special plea of insanity was entered, it being said that the prisoner was unable to instruct counsel, or to understand the nature of the charge brought against him, and so was unfit to plead to the indictment. Evidence was called on this point.

Dr. Gilbert Garrey, Medical Superintendent of Duke Street Prison, Glasgow, stated that he had the prisoner under constant observation since February 19. He had ascertained that there was a history of insanity in other members of the prisoner's family. The witness made a report on March 20, to the effect that there was evidence of abnormality in the prisoner, but not enough evidence to regard him as insane. Later on, Dr. Garrey altered his view. He described the prisoner's lack of attention, apparent lack of continuity of thought, the presence of cutaneous anæsthesia, and other points. He considered that the prisoner was insane, was getting worse, and was unfit to plead. He said that the prisoner might understand that he was charged with murder, but that he would not appreciate all that this meant. Dr. Garrey was cross-examined by counsel for the prosecution, and this occasioned a protest on the part of prisoner's counsel, who urged that the prosecution should not be allowed to treat a medical officer of the Crown as a "hostile witness." The details as published in the newspapers do not, however, suggest that the cross-examination was such as could be reasonably taken exception to.

Dr. Ivy Mackenzie, Physician on Nervous Diseases to the Victoria Infirmary, Glasgow, and Physician to the Glasgow Board of Control for Mental Diseases, had examined the prisoner on four occasions, the first of these being April 9. She was of opinion that the prisoner was insane and unfit to plead. She described certain automatic repetitions in the prisoner's conversation, and said that the prisoner's impulses might have homicidal results. She also said that there were blanks in the prisoner's memory. An interesting question was raised by the judge as to whether a man who had killed another while in a state of acute mania, and who had recovered, was not fit to give instructions for his defence and to plead to the indictment, although he might have no memory of the commission of the crime. The witness agreed with this view, but did not think that the circumstances were similar in this particular case.

Dr. R. M. Marshall, medical specialist to the Glasgow Educational Authority, had examined the prisoner upon two occasions, the first having been on March 22. He gave evidence similar to that of Drs. Garrey and Mackenzie.

There was also evidence from the prison governor of peculiar

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conduct on the part of the prisoner while he had been in custody. And, judging from a very full report in the *Kilmarnock Standard*, the prisoner's indifference to and apparent failure to comprehend the proceedings in court was obvious.

All the above evidence would indicate that the case is one of dementia præcox.

On the other hand, Prof. Glaister, of Glasgow University, was called for the Crown. He had examined the prisoner on April 7, and on the morning of the trial. He stated that he found the prisoner in good health and physical condition, and that the prisoner had given him a complete and coherent history of his past life. Prof. Glaister considered that the prisoner was not of unsound mind, and was fit to plead. Such differences of expert view are unfortunate. But it is not easy to see how, under any possible system, their occasional occurrence can be avoided.

The judge took the view that he must accept the views of the three experts as against that of the one on the other side. He considered that it would be unsafe to proceed to trial, and sustained the plea of insanity. The usual order for the detention of the prisoner " during His Majesty's pleasure " was made.

The Scottish procedure in these cases, which is governed by the Lunacy Act, 1887, Sect. 87, differs in one important respect from that in use in England. The English procedure is that a jury is specially empanelled to try the issue of the prisoner's fitness to plead. In Scotland the judge decides this issue. The Scottish procedure seems to us to have advantages. An English jury in such cases always seems puzzled by the unusual and unexpected issue put to it. And, in practice, the jury in these cases decides as it is directed by the judge.

The points which have to be considered when forming an opinion upon an accused person's fitness or otherwise to plead appear to be the same in Scotland as in England, and were discussed in some detail in an article published in this Journal in October, 1916.

John Henry Savage was tried at the Edinburgh High Court on May 21, 1923, before the Lord Justice-Clerk. The prisoner was charged with the murder of a woman named Grierson on March 14 by cutting her throat. The facts as to the murder do not appear to have been disputed. And the defence set up was that of insanity.

So far as the account of the trial published in the *Scotsman* goes, there does not appear to have been any motive alleged for the crime. The murder was committed in the early hours of the morning. Prof. Harvey Littlejohn saw the accused on the same day, and

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found him to be recovering from the effects of drink. He also saw him on March 21 and 27, and found no signs of mental disease or abnormality.

Two witnesses were called for the defence. The first was a man who had known the prisoner for many years, and who gave evidence that he was peculiar, and sometimes violent, when under the influence of drink. On one occasion the accused had shaken hands with the witness, and, at the same time, had struck him on the head with a poker. The second witness was Dr. M'Alister, Deputy Physician-superintendent, Craighouse, who had examined the accused on May 16. He was of opinion that the accused was not responsible for his actions at the time of the crime. No further details were given.

The judge, in summing up, dealt with the defence of insanity. He said the jury would have to ask themselves, "What is insanity?" He proceeded to say that no two doctors would agree upon a definition, and admitted that "insanity" is a legal rather than a medical conception, by directing the jury to decide the question as "men and women of the world." He considered that, although there was evidence of eccentricity, there was nothing which would lead them to regard the prisoner as insane or irresponsible.

