nounced with the greatest distinctness. The utterance of the labials and gutturals is unaffected. The most difficult words to pronounce are those where there are several linguals, or several consonants, following one another.

Hyoscyamine in Mania and Epilepsy.

Dr. Reinhard ("Archiv," XI. Band, 2 Heft), after experimenting in the asylum of Dalldorf upon the effects of hyoscyamine for insane and epileptic patients, has arrived at the following conclusions:—

1. That this drug has in many cases the effect of tranquillising and shortening the duration of mania and delirium. It seems to be most successful where the excitement accompanies disturbed menstruation.

2. Its influence upon epilepsy is, occasionally, so far favourable that it diminishes the number and intensity of the attacks. Its favourable influence may be expected where the pulse is small and jerking.

3. In epilepsy it occasionally diminishes the number and violence of the fits.

4. Affections of the vessels, heart, and lungs are contra-indications. On account of its effects on the heart and general nutrition, hyoscyamine cannot be used continuously for a long time. The principal danger lies in the drug paralysing the heart.

5. As a general rule, we can only assign a moderate value to the therapeutic effects of hyoscyamine.

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3. *American and Colonial Retrospect.*

By D. Hack Tuke, M.D.

The Alienist and Neurologist. Edited by Dr. Hughes, Vols. I. and II.

We have already taken occasion to refer to this new Journal of medical psychology with approval, and will now briefly indicate some of the most important matter contained in the volumes now published. The opinions of an esteemed and experienced superintendent, Dr. Curwen, on the construction and organization of asylums, are given in an article in which he takes as his text the propositions issued some years ago by the Association of Superintendents of American Hospitals for the Insane. They may be summarised as follows :—"That every lunatic hospital should be in the country; the large States being divided into geographical districts, of such size that a hospital, situated at or near the centre of the district, will be practically accessible to all the people living within its boundaries. That no hospital should have less than 50 acres of land devoted to gardens and pleasure grounds, and every State Hospital for 200 patients, at least 100 acres. That means should be provided to raise 10,000 gallons of water daily to reservoirs that will supply the highest parts of the building. That no hospital should be built without the plan having been first sub-

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mitted to some physician having had charge of a similar establishment or practically acquainted with the details of their arrangements. That these institutions, especially if provided at the public cost, should always be of a plain but substantial character; and while characterized by good taste, and furnished with everything essential to the health and comfort and successful treatment of the patients, all extravagant embellishments and every unnecessary expenditure should be avoided."

The last proposition is rather stern as it stands; true as it would be if the word "especially" were omitted, and softened by Dr. Curwen's commentary, that the interior of the building should be adorned with everything that can tend to give pleasure to the eye, diversion to the mind, and a feeling of general contentment and satisfaction to the individual.

"That the highest number that can with propriety be treated in one building is 250, while 200 is a preferable maximum." Dr. Curwen observes that motives of expediency led to the adoption, in 1866, of the proposition that, under certain circumstances specified, 600 patients may be accommodated in one building. Dr. Curwen cannot reconcile a large asylum with another proposition of the Association, namely, "that the superintendent should have the entire control of the medical, moral, and dietetic treatment of the patients; the unreserved power of appointment and discharge of all persons engaged in their care; and should exercise a general supervision and direction of every department of the institution." It is to be hoped that the Americans will be able to keep within this limit, and so avoid the disadvantages attendant on our colossal asylums. But it is to be feared that the day may come when motives of expediency will again prevail, and raise the population of asylums in America above 600. We think that Dr. Curwen, in his laudable desire to insist upon the duties of his office being minutely complied with, exacts more than is necessary, when he requires a careful daily visit to all the patients under his charge, so as to be familiar with their mental and physical condition. He thinks this duty should not be delegated. With one or more dependable assistant medical officers, however, we consider a superintendent does wisely to reserve his time and energies for the recent or most pressing cases; his assistants relieving him of the constant oversight of the chronic and stationary patients. In fact, both in this point and in the non-medical affairs of the establishment, the *rôle* of the superintendent is that of the Centurion. He should be able to say do this or that, and go here or there, with the fullest authority, without having necessarily to do or go himself. Division of labour does not mean divided authority. Not a few men make excellent *medical* superintendents, who have no capacity for superintending farm operations, or financial matters.

