A STUDY OF PARANOIA

AND

THE LEGAL RESPONSIBILITY OF THE INSANE.

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Preface.

This thesis naturally falls into two parts. In the first part we will discuss and treat of that form of Insanity known as Paranoia. The subject will be treated in the following manner: First a preliminary and general description of paranoia will be given. Following this general discussion the subject will be treated more specifically and fully. In the first place it will be classified and discussed according to its causes; this will be followed by a description of the various forms of paranoia, based upon a classification of the disease according to the course, nature and symptoms which it manifests.

In this treatment, as far as possible, typical cases will be given illustrating the different varieties of paranoia and showing the peculiarities of each. Finally the prognosis of paranoia will be discussed.

The second part of our thesis concerns itself with the legal responsibility of the insane. We will endeavor to show what the tests of mental responsibility, both in criminal and civil law, are, and the relation of the insane to these tests. Our discussion will be confined almost wholly to English and American law and the changes in the law of insanity will be shown by tracing the historical development of the English law of mental responsibility.

The law of insanity in Germany and France will be very briefly given in order to point out the essential differences between the English and American law with respect to the responsibility...
Finally we will briefly apply these legal principles of responsibility in mental disease to paranoia in order to discover if these patients can be held responsible and to what extent, in criminal and civil law.
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Part I.
Paranoia.

Preliminary Considerations and General Treatment.

Paranoia or monomania is a constitutional insanity; almost without exception hereditary or based on an inherited or acquired degenerative taint; it involves the highest logical processes primarily, but does not warp them all equally or some in fact at all. While the prominent features of paranoiacs consists in a series of ideational aberrations, imperative conceptions, delusive interpretations, systematized projects and actions or finally a tendency to morbid speculation, yet they are not always free from anomalies of the perceptual sphere and disorders of the will. The general intellectual status of these patients, though rarely of a very high order is moderately fair and often the mental powers are sufficient to keep the delusions under control for the practical purposes of everyday life. While many are depressed or irritable yet the prominent mental symptoms of the typical cases of this disease consist in fixed delusions. Delusions and hallucinations play a much more significant part in paranoia than in any other form of insanity, they are primary symptoms and not engendered on the soil of exalted or depressed emotions as in mania or melancholia. These delusions or fixed ideas become systematized. They are the pivot about which the entire personality and the persons entire universe turn. They lead to the formation of another personality altogether different from the real personality. These
Delusions dominate the mental activity to such an extent that they become the main spring of all actions. The paranoiac is not amenable to ordinary reasoning and his delusions cannot be dislodged by any power of logic. His mind is not susceptible to argument, for if it were, the delusion would itself disappear, as the temporary delusions of the sane or the curable insane do. He may have one set of delusions, he may have many: the persistence of one or many proves that the entire logical apparatus is out of gear. It is absurd therefore, to claim that a person is insane on some one point and that only; he may show his insanity in one way only, but his mental derangement is as great as though he had many fixed ideas.

The subject matter of the delusions is of such a character that the patients consider themselves either the victims of a plot or as unjustly deprived of certain rights or portions and observed or watched by agents of their foes, delusions of persecution are added to and incorporated into the fixed ideas and the patient becomes sad, thoughtful and depressed in consequence. Thus while supposed to be very similar to melancholia, it is very different because the patient is depressed as the logical result of reflections growing out of his morbid train of thought. Because he is watched and made the subject of audible comment (hallucinatory or illusional) he concludes he must be a person of some importance.

The beliefs of paranoiacs are almost as numerous as the patients. They are all characterized by this feature that occurrence
in the outer world are anxiously examined by the patient with a view of tracing their connection with himself. Accidentl remarks by others, initials in the personal columns of the daily newspapers, bill posters, biblical passages, and certain phrases in sermons are interpreted as showing a special reference to him. Sometimes a mere exclamation, coughing, sneezing, or the turning around of a person in the street, are supposed to be signals by which the patient's enemies recognize each other. He believes that he is ridiculed, that the clergy point at him for the purpose of degrading him in the eyes of his fellow men, that he is accused of unnatural of foul crimes and that persons on the street hoot at him and are employed to do this by detectives, Free-masons, Jesuits, or by his business or professional rivals.

With regard to matters unconnected with their morbid ideas, paranoiacs present the ordinary powers of memory and judgment and exceptionally may even be mentally productive. There is, however, a flaw, a break in their logical apparatus and a weakening of their logical inhibitions but not as utter confusion as in the terminal incoherence of other forms of insanity, not an absolute loss of power as in the demented imbecile or a fundamental emotional disorder, as in the maniac and melancholiac.

