

responsible, or insane and irresponsible: no half-and-half measures can suffice for justice' sake.

3. With regard to the case of Corrigan, we learn that, on the night of Christmas-day, he, with his wife, joined a party of friends, and drank freely. After the women had retired for the night, the men sat up drinking. It appears that the consequences of this debauch, acting on the brain and nervous system of Corrigan (already rendered susceptible by an old injury to the brain, by habits of drunkenness, and former attacks of *delirium tremens*), were such as to excite the attention of his friends. He appeared "lost" and "strange", "wild about the eyes", and "was dreadfully wild and excited". It was given in evidence, that he looked quarrelsome and cross, and complained that he did not feel very well. Corrigan is described as a man naturally, and under ordinary circumstances, of mild manners and amiable conduct, and as being seldom out of temper. His conduct to his wife is declared to have always been kind and forbearing, even under provocation. "The deceased", observed a neighbour and a witness, "was occasionally violent, but the prisoner always behaved very kindly to her." The evidence goes to show that the maniacal symptoms increased in intensity; and presently, rushing into the room occupied by his wife, he stabbed her to the heart, and she expired. And farther: "after the occurrence, the prisoner was quite passive. He stood fixed, and was led down stairs, and given into custody. He afterwards appeared much affected, and burst into tears." From letters written by the prisoner during his confinement, the irritable and distracted state of his feelings are painfully shown.

The defence of this unhappy man was very ably conducted by Mr. Ballantine, who said, "that it was clear from the evidence that the prisoner was on good terms with his wife almost up to the moment of the unhappy occurrence, and that the act of destruction had been committed under some uncontrollable impulse, and could only be accounted for by the supposition that the prisoner was not in his right senses at the time the act was committed."

The summing up of Mr. Justice Wightman deserves to be chronicled; who, in spite of the antecedents of the prisoner, and in the face of the important facts bearing on the history of the nature of the case, a few of which I have here brought to your attention, and in direct opposition to psychological science, thus expressed himself, viz.: "The only question, then, was whether he was in such a state of mind as would render him responsible for his actions; and this certainly was a most important question to be considered. It was his duty to tell them that, before they could come to the conclusion that the prisoner was not responsible on the ground of insanity, they must be satisfied that, at the time the act was committed, the prisoner was labouring under such a defect of reason as not to know the nature and quality of the act he was committing, and also that he was not aware he was doing wrong; and it appeared to him that there was no evidence in this case that would justify the jury in coming to either of these conclusions. The prisoner appeared to have acted in a perfectly rational manner up to the very moment of the fatal occurrence; and, although it was extremely probable that the act was committed under some sudden feeling of excitement, possibly aggravated by the drink he had taken, it would be calculated to lead to very dangerous consequences indeed if a man under such circumstances was not to be held responsible for his acts."

You are aware that Corrigan is found guilty of the wilful murder of his wife; and the probabilities are that he, like very many more insane persons have been, will be sacrificed to the laws of his country.* A painful thought this—one to which the mind must fail to be recognised.

The foregoing cases are in themselves sufficient to convince any impartial observer that such are the inconsistencies and defects of the "plea of insanity", such the contradictions among members of the legal profession in reference

thereto, that the time has come when the country can no longer be satisfied with the present state of things; and when the famous replies of the judges to the five carefully digested questions of the peers, prepared and exchanged in 1842, for the purpose of placing the plea of insanity in criminal cases on a right and just footing, and in harmony with the facts and principles of psychological science, must be revised, and made subordinate to the requirements of truth and the instincts of a common humanity; and which together should afford all due protection to society at large, and preserve the lunatic from a revengeful and oppressive law.

CASE OF PLACENTA PRÆVIA.

By R. ELSDALE, Esq., Moulton, Spalding.

Mrs. WADE, aged 44 years, the mother of fifteen children, in the family way for the sixteenth time, had spoken to a nurse who occasionally acts as a midwife to attend her. As I was riding past the house (about three miles distant from my own), the latter requested I would come should she send for me, as, from the repeated loss of blood the woman had had for the last fortnight, she was afraid something was wrong.

Upon further inquiry, I found that, early in the morning of the 9th of the present month (the day upon which this conversation took place), the poor woman had a very great loss, so much that, to use her own expression, "she was nearly drowned". After explaining the serious nature of the case, I determined upon instituting an examination at once.

