

for punishment. But he declared that in a patient who had been smashing or tearing up her clothes not in an excess of acute mania, but in an outbreak of temper, she would be excluded from the dance, not because she was unfit to be present, but as a punishment. They relied upon the temporary withdrawal of privileges to act as a check in preventing abuse in future; that was to say they withdrew it as a punishment.

The practical importance of these propositions with regard to the plea of insanity was that while there were some cases in which they might rightly ask the court to refrain altogether from punishing the criminal, there were many more cases in which they could not justly demand such immunity, but in which they could fairly argue that the criminal was responsible to some extent, but was not wholly responsible, and that therefore, while he ought to be punished, he ought not to be punished with the same severity as an ordinary offender. While it was common for a crime to be committed under the promptings of delusion, it was extremely rare for the delusion to be of such a character that if it represented the actual facts of the case it would completely justify the act. He exemplified the case of Prince, the murderer of Mr. Terriss.

In conclusion, the speaker laid down the following propositions:

(1) All lunatics should be partially immune for all their misdeeds; (2) Every lunatic should be wholly immune for certain misdeeds; (3) Very few lunatics should be wholly immune for all misdeeds—corollary—the plea of insanity, if established, did not necessarily involve the total immunity of the accused from punishment; it did necessarily involve his partial immunity; and (4) That in order to establish the plea it was necessary to prove the existence in the accused of one or more of the following mental conditions:—(a) exonerating delusion; (b) such confusion of mind that the accused was incapable of appreciating in their true relations the circumstances under which the act was committed or the consequences of his act; (c) extreme inadequacy of motive; (d) extreme imprudence in the act; and (e) the non-concurrence in the act of the volitional self.

QUEBEC MEDICO-PSYCHOLOGICAL SOCIETY.

The physicians attached to the asylums of the Province of Quebec—Arthur Vallée, medical superintendent of the Quebec Lunatic Asylum, T. J. W. Burgess, medical superintendent of the Protestant Hospital for the Insane, E. J. Bourque, physician-in-chief, George Villeneuve, medical superintendent, F. E. Devlin, assistant superintendent, F. X. Perreault, A. J. Prieur, C. Laviolette, and E. P. Chagnon, assistant physicians of the St. Jean de Dieu Lunatic Asylum, Longue-Pointe,—held a preliminary meeting on the 16th February last, at Longue-Pointe, for the purpose of organising themselves into a society for the advancement of the specialty.

It was resolved that the association should be known as the "Quebec Medico-Psychological Society," and that meetings should be held in turn at the different asylums of the province. The following officers were elected for the years 1898-9:

President.—Arthur Vallée, M.D., medical superintendent of the Quebec Lunatic Asylum. *Vice-President.*—T. J. W. Burgess, M.D., medical superintendent of the Protestant Hospital for the Insane, Verdun. *Secretary.*—E. P. Chagnon, M.D., assistant physician of the St. Jean de Dieu Asylum, Longue-Pointe.

Pursuant to this organisation the first meeting of the Society took place at St. Jean de Dieu Asylum, on July 14th, 1898, Dr. Vallée, president, in the chair.

ELECTION OF NEW MEMBERS.

A. Marois, assistant superintendent, A. Bélanger and C. S. Roy, assistant physicians to Quebec Asylum, L. J. O. Sirois, physician to St. Ferdinand d'Halifax Asylum, and J. V. Anglin, assistant physician to the Protestant Hospital for the Insane, Verdun, were elected members of the Association.

RESOLUTIONS.

Mr. Villeneuve moved that Honourable Mr. J. E. Robidoux be elected Patron of the Society. Mr. Burgess seconded the motion. Carried unanimously.

Moved and unanimously voted :

1. That Mr. Gustave Lamothe, C.M., be elected as legal adviser of the Society.
2. That the Inspectors of Insane Asylums be invited to form part of the Association.
3. That Messrs. Villeneuve and Chagnon be chosen to draw the rules and bye-laws of the Society.
4. That the members of the Society have learned with grief the death of the lamented Dr. L. M. A. Noel, medical superintendent of St. Ferdinand d'Halifax Asylum, and member of the Quebec Medico-Psychological Society, and that they express to Mrs. Noel their sympathies and their most sincere condolence in her great misfortune.
5. That the members of the Society present to the Reverend Sister Superioress of St. Jean de Dieu Asylum their best thanks for her hospitality towards the meeting.
6. That the second meeting take place next October, at the Protestant Hospital for the Insane, Verdun.

PAPERS.

MEDICAL CERTIFICATES.