Delusions of persecution commonly follow delusions of aggrandizement in paranoia and the two may exist side by side. There is no demarcation between paranoiacs in which persecutory delusions predominate and those in which the ambitious ideas prevail, they are
merely the same disease manifesting their symptoms under different external guises, whose formal character is often fostered if not determined by external circumstances such as for example, an arrest or an asylum incarceration.

The vain attitude of the patient is a most characteristic sign of the malady in certain cases, the dominant egotism of the patient is typified by the erect and stiffened position of the body, the upturned head and the supercilious sneer, the dramatic gestures and the air of condescension displayed in conversation with others.

Paranoia is the most typical form of insanity, in as much as it shows most distinctly the effect of hereditary. The first signs of the insane neurosis can, as a rule, be traced far back into childhood. The children who are exclusive, who never care to play with other children, who are unusually irritable, who prefer to pray when others go to play, these are the very ones who develop paranoia later in life. Moody, irritable, queer and cranky, they go along well enough until they have to run up against others in the struggle for existence, or until they are overcome by some severe grief, by strong emotion, by political or religious excitement, and the delusions which may have been latent for a long time come to the foreground. On further inquiry into the antecedents of the paranoiac, he will generally be found to have come from a neurotic stock, in which insanity, hysteria, epilepsy and chronic alcoholism have occurred; in other cases a fall early in life, a severe infectious disease, such as typhoid fever, pneumonia or mastur-
bation may appear to have been the direct exciting cause. While
the disease begins in early life, the full fledged delusions do
not as a rule appear until the age of puberty or possible not until
the climacterium.

Hallucinations may be and frequently are mixed up with
delusions, but they are not essential to paranoia.

Classification of Paranoia According to Cause.

Paranoia may be divided into two great classes according
to its causes; the first Degenerative and the second Psychoneurotic
paranoia. Degenerative Paranoia may be subdivided into two classes;
first, cases in which there is a very sudden and early outburst of
abnormal symptoms; second, cases in which there is a gradual dev-

evelopment of mental disorder.

In degenerative paranoia the subject is noticed to be
peculiar from infancy, they entertain vague asperations, are excess
ively egotistical, and the non-recognition of their supposed impor-
tance or abilities leads them to consider themselves the subjects
of persecution. In others the egotism is so great that the most
ridiculous failures are not capable of disspiriting them. Hallucin-
ations frequently develop as the disorder progresses. Peculiarities
in pronunciation and the inability to pronounce certain consonants
have been noticed in some. There are defects in the bodily confor-
maton similar in kind though usually of a less degree than those
characterizing idiocy and imbecility. The head is often asymetri-
cal and deformed, the teeth are sometimes deformed and there may be
club-foot, strabismus and atrophy of one side of the body. The
general nervous and mental state of patients predisposed to para-
noia is that of irritable weakness which manifests itself early in
life by a tendency to convulsions and to delirium in the course of
slight febrile afflictions. While the intellectual faculties in
this condition may be intact the memory excellent and the judgment
in ordinary matters unimpaired, yet there is seldom any higher
ability. While these subjects may succeed in a routine calling, they
are rarely capable of a sustained mental effort in an original
direction. Usually their conceits are fautistic rather than pro-
ductive, their reasoning paradoxical rather than logical and their
argumentation tricky and shrewd rather than substantial. When the
whole career of the degenerative paranoiac is followed up it is
found to be exceedingly checkered and vagabondage, theft and fraud
are often prominent incidents in their lives. Sexual perversion
is not uncommon and it may or may not be due to this that female
patients belonging to this group sometimes have bearded chins.

The second great division of paranoia according to its
cause is that of psychoneurotic paranoia in which there is no heredi-
tary degeneration. It develops slowly as in ordinary mania and
melancholia. It terminates either in recovery, or more frequently
in dementia. Its course is more rapid, and is more intense in
character than degenerative paranoia. This group may be subdivided
into primary and secondary psychoneurotic paranoia. The primary
division is the most frequent and may be acute or chronic. The
secondary cases follow an attack of melancholia or succeed to one of mania.

Whatever be the cause of paranoia its course is essentially chronic, the tendency being an increase of the mental degeneration, but it may last for years without passing into profound dementia. Time tends to weaken the intensity of the delusions and therefore renders the patient less and less dangerous to society.