The woman was at the full time of uterine gestation. I found the vagina containing a large quantity of coagula, and, upon its removal, there was a slight trickling of fluid blood going on; the os uteri was dilated to about the size of half a crown, hard, resisting, and undilatable. Upon passing my finger into the cavity of the womb, I could feel nothing but the placenta, which appeared to be entirely attached to the cervix. I found the resistance so great that it was impossible to introduce more than two fingers with safety; so that I determined to wait. I folded up a napkin into the form of a plug, which I carried up to the mouth of the uterus; and left the case for two hours, going to a neighbouring patient's, close by, leaving strict orders that, upon any alteration taking place, to send to me immediately.

I was returning, when I met the husband coming to tell me his wife was worse. Upon examining, I found blood trickling beside the plug, which was saturated: still no great quantity had been lost; and the time given had had a very good effect upon the state of the os uteri, which had become thin and dilatable.

Upon again examining, I found that the placenta was not entirely attached over the os uteri, but that with the pains a considerable portion was forced down into the vagina; and, upon carrying my fingers upwards and forwards, I felt the membranes, with the shoulder of the child presenting. I determined upon delivery at once, as the woman's position was becoming highly dangerous, and the state of the uterus was not particularly unfavourable for turning.

I proceeded to remove all the placenta I could get hold of. The uterine action was considerable, and with every pain a frightful gush of blood took place. I steadily but firmly persevered in my determination to turn; I succeeded with some little difficulty in getting hold of a foot, which I brought down, and attached a piece of tape round the ankle; and, by making traction, I easily brought down the other extremity, so as completely to plug the vagina. As the woman was a good deal exhausted, I deemed it advisable to allow the child to remain in this position while the mother partook of some gruel I had previously caused to be made, and to which I added some brandy. This she took with very good effect; and in a short time I completed delivery. I then introduced my hand into the uterus, and removed the remaining portion of the placenta, when contraction speedily and completely followed. During the

* Since the above was written, Corrigan has been reprieved.

time of delivery, I caused the nurse to place her hands upon the uterus, so as to keep up a steady pressure, at the same time giving the woman free draughts of cold brandy and water, as the fainting was considerable.

The woman recovered without a single bad symptom. The child was a male, and of very large size, and dead, of course.

REMARKS. This is the fifth case of placenta prævia it has been my lot to have during the attendance upon one thousand women, or one in two hundred.

The first case, which occurred ten years ago, was one of complete attachment over the cervix uteri. I removed the whole placenta without difficulty, and, finding the head the presenting part of the child, I administered ergot, and in less than twenty minutes it was expelled. The woman, a delicate lady, recovered without a bad symptom. In one of the other four, the head was likewise the presenting part of the child, with only a small portion of placenta attached. I removed all I could get hold of; and the head, after rupturing the membranes, descended; and the result was most favourable. In the remaining two, together with the case of the woman Wade, just related, the presenting part of the child being the shoulder, of course the only practice appeared to be turn, in all of which cases the mothers did well.

From the result of such practice, it strikes me that the whole or any part of the placenta may be removed without danger, or certainly without any increase of danger to the mother. I do not consider, excepting in some particular cases where the head of the child is the presenting part, we are justified in making a natural into a preternatural presentation, and to have recourse to the operation of turning. I am aware, by not doing so, the life of the child is certain to be sacrificed; but where the head readily descends, and the danger from hæmorrhage is removed, I should hesitate before having recourse to an operation which would in any way tend to endanger the life of the mother.

I should be glad to learn from gentlemen of greater experience than myself, and who may have collected evidence upon such cases, whether it is usual to find the shoulder or other part of the fœtus rather than the head, as, in my practice, three out of five have been the shoulder.

In none of these cases did I apply any tight, or indeed bandaging of any kind, after the completion of the labour. The result of my experience teaches me that tight bandaging produces in many instances an extra quantity of pain, sometimes going on to inflammatory action; and I cannot but think the forcibly keeping down the uterus in the pelvis after what is only the natural result caused by the emptying of that organ, is likely to prevent its regaining its usual and normal position, from which bad and evil consequences may result.

Reviews and Notices.

