Original Communications.

ON THE LIABILITIES OF CRIMINAL LUNATICS.

By THOMAS MAYO, M.D., F.R.S.

IN an article in the JOURNAL of July 29th (pages 95 and 96), on the Hanging of Criminal Lunatics, two antagonistic paragraphs occur, which I proceed to quote, and shall then venture to make some remarks upon them.

"The proposition that every lunatic is irresponsible for his acts, is most clearly not law. In order that a man may be irresponsible for his acts, he must labour under such a defect of the mental powers (or to put it in one word, under such delusions), as *either* not to know the nature of the act he does; *or*, not to know that it is wrong."

"You consider that lunatics who know they are committing a crime when they commit murder, ought to be hanged. I do not. You consider that a man who may properly be made a lunatic, as regards the custody of his person and the management of his estate, may still be considered sane and liable to the penalties of criminal law. I do not. You consider that a man who has an irresistible impulse to kill (for example) his own son, who is horrified at the thought of his being the victim of such an impulse, and who seeks the restraint of a mad-house in order to prevent his carrying out the impulse, ought to be hanged if he does manage to commit murder. I do not. You consider (though, if you were a married man and your wife were the victim, I think your logic would hardly hold you good) that a mother seized after childbirth with temporary mania, marked mainly by an irresistible impulse to kill herself or her innocent infant, should be hanged if she effected the deed. I do not."

The first of these paragraphs I believe to be a sound one—that is to say, I think it ought to guide the verdict of the jury.

The second paragraph, forming part of an avowed reply to the first, I believe to be unsound; but only so far unsound as the powerful reasoning which it contains is inapplicable to that stage of the case in which it is applied by the writer.

In a case in which these questions arise apparently and reasonably modifying the ultimate result to the criminal, they required an ulterior and strictly judicial decision—not one arrived at by a probably incompetent jury under the influence of advocates; I say incompetent, because I do not consider that adequate enlightenment can be expected of the jury on questions so refined and so esoteric as these. The depositions taken in the course of the trial, the summing up of the judge, the medical opinions, and possibly the argument of counsel, would enable the Lords Justices (supposing that tribunal chosen) to determine the all important question, whether the impulse to kill ought, in the case before them, to be considered irresistible. To leave this question in the hands of the Home Secretary, as is the case at present, involves an absurdity on which it is unnecessary to dilate. To leave it in the hands of medical experts, is to subject it to the intense though honest differences of opinion entertained on the subject by our profession.

One additional remark I will venture to make. There are criminal cases of this kind in which the result to the criminal ought to be penal, though the sympathies of mankind would justly revolt at its

being capital. I have seen such cases admirably determined in French courts (see Reports of M. Georget). At present, in this country, the infliction of confinement during her Majesty's pleasure on criminal lunatics, is not preventive of crime, from wanting the name and attributes of punishment.

UTERINE HYDATIDS IN FOUR SUCCESSIVE GESTATIONS.

By ASHBY G. OSBORN, M.R.C.S., Dover.

UNDER the head of "Uterine Hydatids in Three Successive Gestations", this case appeared at page 390 of the second volume of this JOURNAL for 1864; and I now continue the history to the end of the patient's fourth hydatid gestation.

She gradually regained her strength last summer; and the menses returned with regularity in the autumn and winter. The catamenial period for Feb. 25th, 1865, was missed; and shortly afterwards morning sickness commenced, increasing till it continued all day and all night; and by April, the vomit was grumous. A magnesian mixture, with nitric ether and an aperient, relieved all this distress.

In the night of April 21st, some liquor amnii escaped, and flooding came on, continuing with uterine pains for an hour. A trifling loss, just sufficient to stain her linen, returned every other day, and then every day towards evening. This lasted a month; when, at about the usual hour on May 20th, it became more profuse, and was attended with labour-pains. Considerable loss occurred; and she became very faint at 9.30 p.m., on the removal of a few vaginal clots. The os uteri was then of about the size of a florin, and very firm; within it, I could feel the ragged hydatid growth, and could tear away a few vesicles, which convinced me that the disease had recurred, as, indeed, we had suspected, from the violent gastric irritation following the cessation of the menses as on former occasions, the loss of the liquor amnii, and recurring hæmorrhage.

As any attempt to insert the fingers within the os to extract the hydatid mass gave her great pain, and I did not expect any more hæmorrhage now that the uterus was contracting strongly, I simply applied cold wetted napkins, kept her head flat on the mattress, and waited the effect of Nature's efforts. These, in a couple of hours, were sufficient to separate and expel the diseased mass, and a large portion of, if not all, the decidua. It filled a pint pudding-basin; and the hydatids themselves were much smaller, and the whole texture more flocculent, than these growths generally are, or than my patient's had been on previous occasions. There was not a trace of an embryo.

There was scarcely any loss after the uterus had begun to contract, and none after delivery; and, on the whole, she suffered less and lost less than she ever did, which I impute to the uterine contractions being regular and continued; thus rendering unnecessary the insertion of the hand into the uterus, which gives such terrible pain during the early months of gestation, when the organ has not been much dilated and is scarcely dilatable.

The peculiarities of the case are—

1. Its occurrence in a healthy young primipara; hydatid degeneration of the chorion appearing, I think, more frequently in the debilitated and multipara than in the young and strong.

2. The singularly defective power of this woman's uterine vessels to support an ovum in health; for the cause is certainly in her case maternal, as she has four times been pregnant, twice by her husband, and twice before marriage by another young man.