The editor contributes an important clinical inquiry into the significance of absent patellar tendon reflex. After insisting that this absence is consistent with health, he gives a series of cases in which

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the tendon reflex phenomenon was either absent or exaggerated. From these Dr. Hughes concludes that while the absence of this reflex is often significant as an associated symptom of present locomotor ataxia, and may even serve, when unassociated, to excite suspicion of its approach, we are not justified in regarding it, when it is the only phenomenon observable, as a certain *sign*; or when it is absent, and the other symptoms are present, in excluding a diagnosis of posterior sclerosis. Exaggerated excitability is observed, as pointed out by Dr. Hughes, in some cases of loco-motor ataxy. It is explicable probably by the existence of lateral sclerosis as well: so that the general rule, if broken, is accounted for.

On this subject there is a valuable article in Seguin's "Archives of Medicine," Aug., 1881, by Dr. Shaw.

Dr. Pliny Earle gives the subsequent history of twenty-five persons reported recovered from insanity in 1843. It is an instructive study. It is founded on a table of the Worcester Lunatic Hospital for 1844, showing, or apparently showing, the advantage, pecuniarily, of the treatment of the disease in its early stage. Dr. Earle, with the remorseless criticism which characterises his statistical researches, ascertained the history, subsequent to their discharge, of these recovered patients. The importance of the table depends, in great measure, on the assumption that they were all cured. The inference is also to be drawn that if twenty-five other cases which were chronic, had been only placed in time under care, they would have recovered, and cost some 58 dollars each, like the recent cases, instead of 2,166 dollars each, the actual average cost.

Dr. Earle found that the 25 recovered patients recovered not once only, but 48 times. Five subsequently died. Taking for the purpose of comparison Dr. Thurnam's well-known formula, part of which enunciates that two-fifths of the persons who recover should never have another attack; three-fifths should have a second attack; and two-thirds of that three-fifths should die insane, Dr. Earle points out that of the 25 persons recovered—

(*a*) 10 should never have a second attack.

(*b*) 15 should have a second attack, and perhaps more; and

(*c*) of these 15, ten should die insane.

But we find that in fact, taking the 25 persons at the time of their *first* recovery, there were, under the most favourable construction—

(*a*) only 7 who did not have a second attack; and

(*b*) 18 had more than one attack.

(*c*) As so many are still living, it is impossible to say what will be the final result in regard to the number dying insane. But already five have died insane at the hospitals, and two have died insane at home—two others at almshouses, both having for a long period been incurably insane, and one has died at home who was never well (sane) but a few months at a time.

As Dr. Earle truly observes, "It is no exaggeration of the un-

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pleasant aspects of these results to say that they are no more favourable than Dr. Thurnam's formula represents. Their near approximation to that formula is somewhat remarkable."

Turning to another subject, the question is raised by a citation from Brown-Séquard, in the "Gazette Hebdom," whether the spinal cord can inhibit the brain, and it is shown that it can.

"*Inhibitory influence exercised by the spinal cord or the sciatic nerve upon the encephalon, of the opposite side.*

"The section of a sciatic nerve, or of a lateral half of the spinal cord in the dog, the rabbit, and the "cobaye," produces remarkable effects. There is, immediately afterwards, a diminution, sometimes even the loss of all excitability by galvanism in one or several points of the encephalon, of the side opposite to that of the lesion of the sciatic or of the cord."

Not altogether foreign to this point is a paper by Dr. Ott, in the "Journal of Nervous and Mental Disease," April, 1879, on "Retrograde and Lateral Movements with Hypnotism." He notes that Dr. Weir Mitchell found that when cold (rhigolene) is applied to the back of the neck in pigeons, they exhibit retrograde movements, alternating with fits of stupor. Dr. Ott found that bisulphide of carbon had the same effect. He thinks there is an analogy between this and the hypnotism of a pigeon by laying it on its back and rubbing it softly in the parotid region, after Czermak's method. He says, "It strikes me that this hypnotic state can be explained by sensory irritation, produced by the bisulphide of carbon calling ganglia at the base of the brain into activity, which ganglia have an inhibitory power. That sensory irritation may come into play is shown by Lewisson's experiments with the frog, where simply tying his anterior extremities, and, placing him on his back, keeps him in a state of quietude. The rapid breathing also indicates a strong sensory irritation. In my experiments, the temporary irritation explains the temporary hypnotism; with this method of viewing matters, the phenomena of hypnotism have nothing to do with the cerebrum, but are caused by ganglia at the base of the brain inhibiting the will."*

The Trance State in Inebriety: Its Medico-Legal Relations. By T. D. Crothers, M.D., Supt. of Walnut Lodge, Hartford, Conn.