YELLOW FEVER, CONSIDERED IN ITS HISTORICAL, PATHOLOGICAL, ETIOLOGICAL, AND THERAPEUTICAL RELATIONS. Including a Sketch of the Disease as it has occurred in Philadelphia from 1659 to 1854: with an Examination of the Connexions between it and the Fevers known under the same Name in other Parts of Temperate as well as Tropical Regions. By R. LA ROCHE, M.D., Member of the American Philosophical Society, etc. Two volumes, pp. 615 and 813. Philadelphia: 1855.

[Concluded from page 131.]

THE second volume of Dr. LA ROCHE's work is principally occupied with a discussion of the theories which have been entertained regarding those influences which are supposed to play an important part in the causation of yellow fever, or in the modification of the liability to its influence.

The first of these agencies to which attention is drawn is Acclimatisation; and regarding this, it is stated by the

author that this acquired power of resisting disease is more marked in tropical than in temperate climates.

"Acclimatisation, so far as it relates to yellow fever, consists in great measure in the changes produced in the system by a long continuance of high atmospheric temperature, aided by peculiar hygrometrical and other meteorological conditions—barometrical pressure, electrical currents, etc.—and in no small measure by the permanent or frequently renewed impression of malarial impurities floating in the air, and constituting the usual source of febrile infection.... Without this permanence or long continuance of high temperature, and of the other influences adverted to, the system cannot become modified in a way necessary to insure protection against the agency of the efficient cause. In tropical regions, where the temperature varies but little in the different seasons of the year, and in such of our southern cities where the winters are mild and of short duration, and followed by long and hot summers, this permanence exists to the degree required.... But in Philadelphia, and in temperate regions generally, things take a different turn.... The heat in Philadelphia—and the same remarks applies to every other large and populous city—is higher by several degrees than that of the surrounding country; and, in fact, the summer climate of our and neighbouring cities may be assimilated to that of tropical regions. The heat thus experienced, and the morbid conditions of atmosphere created during the summer and autumnal months, are amply adequate to the production of the yellow fever. But this torrid temperature is of comparatively short duration, and is succeeded by long and severe winters, and by a new train of meteorological phenomena, well calculated to destroy the telluric or other causes of the disease when they have existed; to revolutionise or renovate the system, and to prevent the establishment of organic modifications.... Natives and residents of temperate regions then find themselves, during each visitation of the disease, in the same position as the creolised or acclimatised inhabitants of warm regions, who lose the protection they had enjoyed, by a long absence in a colder and more salubrious climate." (pp. 33-4.)

The author further shows that the liability of strangers to take yellow fever increases nearly in proportion as they have come from more temperate latitudes. In support of this statement, he gives a table of the geographical distribution of the original homes of the persons who died of yellow fever in New Orleans in 1853. Thus, among Creoles of the city and State, the mortality was 3.58 per 1000; while among strangers from New York and other northern States, it was 32.83 per 1000; among those from British America, it was 50.24 per 1000; among those from the West Indies, South America, and Mexico, 6.14 per 1000; and among those from Holland and Belgium, 328.94 per 1000; etc.

Connected in some measure with the phenomenon of Acclimatisation is the alleged freedom from Second Attacks of yellow fever. Dr. La Roche refers to the different opinions which have been held on this point, and especially that of Drs. Bancroft, Maclean, and others, that the protective effects of acclimatisation have been confounded with those of attacks occurring in severe epidemics. He observes that their argument can have no force in the middle States of America, where, as shown in the remarks on acclimatisation, quoted above, the marked variation in the seasons prevents the system from becoming fever-proof; but where, at the same time, second attacks of yellow fever are quite as exceptional as in more southern latitudes. The conclusion to which Dr. La Roche is led on this point is, that although second attacks of yellow fever do undoubtedly occur occasionally, yet, as a rule, an attack during a severe epidemic affords subsequent immunity from the disease.

The succeeding chapters we must very briefly glance at, as there is much of importance that remains to be noticed. The subjects treated of in them are the influence of Temperament, Sex, Age, Race, Percepta (passions and emotions, and sleep), Ingesta, Gesta (fatigue, venereal excesses, professions and occupations), Applicata and Excreta (cold and wet), and Circumfusa (temperature, light, electricity, atmospheric pressure, humidity, heat and humidity combined, vicissitudes of temperature, and winds). Of the action of these, Dr. La Roche says:—