We may briefly distinguish between the two great classes of paranoia according to cause as follows: Degenerative paranoia is based on an inherited taint of insanity or a transmitted neur-otic vice, and psycho-neurotic paranoia which results from some bodily injury, alcoholism, deep, or sudden injury to the nervous system after typhus fever, great emotional strain or the continual strain or the continual harping of the mind on one subject.

The following case is submitted as a typical case of degenerative paranoia. J. D., an inmate of the Eastern Illinois Hospital for the Insane, Kankakee Illinois, from McLean Co. Age of patient 31 years physician professional education, religious beliefs that of a spiritualist. The physical condition of the patient at the time of his admission to the hospital was not good, his nutrition was fair, but he was thin and generally run down, his sleep had been limited to about five hours. The patient had an attack of La Grippe, three years previous to his first attack of mental disease, from which he suffered a relapse, the patient also had persistent supraorbital neuralgia of the right side.
State of special senses; pupils normal, hearing and sight normal except occasional phstophobia, sensibility of the skin normal, respiration normal and pulse about 121.

The history of the patient's family shows conclusively that his insanity is based on an inherited degenerative taint. Two of his uncles died of softening of the brain and his father with nervous prostration and general breaking down of the nervous system; an aunt died of nervous troubles and his mother was subject to hysteria.

As a boy the patient was exceedingly nervous and very irritable, always positive in his assertions and inclined to be egotistical and overbearing. He was of a changeable instable disposition and was alternately in exalted and despondent moods and when in the latter mood shunned the society of others. The patient had smoked cigars to excess for more than twenty years but had no other injurious habits or vices.

The immediate causes assigned for the patient's attack of insanity were his poor health and the suicide of a woman in his house who was quite a friend of the family. The first indications of any change in his mental condition occurred about ten days before his removal to the hospital when he lost two of his patients whom he asserted were not dead but alive. After the patient's removal to the hospital he became very obstinate and had to be forced to go to bed or for a walk and to eat. His condition improved somewhat; at times he seemed quite depressed and at other times he was in-
clined to be talkative; much of the time he seemed to be in deep study and occasionally he was very obstinate. His appetite was very capricious and he was troubled with constipation; the patient used tobacco to excess when he can procure it, preferring the strong plug to other forms; the patient had two fainting spells soon after his removal to the hospital evidently caused by his excessive use of tobacco; since the latter has been cut off to a great extent he has improved. The patient walked about much of the time and talked to himself. He continued to improve steadily and was sent home on trial.

Two months later the patient was readmitted. He was very much disturbed and walked up and down the ward continually, talking and swearing at imaginary persons and threatening all sorts of vengeance upon his imaginary persecutors. When spoken to the patient will quite down for a very short time, but soon forgets and becomes as noisy and restless as ever. His appetite is fairly good; he is neat about his person but rather untidy about his room. The patient does not sleep well, is quite noisy at nights. The patient did not improve any, became extremely profane and obscene, very indolent and more obstinate than ever. At times he will read the newspapers with apparent interest, continues to talk to himself and would walk up and down the hall with a handkerchief to his eyes as though crying, talks in a low voice and swears at imaginary persons. The patient has hallucinations of hearing and imagines he hears spirits talking to him. When not excited the patient is very
affable and pleasant, but his many delusions work him up to such a state of excitement and anger, sometimes also into a protracted laughing spell, that he will walk to and fro in a hurry, demanding to be set free and using horrible language.

The patient believes he has communications with the Spirit-land. His delusions take a systematized form; he believes there is a government in the Spirit-land of which Abraham Lincoln is at the head and Steward the prime minister. He thinks himself a member of the cabinet in the government of the spirits and also that there is a Confidential Legation, as he calls it, which is the means of communication between the spirit land and this land and of which he is the head. The patient will leave a game of cards suddenly, saying, "I have got to talk some", meaning to the spirits. He has a regular system of technical words relating to his delusions which he explains, and which he uses in his communications with the Spirit land. His delusion is worked out logically and presents no incoherent features. The patient believes himself the supreme head of the government of the Spirit-land in this world and consequently a person of great importance. He thinks he has a great mission to perform in this world in establishing the government of the Spirits over all men.

The patient was always cheerful to the attendents and physicians and would never talk of his delusions or hallucinations to them as he was very anxious they should think him sane and give him his liberty.
Classification of Paranoia According to its Nature.