This reprint of a paper, read before the Medico-Legal Society of New York City, Nov. 2, 1881, contains some important cases illus-

* "On Inhibition of the Will," *see* Romanes and Heidenhain, "Animal Magnetism," 1880. "The truth appears to be that in Hypnotism we are approaching a completely new field of physiological research, in the cultivation of which our previous knowledge of inhibition may properly be taken as the starting point."—*Romanes.* "It appears to me that the hypothesis that the cause of the phenomena of hypnotism lies in the inhibition of the activity of the ganglion-cells of the cerebral cortex is not a too adventurous one; the inhibition being brought about by gentle prolonged stimulation of the sensory nerves of the face, or of the auditory or optic nerve," p. 49.

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trating the writer's conclusion that the trance state is a symptom in inebriety, in which the patient is without consciousness and recollection of present events, and gives no general evidence of his real condition. It may last from a few moments to several days. Dr. Crothers maintains that in all chronic states of inebriety, it will be found present in a greater or less degree.

There can be no doubt that lapses of consciousness, without apparent unconciousness, occurring in inebriates have not been sufficiently recognised and deserve more careful study. To this end, the present paper will contribute valuable assistance.

The Plea of Insanity in Canada. ("Montreal Gazette," Oct. 4 to 7, 1881.)

Great excitement, it seems, has been caused at Montreal by the trial of Hayvren, aged 28, a convict of the St. Vincent de Paul Penitentiary, for the murder of Salter, another convict, in the prison, on the 29th of June last. The deceased was coming out of the dining-hall, when he was met by Hayvren, who seized him around the neck and struck him in the breast with a knife. He shortly afterwards died. Hayvren then said that Salter would not call him a bad name again. It did not appear that any words had been exchanged between them. The prisoner was in a great passion when required to give up his knife. He was in the prison for robbery. The physician to the Penitentiary (Dr. Pominville), stated that when prisoner came he was sick, suffering from a jump of thirty feet made in escaping from Montreal jail; he suffered greatly in the back; he recovered, and was set to work; about a year after he came to the doctor to complain that his digestion was bad, and that he felt pains in the stomach caused by the heavy food of the Penitentiary. On examination, he found a dilatation of the abdominal aorta, which was caused by the fall. He was in this condition at the time of the murder, but not prevented doing his work. He considered his dyspepsia was caused by intemperance. Dr. Pominville did not consider that his bodily ailments had any effect upon the brain.

The prisoner's mother said he was, when seven years old, subject to fits twice a week during one year; a year after he recovered, "but remained distracted in reason." He would not go to school, and began drinking very young, and was often brought home drunk at 16. In that state he was outrageous, and walked round the house on his hands like a wild man. She did not think it necessary to call a doctor to attend to him when in fits; she had more faith in the Church and the Gospels read over him. Sometimes he had to be tied. When he recovered from the fits he would look wild. He only attended about six months out of the three years' schooling she gave him. His father is living. An uncle of the prisoner's confirmed the preceding evidence as to fits, and said he used to have mad fits even when sober during the last four or five years. One of the convicts stated that a

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few days before the murder prisoner went up to him and, opening his shirt, asked him to run his knife through his breast. Several other convicts gave similar evidence.

Prisoner had been imprisoned two-and-twenty times before. He had been about a year in the prison, but had had no fits during that time.

The defence of insanity set up for the prisoner was supported by Dr. Howard, of Montreal. We give his evidence slightly abbreviated.