Dr. VILLENEUVE regretted that most of the medical certificates on admission of patients are far from being equal to the importance of the measure which they authorise. If a person be in a mental condition required by law to be admitted into an asylum, this fact is to be established by a medical certificate made out according to formulas B and C, signed by the same doctor and certified under oath. The administrative decision of the medical superintendent and the proceedings taken rest on the statements and facts so consigned. He is thereby justified in keeping the patient under observation for no definite period. The insufficiency of medical certificates, the want of care with which they are delivered, the futility of the motives which they contain, the uncontrolled facility with which doctors accept the information furnished by interested friends, are all causes of worry. To his knowledge people have tried to secure admission for incorrigible children, unmanageable deaf mutes, troublesome dotards, cases in the last stage of chronic affections, such as locomotor ataxia. Cases of typhoid fever, meningitis, encephalitis have been brought to the asylum as suitable for treatment there. The law is very clear in stating that the medical certificate must state the mental condition of the patient. It must enumerate the symptoms and facts of insanity personally observed ; it must state the reason why the patient should be admitted into the asylum, either for treatment or as a matter of public order or security. Besides the certainty of the proof of insanity the medical superintendent must find in it the above-mentioned reasons to justify himself in admitting the patient. Therefore this certificate must contain facts and not vague presumptions, especially when the indications for admission are not exclusively deduced from the particular form of insanity from which the patient is suffering.

There are circumstances where it may be necessary to have recourse to a magistrate—when the certifying doctor is obliged to rely for the most part on statements made by friends of the patient, when investigations are necessary to establish the veracity of these statements, or when difficulties arise as to certain classes of patients such as the persecuted. In these cases it is well to proceed before a magistrate, according to the law concerning dangerous lunatics, and to take the testimonies of the persons who have witnessed the insane actions of the patient ; after that a warrant is issued by the magistrate, who orders the patient to be sent to an asylum. Dr. Villeneuve believes that the medical certificate ought to be divided in two distinct parts, as in England and the State of New York. In the first part the doctor should state the symptoms of insanity which he has himself observed ; in the second he should state the facts which he has known from other persons, at the same time naming these different persons.

RUBEOLIFORM ERUPTIONS PRODUCED BY SULPHONAL.

Dr. BURGESS reported a case which, after the use of sulphonal, presented an eruption closely resembling that of measles.

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A CASE OF SITIOPHOBIA CURED BY SULPHONAL.

Dr. A. VALLÉE reported a case of sitiophobia in which sulphonal seems to have given excellent results. A. B—, aged 26, admitted to the Quebec Asylum in May, 1893, suffering from melancholia with stupor. She was in a complete state of mutism and refused all nourishment. The stomach-tube was required for many months. The patient remained in stupor, motionless, head dropping on the chest, indifferent to everything around her, and absorbed in her delusional conceptions. In spite of tonics, stimulants, electricity, hydrotherapy, and generous diet, we could not obtain the least improvement. She continued speechless, offered more and more resistance when fed artificially. The organic functions were greatly deficient, nutrition was bad, the extremities were cold and cyanosed. She lost flesh rapidly and became dirty in her habits. The prognosis was bad. Dr. Vallée said, I read in the JOURNAL OF MENTAL SCIENCE (October, 1893) a note by Dr. Brough, on the use of sulphonal in sitiophobia, and decided to try the remedy on A. B—. On the 10th day of November, at 8 p.m., I gave her 40 grains of sulphonal. She slept very well, and on waking next morning made signs to her nurse indicating that she wanted something to eat. Food was brought immediately, and was eaten greedily. I continued to give sulphonal for a few days; the appetite remained good, and the patient continued to eat with relish. Now her mental condition is not much better, but she is a little brighter, she talks more readily, and her general health is excellent.

FOREIGN BODY OF THE INTESTINE; DEATH; AUTOPSY.

Dr. BURGESS reported this case.—R. S—, aged 32, a case of long-standing dementia. July 3rd, 1898.—A slight attack of diarrhoea. Little or no pain, no constitutional disturbance. Treated with lead and opium pills, which checked diarrhoea. July 7th.—Complained of slight pain in the abdomen; no signs of tenderness and no constitutional symptoms. Bowels loose again. July 9th.—Still complains of pain in abdomen; slight tenderness on pressure and some tympanites. Vomited several times during day, but no diarrhoea. Pulse slightly increased, but full and soft; a rise of one degree in temperature. Appendicitis suspected. July 10th.—Did not sleep last night, in spite of a full dose of morphia, and is much worse this morning. Constant vomiting, with signs of failure. Pulse and temperature both much increased, and a good deal of tenderness over abdomen, especially on right side. Dr. Armstrong called in consultation, but decided that it was too late for operative interference. Patient died at 2.40 p.m.

Autopsy.—Body that of a young man dead twenty hours. Post-mortem rigidity complete. Skin sallow. Post-mortem lividity well marked on back, sides, and thighs. Signs of commencing decomposition in front of abdomen, which is distended. Subcutaneous fat absent; muscles of a dark red colour. Abdomen distended with a turbid brownish fluid having a faecal odour. On the left side, about the level of the umbilicus, is a small, black, gangrenous area, in which projects a broken piece of needle. Evidence of intense general peritonitis.

