ment was begun about three weeks since. The temperature of the warm water circulated was 120° Fahr. The hair had not been removed from the head of this patient, as had been done in the other case.

Case of Sexual Perversion. By Dr. URQUHART, Murray Asylum, Perth.

I present notes on a case of sexual perversion with some diffidence in entering on particulars which are specially disgusting. It is one of a class which has been described at great length in a special treatise by Krafft-Ebing, and which is of interest from a medico-legal point of view.

The common sot destroys his mental functions by his inveterate habit, which might well have been kept in check at the beginning of his vicious career, and similarly, no doubt, the person about to be described could have kept in a decent course of life but for the domination of his vice daily reiterated and flourishing apace by reason of his congenital and accidental defects and injuries.

The young man (No. 666) referred to had a bad heredity. His father was dissipated, and, in consequence, died young. His mother acquired venereal disease from his father while pregnant with him. The only sister was most immoral, but the only brother remains respectable.

In boyhood the patient fell over a staircase and injured his skull. He was picked up unconscious and bleeding at the ears. Since that time his mother noticed a change in his conduct. At school he was a confirmed masturbator, and he early showed a preference for the society of male children, to the disgust of his brother. He had an easy occupation in London, which caused him to be out a great deal in the open air.

Some years ago he began indecent habits towards boys, but denies sodomy. He latterly felt that no boy was safe in his company, and the "fearful joy" of his indecency became overmastering. He consulted a doctor for sexual weakness, and got tonics which increased his misery. His feelings towards women were perverted, and attempts at sexual connection were fruitless. Improper advances made by a woman filled him with disgust. His misery was increased when he heard that the police were making inquiries about him, and he eventually obtained poison to kill himself. In despair he went to a London physician and told him part of his story. The immediate result was his admission to Murray's Asylum as a voluntary patient.

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He was then found to be in a fairly good physical condition; small, but comparatively well-developed; height, 5ft. 6in.; weight, 9st. 7lb.; age 26; complexion sallow, with a smooth, soft skin; beard moderate; expression anxious and effeminate. The cardiac sounds were somewhat enfeebled, and the left optic disc slightly congested. His manner was nauseous and unmanly. He said that he felt better since arrival, because he had someone to lean on; that he had decided not to destroy the temple of God by committing suicide, and so on. His life was detailed at great length and with disgusting fidelity. In a few days a detective arrived from London, and removed him to stand his trial for indecent practices.

After removal to London his solicitor asked me for a report on the case, with the view of doing the best for his client. Now, on reference to Krafft-Ebing's monograph, it is laid down as fundamental that in such cases of sexual perversion the normal feelings are either abrogated or minimized. In this case he was decided in his abhorrence of women, and thus presented this leading feature in the thesis of the Austrian author.

But if we consider the case from the point of view of the offender, who is to undergo punishment for his misdeeds, we find that the plea of insanity would in effect carry a more serious retribution than the ordinary award of the law. Broadmoor for at least five years is certainly less endurable than the maximum of two years' hard labour.

The legal mind, therefore, advised the plea of "guilty" with extenuating circumstances. These circumstances have been detailed already—the hereditary influence, the injured skull, and so on. On the one side my report was urged on the Judge as a document worthy of consideration; on the other side the Crown prosecutor contented himself with asking if I could certify and detain the patient as being "insane." Of course, a reply in the affirmative in the strictly legal sense was out of the question, and the most that could be urged by the patient's counsel was a remark on the difference between the legal and the medical view of insanity. The Judge thereupon asked, "But what is to be done with him? If he is discharged from this court and cannot be detained as a lunatic he will be here again shortly with another filthy experience."

So the rough and ready "justice" of the law courts awarded this man a year's imprisonment with hard labour.

If we accept Benedikt's idea of "proved dangerousness," and retain such a case in custody while his habit is likely to continue dangerous to society, there will be much work for architects and doctors and their subordinates. The ratepayer

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would groan under the burden of many corrective establishments. But, on the other hand, it can hardly be maintained that penal servitude for a year is the best course of treatment for a man of depraved and weakly constitution, who has acquired habits of evil tendency which will, under the present circumstances, gather strength and ultimately destroy him.

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*On Certain Defects of Articulation in Children, with Cases Illustrating the Results of Education on the Oral System.**

By W. B. Hadden, M.D.Lond., F.R.C.P., Assistant Physician to St. Thomas's Hospital and to the Hospital for Sick Children.

Case I.—The patient was a boy, aged eleven, who came under my care in August, 1889. His father died in Colney Hatch Asylum ten years previously, but the form of insanity was doubtful. The mother was alive and healthy. There was only one other child, a girl, aged fifteen; she was healthy, intelligent, articulated perfectly, and was right-handed.

As a baby, the patient was healthy, and was not backward in teething or in walking. He had had no illnesses, except measles and whooping cough, which occurred when he was between two and three years old. The mother noticed that the child was left-handed when he was about four years of age. He did not speak at all until he was between three and four years old, when he began to make sounds. Up to that age he seemed to have had no words at all, expressing his wants by nodding or shaking the head or by pointing. It was stated that at the age of six he said a few words, such as "mamma" and "no"; but it was his habit to be silent up to two years ago, when he began to talk in the manner to be described. No defect of articulation was present in any relatives or in any person with whom he was in contact. On August 20th he was admitted into St. Thomas's Hospital. He was a bright, healthy boy, somewhat under-sized, but free from organic disease. He was noticed to have frequent grimaces and sniffings, chiefly when excited or watched, but there were no movements of any other part of the body. The head was well formed; and the palate was slightly arched, but otherwise the fauces were natural, and the tongue could be moved freely. He was left-handed for all purposes, although he could use his right hand as well, or nearly as well, as his left.

* I have to express my great indebtedness to Miss Masson (the ward sister at St. Thomas's Hospital) for the greater part of the notes of the first two cases. I have also to state that this lady superintended the instruction given to the patients, and that the result achieved was largely due to her unremitting attention and to her thorough appreciation of the nature of these cases.

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