Henry Howard, M.D., was then sworn, and said he was M.R.C.S. England; was superintendent of St. John's Lunatic Asylum for fourteen years, and for four years superintendent of the Longue Pointe Asylum. He was then the only responsible physician of the institution. The patients averaged from 500 to 600 yearly. During the time he was at St. John's he had eighty beds. He retained only insane persons, whom he treated on scientific principles. Some 600 patients passed through his hands while there. They were all cases of confirmed insanity. As practising physician, about 3,000 patients passed through his hands at Longue Pointe. He now holds the position of Government visiting physician at the Longue Pointe Asylum. The Provincial Secretary sends him all the applications for admission for him to report on. He inspects patients twice a week. Those admitted during the month he reports on the 1st of the following month to the Provincial Secretary as to their mental state. Knows prisoner at the bar. First saw him on the 26th August, 1881, at the Montreal Prison, for the purpose of examining him and reporting on his mental state; and at the invitation of his counsel witness made a careful examination of prisoner's person and mind. Witness said he had previously heard the history of prisoner as to his conduct, and it was the conduct of a man who was insane. Witness read all the evidence taken at the coroner's inquest. Witness found prisoner had a bad record from youth up. As to the conduct of the prisoner, from private friends, public and police reports, I found of the man's conduct a very bad record indeed. From the first I discovered him to have been an habitual inebriate from his youth upwards; from police reports, constantly in prison; and, lastly, sentenced for five years to the Penitentiary. While in the Montreal Prison, previous to his removal to St. Vincent de Paul, he attempted to escape through a sky-light by means of a small cord, which broke, causing him to fall into the yard, a distance of about thirty feet. Up to that time the whole conduct of the man has been the conduct of one insane, a man acting from epileptic impulse, and not from reason. It was natural for the man to try and escape from prison. We find the insane in lunatic asylums all over the world trying every day to escape, and very frequently successfully; but the means employed for the end prove the fool. No intelligent man of the size and weight of Hayvren would venture his life with the piece of small cord which he used. It will be said that, although he did fall, he did not lose his life, or even break a bone. True, he did not; but that he will not die from the effects of that fall is a question yet to be solved. At all events, we next find him in the infirmary of the Penitentiary under medical treatment, at which time he requests Peter McGauvren to take a club and strike him with it on the back of the head. He made many other strange requests to this man, so that Peter McGauvren, who said he at first thought he was joking, finally concluded that the man was mad. Why? From his conduct. . . . The murder was just such an impulsive act as an insane man with a homicidal tendency would commit. Had the man been capable of thinking or reasoning for one single moment, he must have seen the total impossibility of his escaping from the consequences; and such consequences!—the prospect between hanging or being locked up for life in a lunatic asylum. But, like all insane persons, he did not think; that is to say, he did not think intelligently, because he could not,

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Premeditation is no more a proof of a man's sanity than is the right and wrong test which so long disgraced our statute books. . . .

Dr. Howard proceeds to observe:—What was Hayvren's conduct after the crime? He makes a poor attempt at committing suicide, showing that, like all insane persons, he was a moral coward—he wants to die, or thinks he does; like when he wanted McGauvren to strike him on the head. Then, when the kind-hearted acting-warder goes to him for the knife, he actually tries to get that officer to shoot him, all only positive proof that, like all insane persons, the man was a moral coward. But then we have the testimony of the Rev. Father Knox, who obtained the knife from Hayvren, that when he saw the man in his cell he was a raving maniac. Now, the testimony of such a clear-headed, educated, scientific gentleman in such a case and under such circumstances is of more value than the testimony of all the prisoners and guardians in the Penitentiary. True, we have the respected physician of the Penitentiary, Dr. Pominville, who stated that he never saw any sign of insanity in the man, which I am bound to believe, but it does not appear in evidence that he saw him immediately after the crime; and I can very well understand that in his very responsible position, and having the charge of the health of so many persons to look after every hour of the day, unless his attention had been particularly drawn to the mental state of Hayvren, he would not have observed any symptoms of insanity in the man. I made the personal examination of Hayvren on the 26th of August, 1881. I visited Hayvren in the prison of Montreal. On the first view of the man I was struck with the pallor of his countenance, one great proof of the epileptic neurosis. [Explains neurosis as a man's peculiar nervous state from heredity, or he may make it for himself by drink.] Remembering the physiological fact that "the face was the index to the mind," I studied it well, not only when I was speaking to him, but while conversing with Mr. Payette. It was a blank face to look upon. It did not reveal intelligence. Moral, insane cowardice was portrayed on it; intellectual and moral imbecility was stamped there. I said to myself, "Surely that man is the victim of his organisation. Evil to him is good; he is intellectually and morally insane—a veritable imbecile." Psychologically, there was not much to be observed. He spoke but very little, and that little did not show intelligence. He said "There was something alive in his belly," which he asked the doctor to cut out. In reply to the question "Did he sleep?" he answered, "No, he could not sleep." He complained of being tired; he wished to sleep. Here I may remark that when I asked the keepers in charge if he slept, I was told he was seen every half-hour, and whenever spoken to always answered, showing that he did not sleep. Want of sleep—that is, insomnia—is one of the most marked symptoms of insanity. His manner portrayed nervous excitability, picking up bits of thread and dividing every fibre. He did not attempt playing a maniac, but all his words and actions portrayed a creature of impulse, who would be guilty of any impulsive act. In my pathological examination I found not only his face but his whole body anæmic; that is to say, he was not making sufficient blood for the healthy support of his system. Perspiration was pouring from every pore in his body, cold and clammy. His pupils were round in shape, but sluggish in action. His organs of locomotion were *normal*; that is, there was no paralysis of the motor nerves. Pulse, 110; normal pulse would be about 70; temperature, 93 4-5; normal temperature, 98 2-5; respiration, 36; normal respiration, 18. Radial artery—that is, the pulse in his wrist—was observable, and could be seen pulsating. Abdominal aorta—that is, the large main artery from the heart—was clearly visible when he stood, sat, or lay in a recumbent position. This is the something alive in his bowels which he wished removed. Five days after, on the 31st of August, my examination was continued. I found his pulse at 100; temperature, 92 2-5; respiration, 36. Heart sound at base, normal; at arch of aorta, sound like a bellows. Apex of heart: First sound strong, second weak; sound in the abdominal aorta, abnormal. These are the sounds that Dr. Pominville so ably described to you, and are frequently found in persons of an epileptic neurosis; but they may be