In the great omentum another fragment of needle is discovered. On separating the coils of the collapsed portion of intestine, a wire (hair-pin) is found penetrating the mesentery about two inches from the edge of the bowel, penetrating also one of the coils of the ileum. This wire passes backward, catching up on its passage a second coil of ileum, and is then embedded in the quadratus lumborum muscle of the left side. On removal of the intestines they are found normal until about three feet from the ileo-cæcal valve, where the intestine becomes much dilated; the walls and mesentery are much thickened and inflamed. This condition persists for about eighteen inches to a point where constriction has occurred through the mesentery of the intestine. On opening up the affected section about eighteen inches from the ileo-cæcal valve there are found three or four sharply cut lacerations of the intestine, as if from a sharp-pointed instrument. About this point perforation had occurred. At every place where the wire came in contact with the tissues is traced a brownish-black discoloration. The appendix was inflamed externally, but practically normal within. *Stomach* normal. *Kidneys* normal. *Spleen* small, capsule wrinkled, very flabby; on section pale and firm; weight two ounces. *Liver* congested, with cloudy swelling; lobules indistinct. *Heart.*—Right side contains soft, reddish clot; left

side is contracted and empty; all the valves normal. *Lungs*.—Right lung free from adhesions, somewhat congested; crepitant throughout on section; weight nineteen ounces. Left lung adherent by lower lobe posteriorly and to diaphragm; weight sixteen ounces. Bronchi in both lungs normal.

The hair-pin had probably been swallowed some time previously, as there was no trace of irritation in the stomach.

INFLUENCE OF TRAUMATISM ON MENTAL AFFECTIONS.

Dr. A. VALLÉE reports the following case:—L. T—, æt. 62, admitted to the Quebec Asylum 12th March, 1894, suffering for the last five months from a severe attack of melancholia, brought on by pecuniary troubles and alcoholic excesses. Believing himself to be damned for ninety-nine years, he kept perfect silence. Nothing could distract him for a moment, and he opposed a passive resistance to all our endeavours. His general health gradually gave way under the influence of melancholia, complicated by insomnia and sitiophobia, and he was sent to the infirmary.

May 3rd.—I was called to extract a foreign body which he had thrust into his eye. He was sitting on his bed quite silent. A black spot was noticed at the internal angle of the right eye. It was the head of a nail four inches long, and was at once extracted. Alarming symptoms soon appeared: face very pale, extremities cold, pulse filiform, left arm and leg paralysed.

May 4th.—He rallied a little, but the hemiplegia continued.

May 5th.—Partial convulsions set in over the face, lips, neck, and left arm. They lasted about twenty-four hours.

May 8th.—Hemiplegia disappearing; mental state improving.

After three or four days all the nervous symptoms have disappeared except a divergent strabismus of the right eye, which lasted about fifteen days. The general health and the mental condition continued to improve gradually till, at the end of May, he was able to walk round the asylum by himself. His memory was perfectly good, but he does not know why he thrust the nail in his eye. On the 15th of July he left the asylum perfectly recovered.

Another case where traumatism hastened recovery occurred here a few years ago. O. R—, æt. 25, admitted suffering from a violent attack of acute mania. A few weeks after his admission he quarrelled with another patient, and was bitten very severely on the thumb. Intense nervous tremors set in, and lasted for an hour. Thereafter O. R— became conscious, made a rapid recovery, and was discharged in a few days.

RECENT MEDICO-LEGAL CASES.

REPORTED BY DR. MERCIER.

[The editors request that members will oblige by sending full newspaper reports of all cases of interest as published by the local press at the time of the assizes.]

Reg. v. Bryson.

John Bryson, an elderly man, was indicted for the murder of a woman with several aliases. The murder was a peculiarly brutal one, the woman's head being battered into a shapeless mass, both eyes destroyed, and the face rendered unrecognisable. No evidence of provocation is reported. The prisoner had been drinking a good deal just before the murder, and when arrested immediately after was much the worse for drink. It was proved that he had had a sunstroke, and had narrowly escaped being killed by lightning, and that since these experiences he had been subject, especially when in drink, to outbreaks of unprovoked violence, of which he appeared afterwards to have no recollection. Several such outbreaks were described by witnesses. The prisoner, by advice of his counsel, pleaded guilty of culpable homicide. Sentence was delayed until the afternoon, when the judge stated that after consultation with his colleague he had been able to decide to treat the prisoner in a comparatively lenient manner.—Ten years' penal servitude.—(The Lord Justice's Clerk.)—*Scotsman*, August 31st.

A fresh instance of the growing practice of considering the mental condition of the convict in awarding punishment. The prisoner was allowed to plead guilty of