Classifying paranoia into different forms according to the nature of the disease and its symptoms as it manifests itself in different patients, we find two principal schemes of classification generally in use among scientific writers on the subject. The first division of paranoia, is into Chronic and Acute Paranoia. The second and more important classification of Paranoia into forms, divides it as follows: first Paranoia without delusions; second, paranoia with delusions; third erotic paranoia; fourth, religious paranoia.

The first of these divisions concerns itself more with the course of the disease and may be briefly treated.

Chronic paranoia is the most important and most frequent form and is also most closely related to melancholia and mania. In the beginning of this disease the chronic paranoiac feels gloomy because he is no longer himself, later it becomes clear to him that he is under a foreign influence and controlled by it. He realizes that his ideas impose themselves upon him in spite of his will, he has no control over his ideas, he is simply the creature or servant of them, he cannot receive new ideas because of the insistent ideas that he has. There is method and system in his ideas, he develops them into a consistent whole.

The acute form is different from the chronic in that there are a great many periods of lucidity and clearness, times when the patient is his normal self mentally. This form usually proceeds
from nervous prostration and may be caused by headache, insomnia, acute dyspepsia or by a condition of depression, anxiety, or suffering. Sometimes it results from certain fever conditions. In the beginning this disease shows itself as a strong anxiety or fear and a complete forgetfulness of surroundings. It may be characterized in the beginning by illusions of the senses or by a complete darkening of the consciousness until there is a state of inhibition in which the patient for hours and days remains in a visionary dream state, and in which the perceptions are illusory and false. The hallucinations come suddenly but not in an orderly way as in the chronic form, in the latter there is a correlated order of ideas, everything is in a logical schema, whereas in the acute the ideas are erratic in their arrangement, in acute as differentiated from chronic paranoia the patient may go from a melancholic to an ecstatic state. In many acute cases the excitement is greatest at night, they fear darkness. Sometimes the condition of mania will endure but a few minutes and sometimes it will last for weeks and even months. As a rule acute forms are curable while chronic generally speaking are not curable.

In both chronic and acute paranoia there is an increased excitability of the sense perceptions or sensorial hyperthesia. The ideas are generally grotesque and fantastic and of an unreal nature.

The second scheme of classification of paranoia according to its nature and symptoms, which we will now take up, being
the more important of the two forms of classification will require a somewhat fuller treatment than that given to the preceding classification. It is to be noted that the former classification is partially identical with that which follows, in that all the following forms of paranoia may be in their course either chronic or acute. We will take up the different forms of paranoia in the order given above.

In paranoia without delusion the continued monomaniacal character is the chief or sole manifestation of mental abnormality, the patients of this form are turbulent, quick to anger, committing outrageous acts which they are always ready to justify by plausible reasons. Incapable of mental or physical application, they destroy subvert, and unsettle everything with which they are brought into contact and which they can injure. Hallucinations and fixed delusions may be entirely absent but the overbearing egotism of these patients, which leads them to the most fanciful and extravagant undertakings, can be regarded only as the expression of delusive opinion. Because of their seemingly good reasoning powers they have been termed the reasoning monomaniacs but this is hardly accurate for they are unreasonable in their beliefs and more so in their acts, sometimes than the delusional monomaniac. In many cases of paranoia without fixed delusion, a periodical outburst of excitement coupled with impulsive acts or marked by hallucinations is noted. These when present constitute a transition to impulsive and delusional paranoia, and the periodical recurrence of the insane
explosions furnishes an illustration of the relationship existing between all the forms of insanity which are the expression of a continuous neurotic vice.

The symptoms of this form of paranoia may be numerous and varied or they may be few and limited in range. In some there may be a single imperative conception or impulse or a delusive suspicion which may never become organized into an insane belief and may be the sole mental symptom; vague fears are experienced by some patients, others imagine they can do harm by glancing at an object in a certain way.

While this phase of paranoia may be regarded as rudimentary or abortive for this malady, the fundamental disorder may be as great as in the delusional paranoid. The same mal-configuration of the skull, as well as the same facial expression which are found in delusional paranoia are also found sometimes in cases falling under paranoia without delusion.

The most frequent and hence most important form of paranoia, is the delusional paranoia. The delusions of this form of paranoia are alone sufficient to characterize it, and when found serve to, establish the diagnosis: they are of the systematized variety. It is only exceptionally that the delusions appear abruptly and when appearing in this way serve as the connecting links between those rudimentary delusions, which the imperative delusion is, and the true systematized delusion.