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early symptoms of aneurism. Here, however, is an abnormal state of the vascular system, of which the proprietor is not to be envied, caused, probably, by his fall from the roof of the prison; but whatever the cause, it is sufficient to produce, at least, functional derangement of the mental organisation, if not organic, to account for the man's actions. And then, when we consider what a weak mind he has proved himself always to have had, it is the easier to understand what havoc such a diseased vascular system would produce upon such a mental organisation. I examined the nervous system by means of electro-magnetism and an æsthesiometer. I found all the motor nerves normal, but I found all the sensory nerves *abnormal;* that is to say, analgesic, partially paralysed. Judging the mental state of John Hayvren by his conduct, by his physiological symptoms, by his psychological symptoms, by his pathological symptoms, I do not hesitate to declare him to be a man of unsound mental organisation, that he is intellectually and morally insane—a mere creature of impulse; and if he did kill Thomas Salter in the manner in which he is said to have done, he killed him while labouring under an insane epileptiform uncontrollable impulse, for which he is not responsibie: and I consider the cause of his mental aberration to be due to three causes—1st, it is hereditary; 2nd, to the fact of his being an inebriate from his youth up; and, 3rd, that it has been aggravated by his fall from the roof of the gaol previous to his having committed the crime of which he is accused.

Dr. Angus McDonald next testified, and said he had made a partial examination of the prisoner, and he considered him an insane man, and that he was so on the 29th August last. He corroborated part of Dr. Howard's evidence.

Edmond Robillard, M.D., testified that he was Government Inspector of Insanity at the Montreal Gaol. He examined the prisoner on the 17th, 19th, 20th, 21st, 22nd, and 23rd September. Prisoner was nervous and uncomfortable, and showed reluctance to converse. However, he said he did not suffer from headache. During the two or three first visits his pulse was agitated, and he was in perspiration. At the end of each examination his pulse would fall to 70 or 72, and the perspiration would all cease, as if his fright was over. At each visit prisoner said he was all right, except that he had something in his abdomen which pained him. The muscular system was that of a strong man. Witness also discovered the dilatation of the aorta. Prisoner's respiration was at 18 or 19, and was natural. Witness, after being with the prisoner for some time, did not deem it necessary to further test it, as it was normal; all the perspiration had been caused by fright at the sight of a stranger. In answer to numerous questions witness put to prisoner, he replied that his father and mother lived in Bonaventure Street, and kept a candy shop, and that he was unmarried, and had no inclinations to matrimony. Witness asked prisoner why he had killed Salter, but he always answered, "I do not know," and could not be brought to speak on this question very much. At another examination witness asked him if he knew Salter was dead, and he answered he did not know. Prisoner said he drank whisky. Witness came to the conclusion that he was a very wicked man, with greatly perverted morals, and would do anything to attain his object. Witness did not see any symptoms of epilepsy. Prisoner can distinguish right from wrong. Witness is of opinion that half of the epileptics become insane. Uncontrollable impulses are very rarely met with in imbeciles or idiots. An epileptic does not remember what he does during one of these uncontrollable impulses. Witness was of opinion that prisoner was perfectly conscious of his act, but that immediately after he became greatly excited, and this fact moved his dormant impulses. Witness was of opinion that prisoner was neither an imbecile nor an idiot, but that the muddle in which he passed the greater part of his life made of him a most depraved character.

