

of the Medico-Psychological Association is not prepared to recommend that there should be any alteration in the law defining criminal responsibility, it is of opinion that the procedure now frequently adopted in England and Scotland of having all criminals, about whom there is the least suspicion of insanity, thoroughly examined by medical experts before their trial, and as soon as possible after the commission of the crime, should be universally adopted, and the evidence thus obtained laid before the jury, whether for or against the prisoner. It is also our opinion that more latitude should be given to medical witnesses to explain fully their exact view of the mental condition of the prisoner, subject, of course, to the closest cross-examination."

Owing to the advanced hour a paper promised by Dr. Conolly Norman was postponed, and the proceedings terminated with a warm vote of thanks to Dr. O'Neill for having invited the Division to meet at the Limerick Asylum.

BRITISH MEDICAL ASSOCIATION.

We have now placed before our readers the greater part of the proceedings of the Section of Psychology at the last Annual Meeting of the British Medical Association, and here append an abstract of Dr. Gowers' paper on

THE RELATIONS OF EPILEPSY AND INSANITY.

Dr. GOWERS, in opening the discussion, restricted himself to the consideration of idiopathic forms and the clinical aspect.

The first striking relation of insanity and epilepsy, he pointed out, was their family interchangeability, and he dwelt on the need for statistics as to the proportional relations of epilepsy to insanity generally, and to its different forms; its relation to an associated history of insanity, and also of inquiring if any relation existed between epilepsy as a family antecedent and the course of the forms of insanity in which it occurs.

Dr. Gowers had ascertained the heredity of insanity with epilepsy in 50, and of insanity only in 37 per cent. of his epileptic cases, but regarded these estimates as untrustworthy from the popular tendency to refuse to acknowledge hereditary diseases of this class.

The consideration of the associated diseased conditions he held required careful limitation, especially by the exclusion of cases of simple mental failure or arrested brain development from epilepsy.

Post-epileptic mania, he thought, should be kept distinct as an "entirely separate form." While accepting Dr. Jackson's explanation that this state results from the unrestrained activity of lower centres, he did not regard this as the whole truth, since he had met with cases with unrecognisable precedent epileptic phenomena. He anticipated that study from the insanity aspect would confirm Jackson's theory that "the slighter the discharge, *i.e.*, the more extensive the function undischarged, the more manifest and elaborate is the post-epileptic automatic action."

A predisposition of the lower centres to pass into a state of morbid activity was inferred from the hysteroid symptoms which follow epileptic attacks, and justified by the fact that these occur in women almost exclusively in the first half, and in men in the first third of life; moreover, that psychical disturbance, often associated with a special sense centre, at times commences a fit. From this last fact he argued that the elaborate mental process which sometimes commences an epileptic discharge might solely constitute it, and that thus brief insanity might be truly epileptic, and not post-epileptic.

The occurrence of insanity in the course of epilepsy and the forms it assumes he urged needed further study, and also the precise features of the attacks in epileptics who undergo attacks of insanity. These last, he believed, especially occurred in patients in whom epileptic attacks were preceded by psychical or psycho-sensory *auræ*.

In the discussion Dr. HYSLOP said that from Dr. Hughlings-Jackson's scheme of

evolution and dissolution it was difficult to understand the nature of the positive psychical symptoms in epilepsy. We can, he said, readily conceive that brain disturbances may determine losses of local memory, and this would correspond to the negative lesions of Hughlings-Jackson, but the mere existence of a negative lesion does not in the least explain the nature or origin of the positive morbid symptoms which are thought to be due to evolution going on in the undamaged remainder. When we confine ourselves more particularly to the consideration of the negative lesions and their effects, we find that we have to deal with disorders of memory, and, synonymously, therefore, with the comparing faculty. From a clinical point of view, however, we cannot reconcile or adopt the possible existence of a negative brain lesion with the mental symptoms of the insane. In epileptic states of the slighter variety we can readily conceive that local brain disturbances may give rise to temporary or local amnesias, but we do not in the least understand the methods whereby the positive psychical symptoms come to have their origin and abnormal character.

Professor BENEĐIKT said that he saw many cases which were not recognised as epilepsy, but rather as a vice or passion, as in a man who had a fit whenever he took alcohol.

Dr. CONOLLY NORMAN expressed his surprise that Dr. Gowers had not seen cases of post-epileptic mania in women, of which he had seen several.

Several other gentlemen also took part in the discussion, which terminated by appointing a small Committee to consider the subject and submit proposals to the Council of the Association.

ABNORMAL FORMS AND ARRANGEMENT OF BRAIN CONVOLUTIONS, BY DR. MICKLE.

This paper, which formed the Presidential Address, will be published in succeeding numbers of this Journal, along with other important matter, which summarises much of the author's experience in pathology.

MEDICO-LEGAL CASES.

REPORTED BY DR. MERCER.

[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. Coombes.—"The Plaistow Murder."

Robert Allen Coombes, 13, was indicted for the wilful murder of his mother. The facts, which were not disputed, were of a very revolting character. The prisoner and his younger brother, Nathaniel, *æt.* 12, had for some days discussed the murder of their mother, who appears to have treated the boys not unkindly. On July 4th prisoner purchased a knife and concealed it. Early on the morning of the 8th he stabbed his mother twice with it while she was in bed. He had slept with his mother, and said that she had punched him during the night. He took money from his mother's purse, and accounted for his possession of it and for her disappearance by a series of ingenious and elaborate lies. He wrote a letter to the cashier of the company in whose employment his father was, asking for money on the ground of his mother's illness, and backed up the application with an old medical certificate, from which he tore the date. He wrote another letter to his father, in which he accounted for his mother not writing by saying she had hurt her hand. He also wrote an advertisement for an evening paper, asking for a loan of £30. The two boys agreed that the elder should stab their mother when the younger gave a signal by coughing twice. On the morning of the murder and after the crime they went together to Lord's Cricket Ground.

Evidence was given that the boy was a very clever boy for his age, and was a very good boy at school, and that he was very fond of reading sensational books, and took great interest in the trial of criminals.

The jury found a verdict of "Guilty, but insane."—Central Criminal Court,