Usually pleasant or unpleasant visceral sensations,
Hyperesthesia in the ano-genital region, strong sensations flashing up from the latter through the spinal cord to the brain (serving as the basis of delusions of sexual congress with men, God, or devils), a feeling of dryness in the throat or a bad taste in the mouth (serving as the basis for delusions of poisoning), are experienced and the patient, in endeavoring to account for them, builds up his insane belief. Sometimes hallucinations or dreams contribute additional material.

Usually the outbreak of the disorder coincides with some one of the physiological periods, such as puberty, the second climacteric, pregnancy and the puperal state. It is sometimes precipitated by sexual excesses, more frequently by masturbation, and occasionally visceral diseases and fevers. The development is usually gradual and is comprised in the progressively firmer and more extensive organization of the delusions. Sometimes the advance is by fits and starts.

The delusions of the paranoiac may be either delusions of persecution or delusions of grandeur.

The former ones are the most common in delusional paranoia. There is a marked difference between these delusions and the delusions of persecution found in melancholia. While the melancholic believes that he is pursued or punished because he is a weak, cowardly, bad or criminal person; the paranoiac believes that he is persecuted from motives of envy and as a rule he develops exalted delusions of his personal importance or worth, side by side with
those of persecution. The paranoiac with delusions of persecution supposes himself to be the victim of circumstances or of an individual or corporate body; he believes that he is made to suffer for wrongs which he has never committed. He has as a rule been morose exclusive and perhaps given to masturbation. He feels that he is being observed by others; that they notice a peculiarity in him; that they can read and control his thoughts; that the newspapers direct their flings at him, when they speak of rascals or thieves they mean him. Before long he hears voices; these are the voices of his enemies, who are trying to ferret out his actions; he stops up the keyholes and draws the blinds of his windows; but his enemies are just outside and lying in wait for him; if they cannot get rid of him as easily as they wish they put poison in his food which he will refuse to take from that time on. He may be the victim of socialists, of the police, of a definite religious sect, which endeavor to influence him by electricity, through the telephone through the use of hypnotism or to kill him by causing him to inhale all sorts of noxious vapors. An endless variety of delusions and combinations of delusions and hallucinations may be the result, but the one prominent feature of them all is that the patient is made the victim, the sufferer.

The delusions of marital infidelity come under this heading, particularly if it occurs in a woman, while suspicion of infidelity on the part of a wife is as a rule an accompaniment of infidelity on the part of the husband. In the wife such unfounded
suspicions are the expression of paranoia persecutoria, as it occurs during the climacterium. The diminution of sexual concourse the waining powers of fascination, naturally suggest that the husband seeks gratification elsewhere. He betrays his relation to other women by the fact that he coughs when he passes them on the street. The maid waiting at the table passes the dishes with special deference to the master of the house. In other cases these changes in the sexual sphere lead to the delusion that the person has been raped in her sleep, or that she has been lead to houses of prostitution; that others are spreading such reports for the purpose of defaming her. Some feel called upon to prosecute the offender as a matter of self defense.

The two following cases are submitted as illustrating delusional paranoia with delusions of persecution; in both of which, the latter especially, hallucinations are mixed up with the delusions and play a very important part.

Miss M. M, an inmate of the Eastern Illinois Hospital for the Insane, Kankakee, Illinois, from Edwards Co. The patient is a single woman thirty-nine years of age. Two of the maternal aunts died insane and her mother died of paralysis at birth of patient, showing an inherited taint of mental disease from her mother’s side. The patient as a child had no vicious habits, and experienced no disorder at the age of puberty. Her menstruation was regular, profuse and associated with bilious headaches. Her constitution was weak and she suffered from indigestion, appetite good and sleep medium; while a girl she had an attack of typhoid fever and pneumonia.
The patient had a very nervous temperament and experienced states of depression and elation, but as a rule she was cheerful and sociable and took an optimistic view of life. Her disposition as a whole was good, she was very sensitive and very ambitious. There was a tendency to morbid reference of actions of others to herself of late years. Her general intelligence as a child was good and she acquired knowledge rapidly. Her tastes were philanthropic in their nature. The patient's social position was good and she was largely successful in her occupation that of a common school teacher. She lived with her parents and her home life was congenial except that her tastes were not domestic. The patient worked very hard which made her more nervous than ever. She had a tendency to dream.

The patient's physical appearance upon admission to the hospital was that of a well developed female, her muscleularity was rather well developed and nutrition good. Face slightly flushed, no asymmetries and no malformation. Her temperature was normal and pulse 80, full and well sustained, nervous system shows a feeling of well being. The patient had a burning sensation in her blood periodically and at times has a sensation as if her spinal cord were grasped. At times her brain seems to receive a severe shock, has a sinking feeling over her heart.