Arthur Vallee, M.D., of Quebec, visiting physician of the Beauport Asylum, was next called. After hearing all the evidence produced at this trial, he was of opinion that the prisoner was not insane at the moment he committed the deed, and was perfectly able to distinguish between right and wrong. A man

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whose temperature is at 95⅔ must be suffering greatly.* At Beauport Asylum the epileptic maniacs are considered the most dangerous. In cases of epileptic fits the impulses are momentary ; the acts are automatic, violent, and without motive. An epileptic man never remembers the acts he has committed. Imbeciles are subject to these uncontrollable impulses. Witness had observed the appearance in court of the prisoner, and had found that he manifested a great indifference, but at moments when pointed remarks were made witness observed that prisoner paid greater attention.

Dr. Vallee was cross-examined by Mr. Curran. He said he had followed the study of his profession in Paris under Professor Charcot, one of the authorities on nervous matters. In London he had attended St. Thomas Hospital. He was physician of Beauport Asylum for two years. Has had occasion to use the electro-magnetic instrument. There are insane people who appear sane to any one except to the physicians. Insane people are sometimes endowed with cunningness.

William Gardner, M.D., next testified—Has practised his profession for sixteen years, and is Professor of Medical Jurisprudence at McGill College for one year. Has known Dr. Howard for five years, and has heard him read papers on the subject of insanity. He has the reputation of knowing his subject very well, but of holding extreme views, especially on symptoms. There were no facts in the evidence to warrant witness in saying prisoner is an epileptic maniac or imbecile, but he is certainly stupid, and of a low order of intelligence. From the evidence witness has heard he would not have made such a diagnosis as Dr. Howard's, but had he, he would consider him a fit subject for an insane asylum. He himself would not have sent him to a lunatic asylum. Witness is of the opinion that prisoner can distinguish between right and wrong. It is possible to be partially insane or monomaniac. Insomnia is not a sign of insanity. Witness was not of opinion that all the isolated symptoms combined would not produce insanity ; witness in all his experience and reading never saw a case where the temperature was so low, except in cases where death was impending.

Cross-examined (to Mr. Curran)—Never was connected with an insane asylum. Has treated about thirty insane patients.

Charles Cameron, M.D., next testified—Has been practising for eight years, five of which he passed in the Montreal General Hospital. Is Professor of Medical Jurisprudence at Bishop's College. Having heard the evidence of Dr. Howard, he was of opinion that the prisoner was not insane, nor was he an epileptic maniac. Has heard nothing to prove that the prisoner was incapable of distinguishing right from wrong on the 29th June last.

Cross-examined (to Mr. Curran)—Agreed with Dr. Gardner on the subject of low temperature. The lowest degree of temperature on record is 92 1-5.

Dr. Howard was called by the Court, and said that on the 29th June prisoner was able to distinguish between right and wrong, but that he was labouring under an uncontrollable impulse.

Mr. Justice Monk, in his charge, said—The killing of Salter by Hayvren, the prisoner, was proved beyond doubt, and was admitted by the counsel for the defence. The remark that the crime was only manslaughter had no foundation at all. There was murder or there was not. It had been proved beyond doubt that there was premeditation and malice aforethought. Hayvren prepared his knife, waited for his victim, and executed his crime most effectually. The deed was one of the most skilfully performed tragedies on record. The preparation of the instrument which was to pierce the heart was also artistically effected. But there arises another point, and that is the plea of insanity. It is the opinion of enthusiastic scientists that insanity is on the increase. It is admitted by the physicians that he could discern between right and wrong. The convulsions have not been shown to have been epileptic fits. Dr. Howard is a man of great

* We have given the temperatures as they are printed in the newspaper, revised by a medical man on the spot.—[EDS.]

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experience, but he is one of those scientific enthusiasts whose mind on this subject is formed of many theories; and it was for them to decide whether it is corroborated by facts. It is the first time that the prisoner is known to have had an uncontrollable impulse. It is strange that in the whole period of his criminal life he should have chosen the moment when he was in possession of a deadly weapon and premeditated the assassination of the man whose murder he accomplished. His opinion was that the prisoner at the bar was guilty of the murder of Salter, and he had no faith at all in the plea of uncontrollable impulse, which, after all, has never been admitted in Canada, and only in special cases in England.

In answer to the usual question, the jury replied that they had found Hugh Hayvren guilty of murder.

Mr. Davidson—I move that a sentence of death be now passed upon the prisoner at the bar.