But the judge left another question to the jury: "Even if the prisoner has not proved that he was insane at the time, has he proved that his mental condition was such as to reduce his crime from murder to culpable homicide?" That there might be such a state of mind he held, on cases cited, to be an established doctrine in the law of Scotland, although it was a comparatively recent doctrine. It would appear likely that the judge referred to the question of the effect of alcohol on the power of forming an "intention." On this matter high legal authorities have given somewhat divergent rulings. And to leave obscure questions on "intention" to such a body as a jury does not seem quite satisfactory from a scientific point of view. That the judge referred to "a comparatively new doctrine" would seem to indicate that the Scots courts, like those in England, are not satisfied with the present state of the law on this question of "responsibility," and regard it as being in process of alteration.

Ultimately the jury found the prisoner guilty, and he was sentenced to death.

George Stephen Penny was tried at the Central Criminal Court on June 6 and 7, 1923, before Mr. Justice Swift, and his case presented several features of interest.

The prisoner is 37 years of age, and was a schoolmaster. It was alleged that he threw his child, aged 3 years, from the balcony of his

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flat on April 7, thus causing her death; and that he had also attempted to throw his wife, and had actually thrown himself, from the balcony. The defence set up was that of insanity.

At the close of the case for the prosecution, counsel for the prisoner took the course—very unusual in cases in which insanity is the line of defence—of putting the prisoner himself into the witness-box, thus exposing him to cross-examination. The prisoner stated that his grandparents were first cousins, and his parents second cousins; and he described the existence of a considerable amount of mental instability in his family, two aunts having been afflicted mentally, his father having been peculiar, and his mother having twice attempted suicide. He had been in the clutches of money-lenders for the past eight years. He had contracted malaria during the war, and this recurred annually in spring and autumn. Two days before the tragedy he had contemplated killing his wife and child. He had also contemplated suicide, and had procured poison for that purpose, but found that he could not "screw himself up to do it." He described a sense of "tension" on these occasions. In spite of constant prayer his financial difficulties increased, and he considered that this indicated Divine disfavour. On the morning of the tragedy he felt "as if his head was going to burst." He heard something say distinctly, "Now's your chance." He remembered taking hold of the child. A "purple haze" then came before him, and he remembered nothing else. He had no recollection of throwing either the child or himself over the belcony. He had had no return of these impulses since.

Dr. Norwood East, medical officer of Brixton Prison, supported the defence of insanity. While at Brixton the prisoner had been depressed, and careless as to the result of his trial. Dr. East was of opinion that the prisoner was suffering from confusional insanity at the time of the act.

Dr. F. H. Edwards, of Camberwell House, also gave evidence for the defence. He expressed the opinion that Penny was suffering from exhaustion psychosis in the earlier part of this year, malignant malaria having been the predisposing cause. He considered that the exhaustion psychosis culminated in confusional insanity at the moment when Penny saw the purple cloud. He considered that at the time he seized his wife Penny intended to kill himself and his child as well, but that at the time he threw the child over he did not know what he was doing. He would expect a man falling 36 feet to have concussion, but the fact that Penny's memory was clear so soon after he had seen the purple cloud indicated confusional insanity rather than concussion. Penny's memory, when it returned clearly, had reference to his wife. Dr. Edwards felt that Penny's first

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thought on waking to consciousness would be an echo of his last memory, whereas, had he had concussion, the period before his last sleep would probably have been the first thing he remembered. The visual hallucination was a condition which was also found in epilepsy, but he had eliminated epilepsy in this case. He considered that persons "seeing red" were temporarily of unsound mind. He thought that the prisoner would not have thrown the child over the balcony had he realized his act. Before the act he would have certified Penny as insane.

The Judge, in summing up, commented upon the peculiar and important character of the case. The jury had to be satisfied that, at the time of the offence, the prisoner was insane in the legal sense. He said that there was no doubt that Penny was perfectly sane when he made up his mind to kill his wife and child, and the theory of the defence fell to the ground unless they believed Penny's account of what happened. He suggested that Penny had probably impressed the jury as being a man who tried to tell everything and who had succeeded in so doing. And he commented upon the simple and unemotional way in which Penny had given his evidence. Ultimately the jury returned a verdict of "guilty but insane," and the usual order for detention was made.

But there was one point in the Judge's summing-up which has to be considered quite apart from this case. According to one newspaper account, he is reported to have made use of these words: "It is perfectly obvious that a man might be sane one minute, insane the next, and quite sane again the third minute." We presume that he was alluding to the legal criteria of insanity—the "knowledge of the nature and quality of the act," etc. If these words of the Judge have been correctly reported, and if by them he was laying down a general rule, and was not merely referring to the defence set up in this particular case, it is clear that they constitute a very wide extension of the ordinary legal view of "responsibility." Examples of morbid impulses, sometimes of a homicidal character, to which this ruling would apply, are, of course, not uncommon in the experience of alienists. But, hitherto, such morbid impulses have not been generally recognised by lawyers as an explanation of crimes committed under their influence, although some scientific students of the subject have felt that this lack of recognition was a defect in the law.

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