The patient is conscious of self and surroundings, her memory is good and attention to surroundings and questions fair, association of ideas nearly normal and her ideation accelerated. The predominant qualities of her disposition are slightly exalted.
solution increased and moral consciousness very keen. The patient believes she will become paralyzed on her right.

Her hallucinations are very marked, being both of hearing and sight, she says she has a sound in her left ear like a turkey brushing its ears on frozen ground and in the right ear has sounds like that made by swarms of bees only sharper. At times she sees the devil and thinks he is endeavoring to gain control of her brain. The patient will draw a figure eight and call it a magnetic force and says she feels many of these enter her body. Her delusions of persecution are very strong; she says she is the victim of two men in the town where she lived, and thinks they are persecuting her. One of them in particular (a banker) she thinks has a peculiar power over her, she says she has communications from him and hears his voice constantly. He is persecuting her and has told lies about her, he has accused her of doing all sorts of evil things which she has never done.

The beginning of her delusion and of his power over her was with an imaginary conversation the patient had with these two gentlemen, in which the banker accused her of lying and all sorts of bad things. She became indignant towards him and denied his statements and accused him of falsifying and intentionally persecuting her. The patient says the banker then started towards her and she became unconscious and from that moment has been in his power and he is constantly renewing his slanders against her.

The patient believes that if she could see the banker and
shake hands with him, his power over her would be gone and they
would be friends again; she also believes that she will recover
from her present condition upon a certain date which she has had
revealed to her by voices. The patient does not seem to have any
exalted idea of self, her own real identity remains unimpaired in
her mind.

When argued with and when anyone endeavors to convince
her that this conversation, her persecution by the banker, his
power over her and her hallucinations of voices and sight, were
purely a product of her own imagination; she talked quite rational
ly and expressed the wish that she might be convinced that they
were purely imaginative. She seems to realize fully that no one but
herself believes these delusions and hallucinations to be anything
but the product of her own disordered imagination but she cannot
be convinced that to her at least they are not real.

The patient talks on every other subject in a rational
manner and shows more than ordinary intelligence. She admits that
her imagination from early youth was excessive and abnormal, she
talks very rationally of her past life and of the present and her
present condition, she feels that she is not in a normal condition
but cannot be persuaded to admit the unreality of her illusions
and hallucinations.

The second case is submitted as illustrating delusional
paranoia with delusions of persecution that of Miss S. G. an in-
mate of the same hospital, is typical of the paranoiac with sexual
delusions and hallucinations. In this case the delusions of persecution are slightly mixed with those of grandeur though the latter are only secondary to the former. The patient was a native of Ireland and twenty-eight years old at the time of her removal to the hospital, both parents were Irish, age of father at birth of patient twenty, mother twenty-three. The patient received a common school education, her intelligence as a child was good and her progress in the acquisition of knowledge medium. She was a member of the Presbyterian Church and had followed for some time previous to her attack of paranoia, the occupation of a teacher in the public schools. At the age of puberty, fifteen, she did not suffer any disorders and never complained of any sickness; there was no change of character at this age. Patient had catarrh and was troubled with her back for some time before her removal to the hospital. She was thrown from a buggy when a girl but did not sustain any great injuries; after this accident she complained a great deal of headache and was troubled with her spine. She did not use alcohol or other drugs nor was addicted to any bad habits. As a child she was very bashful and irritable but cheerful and sociable; she was very fond of music though she did not play, she was also a little selfish. The patient blushed easily, her movements were a little irregular, and she was subject to passionate outbursts and to states of depression and elation. She experienced a frequent change of feeling towards others and was possessed of an excessive imagination; she was enthusiastic in her volition and was of an optimistic
nature, she was very proud and ambitious. There was a tendency to morbid reference of the actions of others to self. Her social position was good and she was successful in her occupation. Her home life was not very congenial as her parents were not as well educated as she could have wished. She had a tendency to dream and in her dreams would see horrid wild faces. Her menstruation was regular and painless but scanty and she was more irritable than ever at such times and never liked to go anywhere; she was more bashful then and wondered if she showed it and she did not like to be in men's company at such times or have them about her. The probable cause of the patient's insanity was delayed pubescence.