His Honour, Mr. Justice Monk, then entered his apartments, and shortly returned with his black three-cornered hat. The most profound silence reigned when Mr. Schiller, Clerk of the Crown, asked the prisoner if he had anything to say why sentence of death be not now passed upon him. The prisoner indifferently answered, "No; I have nothing to say."

The sentence of death was then pronounced by his Honour, Mr. Justice Monk, as follows:—"You have been charged with the crime of wilful murder. Your case has been tried with evident intelligence on the part of the jury, and you have been found guilty. The trial has been prolonged for four days, and during that time your counsel has defended you with marked zeal, and every possible ground of defence has been urged in your behalf. With the verdict rendered I entirely agree. I can hold out no hope of mercy. I am not on this occasion going to make any remarks upon your past life. I counsel you to make your peace with God. The duty of the Court now is to pass sentence of death upon you. You will be taken hence to the common gaol, there to remain until the 9th of December, to be taken thence to the place of execution, and hanged by the neck until you are dead; and may God have mercy on your soul."

The prisoner exhibited hardly any emotion, and was, perhaps, cooler than any of the spectators of the dread scene. Immediately on the sentence being pronounced he turned his back and addressed a few words laughingly to one of the guards.

Legal opinion in regard to the test of insanity does not appear to have made so much progress in Canada as in some of the States of America, where the test of knowledge of right and wrong has been departed from in a marked manner. Dr. Howard, who has had long experience of the insane, has done good service by ventilating more advanced views on the subject. We hesitate to express a decided opinion on the irresponsibility of this particular prisoner, seeing that several physicians on the spot differed from the conclusion arrived at by Dr. Howard, that he was insane and unaccountable. At the same time the history of the case strongly suggests epilepsy, and the intemperate habits were probably symptoms rather than causes of the low mental condition present. The absence of motive for the crime is a striking feature of the case, as well as the prisoner's indifference to the verdict pronounced upon him.

The Asylum Journal. Berbice, British Guiana.

This Journal, which issues from the Lunatic Asylum, Fort Canje, Berbice, of which Dr. Grieve is the Superintendent, is devoted not

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only to the proceedings of the asylum, but contains short papers on subjects of general medical and hygienic interest. We wish it every success.

Report of the Inspector-General of the Insane, New South Wales, 1881.*

Dr. Manning, in his able and interesting review of the cause and progress of lunacy during the year 1880, in the colony of which he has the official supervision, is again compelled to report both an increase in the number of the insane, and a very unfortunate discrepancy between the gross number under care and the cubical space of building available for their accommodation.

The burden of insanity which, in the mother country, is becoming yearly more oppressive, and is barely met by adequate increase of provision, seems to be overtaking the colonies, and finding them unprepared for its incidence. The dormitory accommodation provided by the Colony of New South Wales, in hospitals at the end of 1880, was for 1,634 patients only, whereas 1,964 were being maintained therein, showing the total number in excess of the accommodation to be 330.

New buildings are in course of construction in several parts of the Colony, but, from the fact that no vote for extraordinary lunacy expenditure was taken last year, these works are proceeding very slowly indeed, and when they are completed, we are told they will do little more than meet the demand which will be entailed by the necessary disuse of existing buildings which are old, dangerous, and unfit for use.

How bad some of these buildings are may be gathered from the descriptions of Dr. Manning, and of the superintendents of the various asylums whose reports he appends.

The official visitors, too, appointed by the Government, describe some of the buildings in the division for the sick at the Gladesville Hospital, as "hovels intensely wretched, and unfit for human habitation." They also state that "the woodwork of the main centre building is rotten throughout, and the floors in a lamentable condition of disrepair."

Dr. Manning, with reference to the same building, says, "the condition of the walls, floors, and ceilings is becoming very bad indeed, the joists and flooring boards are rotten, the water used in cleansing and the urine soak to the ceilings below, and cause them to fall, and plaster is dropping off the walls in many places. Requisitions for the repair of these floors were forwarded a long time ago, and unless something is done, serious accidents will follow."

These requisitions seem to be constantly made, and either from impecuniosity, redtapism, or negligence, as constantly ignored. It

* Contributed to this section by Dr. Needham.

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is really disgraceful that adequate provision is not made for the insane of the Colony by those who are entrusted with its government, and it must be most discouraging to Dr. Manning and the several gentlemen who have the superintendence of the hospitals for the insane, to be embarrassed by difficulties which involve the extinction of the first elements of success in the treatment of the insane.