The patient's attack of insanity began by her believing a pupil in her school, a boy, had mesmerized her and gained control over her. Then she accused the man with whom she was boarding of mesmerizing her and finally her father and brothers. She said she knew when they would begin to mesmerize her for they would pull her head until she was almost crazy with the ache and then when they thought they had her under their control they would commence their work of irritating and poking her, she said that afterward she would be so weak that she could not stand it and would beg them not to do it and she would make homicidal threats towards her father and brothers. At such times she was troubled with her head and back and burning sensations in her limbs. Her attack began gradually, she became absent minded, lost her sense of right and was abnormally sensitive. She expressed a fear of becoming insane and was
greatly dissatisfied with her surroundings; she became restless, quarrelsome and more irritable than ever. She made threats and violent attacks towards men. The patient would say that if the men did not quit mesmerizing her and putting evil thoughts into her mind making her feel and suffer as she did, she would throw herself into the lake. She had delusions of persecution by men, believing that they could commit fornification with her by mesmerizing her and that they received the same sensations that they would have, if they committed the act. She was only annoyed and not relieved.

After her removal to the hospital the patient developed the idea that she was a natural born spiritualist in communication with her sister, she often thinks she is in a trance and sees remarkable things, when in these trances she communicates with God and the spirits, she does not hear or see them but her communications are by means of impressions. The patient will cry a great deal at times but not often, she sits with her hands on her knees and staring at the ceiling a great deal of the time and when asked what she is doing says she is trying to break the spell. She can account for her feelings in no other way except that someone is hypnotizing her; she believes that people act upon her by projecting their minds on hers; she will assume peculiar positions and claim that she has to maintain them till the spell passes off; she believes that the janitor of the ward causes her to have sore feet. The patient says she was placed in the hospital by Catholics for belonging to the A. P. A. She says they tried to kill her by
drawing the heart out of her, she also accounts for her persecutions by saying that the Catholics have been persecuting her because her father was an Orangeman. The patient uses very obscene language constantly and is very quarrelsome, she seems to regret very much her obscene language but says the spirits are to blame and that she can not help herself. The patient points out certain locations on her scalp saying that these being affected certain ways produce certain phenomena in the way of motion, pain, hunger etc. She claims that these persons who control her have such power over her as to make her think of things which she does not want to think of, this worries her more than any thing else. The patient says she has a new theory that people influence her to continue doing whatever she is doing. When she was found one morning with her head and half her body out of bed, the patient said she fell out of bed several nights ago and was compelled to go through the same performance every night. The patient maintains that certain of her organs have been removed though she can actually see and feel them. She has very beautiful pictures in her mind; her hallucinations of grandeur are chiefly of a visual nature and seldom have to do with her hearing. The patient has peculiar technical terms saying that the spirits have taken her "longevity" from her and removed her "clairvoyant".

Sometimes hallucinations predominate in the sphere of the depressive paranoid. He hears a thousand foes, feels scorpions and parasites crawling around him which have been let loose by his
destroyers, he tastes poison in his food and there are concealed foes or animals in his intestines. Where delusions assume this character and relate to the bodily states the designation of hypod-ronical paranoia is applicable.

In delusional paranoia with delusions of grandeur, we may classify all those cases in which there is an exhabation of self. The person thinks himself called upon to fulfil some special mission, he believes himself to be a person of great importance, a king, emperor, president, a political reformer, statesman, general, poet, actor, financier, orator and sometimes Christ or God. Some of these patients believe themselves to be some particular personage of great importance and rank, as Queen Victoria, President Cleveland, Jay Gould, Gladstone, Daniel Webster, Edwin Booth, etc; others simply have a vague delusion of exaltation, they are some great person and above their fellowmen but no particular person. The special missions they have to perform vary as widely as the delusions of the different patients. Some have a mission of reform, some of love some of self martyrdom for their country's good, some have a mission in science or as a lawgiver and some even have the noble mission of serving mankind. The patient assumes a haughty demeanor he is reserved, feels himself superior to the rest of the human race and his egotism and vanity are the dominant feature of his whole mental life. In these patients there are usually delusions of persecution as well as those of grandeur but the latter predominate and are primary while the delusions of persecution are
developed out of those of grandeur usually. The patient thinks his worth and importance is not appreciated, that he is not treated as such a great person as he should be, or that others envy him and wish to destroy his greatness, that they fear him, all this leads him to think he is being persecuted.

In the two cases given below as illustrating this form of insanity, the first shows the delusions of grandeur and those of persecution existing together but the former are the more prominent while the latter are evidently only secondary to and a resultant of the former. In the second case the delusions of grandeur prevade the whole mental sphere. There are almost no delusions of persecution at all.