One result of the overcrowding of the wards of these hospitals appears to be, as might reasonably be expected, the existence of faulty habits among the patients, to a larger extent than is usual in most well-managed asylums in Great Britain, and an amount of restraint which, although not absolutely large, might probably be materially decreased by altered surroundings and all that they would imply.

Various expedients appear to have been adopted or suggested to get rid of some of the sorts of overcrowding. The law provides for the boarding out of patients, and attempts have been made to introduce this system into the lunacy procedure of the Colony ; but Dr. Manning reports that, although he has drawn the attention of the various superintendents to this mode of treatment, no advantage has yet been taken of it; a fact which, as he thinks, evidences the difficulty which is experienced in the selection of suitable cases. It must, however, be mentioned in explanation of this difficulty, which could have been scarcely supposed to exist to so absolute an extent, that the boarding out, thus legally sanctioned, applies only to the reception of patients by relatives, to whom an allowance is guaranteed by the Government.

This necessarily limits the area within which the experiment might be tried, which is further limited by the fact cited by Dr. Manning, that so many of the patients are, as respects the Colony, absolutely friendless. He tells us that, in the middle of last year, an enquiry into this circumstance elicited the remarkable fact that, out of 2,036 insane persons then under care, 1,038, or more than half, were absolutely without friends or relatives; and he is, therefore, naturally not surprised that this system of boarding out has not effected any considerable reduction of the asylum population. The experiment of housing the insane in wooden buildings of cheap character, Dr. Manning tells us has been tried to a greater extent in this Colony than in any other part of the world, and he does not doubt its cheapness and suitability for certain classes of patients. "But such buildings," he says, "present special danger from liability to fire; they need frequent painting and repair; and the experiment has not yet been made long enough to enable a correct idea to be formed as to its ultimate economy. Moreover, the experiment has now been carried to the fullest extent compatible with the safety and comfort of the patients, and experience has clearly shown that there are large classes, especially the more noisy, dangerous, and demonstrative, and all those in the acute stages of the malady, who cannot safely be placed in buildings of this kind."

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The fact would seem to be that the Government of New South Wales is no more successful in its search after an economical mode of caring for the insane than are the various local authorities in this country, and it would, therefore, be well for it to recognize the inevitable nature of the burden, and seek to meet it with an adequate provision. It can be no true economy to reduce the chances of recovery, and of a return to profitable industry, to a minimum.

The number of insane persons under official cognizance on the 31st December, 1879, in the various hospitals throughout the Colony, was 2,011, and these had increased on December 21st, 1880, to 2,099, showing an increase of 88, or seven above the annual increase of the last decennial period.

The proportion of insane to population was at the latter date 1 in every 367. The percentage of recoveries to admissions for the year 1880 was 41·7, and that of deaths to the average numbers resident, 7·1.

Of the alleged or apparent causes of insanity in the patients admitted into the Gladesville Hospital during the last 11 years, 16·7 per cent. came under the head of moral, and 56·3 of physical, while in 27 per cent. the causes were unascertained.

The average cost of each patient per week in 1880 is stated to have been 11s. 9d.

The report contains an interesting series of tables, showing the causes of insanity and deaths; the length of residence; the ages on admission and on first attack, and other similar particulars; and in an appendix are given in detail the results of the visitation of the various institutions for the cure of the insane in the Colony, and the reports of their superintendents, from which it would appear that Dr. Manning and the other lunacy officials of the Colony are doing a large amount of useful and enlightened work under specially trying and discouraging circumstances.

PART IV.—NOTES AND NEWS.

THE MEDICO-PSYCHOLOGICAL ASSOCIATION.

The Quarterly Meeting of the Association was held at Bethlem Hospital on Wednesday evening, the 2nd November, at 8.30 p.m. Present—Dr. D. Hack Tuke, President of the Association, in the Chair; Drs. Bower, Gardner, Godwin, E. T. Hall, H. Hicks, Manley, Mickle, A. Newington, Paddison, Paul, Rayner, Savage, J. W. Scott, F. Schofield, Stewart, C. M. Tuke, F. H. Ward, Weatherly, Willett, W. Wood, W. E. R. Wood, Woollett, F. J. Wright, &c.

The following gentlemen were elected ordinary members of the Association, viz.:—

Arthur D. O'Connell Finegan, L.K.Q.C.P. Ire., Assistant Medical Officer, Northumberland County Asylum, Morpeth.

Richard F. Owen, L.K.Q.C.P. Ire., Medical Superintendent of Tue Brook Villa, Liverpool.

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