The first case given is that of Mr. M. D. confined in the Eastern Illinois Hospital for the Insane. The patient is a native of Denmark and received his education at the University of Copenhagen, he is a member of the Baptist Church. The patient had no inherited insanity or degenerative taint transmitted to him and was not subject to epilepsy. He was a moderate user of tobacco but used no alchol or other drugs and was not addicted to any vice or sexual excess, he had no previous disease of head or body and has no bodily mal-formations or peculiarities. The patient for many years previous to his attack had been of an unsettled and itinerant turn, sticking to no form of occupation for any length of time, frequently changing his abode and travelling from place to place over a large part of Europe and finally coming to America about five years
previous to his attack of insanity. He had been a waiter in a beer garden and an attendant upon the insane at "Oakwood Retreat". For a year previous to his commitment to the asylum he was in the office of the Fairbanks Packing Company at Chicago.

The probable cause of attack of insanity was business troubles and worry. He became very suspicious of all about him, causing him to listen to every word uttered within his hearing and to watch every movement and at the same time he would be endeavoring to keep on with his task. Later he began to believe that he could hear voices for long distances; he would associate every word and sound with his own condition and would study over their significance. Finally three weeks before his admission he became unable to hold his position, was restless, sleepless and lost his appetite. The fact that his wife and child suffered from his inactivity intensified his anxiety and finally in desperation he gave himself up to the police.

After his admission to the hospital he became very obstinate and showed a nervous temperament. He persistently refused to eat any of the food supplied by the hospital and will eat no food except that furnished him by his wife. He is more feeble than at his admission; his pulse and respiration are normal, hands dry, good appetite, sleep and digestion good and sight normal. The patient has hallucinations of hearing, he hears the voices of people talking about him and wants them arrested, he walks the floor much of the time. The patient is quiet, and his manners very polite, but
he is very untidy about his person, he takes great pains to talk and act in a feminine manner. The patient thinks someone oppresses him about the throat whenever he eats and at night he is troubled by strange oppressions. When not excited and walking he stays in his room and reads. The patient thinks people are depriving him of his strength. He says he was kidnapped and sent to the asylum, he holds ex-Governor Oglesby and Fifer and Ex-Pres. Harrison responsible for his being kept in confinement. When spoken to he assumes a haughty demeanor and answers in a contemptable manner, he is very indifferent and disobedient to the rules of the hospital. The patient says someone is working impressions on his mind and taking his semen from him. He refuses to eat animal food; he masturbates continually and complains that evil spirits are at work upon him. The patient believes himself a personage of great importance, calling himself the "infallible truth", and says that his soul is the greatest soul in all the world. He says that he comes of the original race of the Gods. The patient believes that he has a mission to establish the true religion among men. He writes letters to the European Monarchs, the president of the U. S., governor of Illinois and other great persons. The patient thinks that because of envy of his greatness, others are persecuting him and fraudently depriving him of his liberty. He accuses the employees of the hospital of stealing his manuscripts and writing, worth, according to his estimate, many millions of dollars. He expects to reform and place on a new basis the sciences and rewrite the books used in the
education of the young. The patient believes that he possesses the only true knowledge, which he says his envious enemies are drawing from him.

The second case is that of J. D., an inmate of the same hospital as the above. The patient, at the time of his commitment to the hospital, was thirty-five years of age, a member of the Methodist Church and had been formerly an officer in the U. S. A. His parents were English; no record of insanity in any of his ancestors except that one of his aunts died insane.

The patient's physical development was medium and there were no defects of hearing, eye sight or other special senses, and he was not given to dreaming much and did not suffer from night terrors. As a child his general intelligence was medium and his progress in the acquirement of knowledge medium; he had no special tastes or fondness for any particular sports; the patient's disposition, as a child, was quiet, cheerful, sociable, and amendable to discipline. He suffered from a severe attack of typhoid fever when very young. While a student at West Point, from which he graduated, he had three falls from his horse, in one his nose was broken, in the other two he was rendered insensible. The patient did not use tobacco, alcohol, morphine, opium or other drugs, but indulged in sexual excesses for a number of years. The patient's home life was distasteful on account of disagreements with his wife and he had worried much previous to his attack on account of
these domestic troubles. He was inclined to idleness and of an itinerant turn. Of late years he has dreamed much and been much influenced by his dreams. The first indication of his insanity was his indisposition to work and neglect of personal appearance for three years or more before he was sent to the hospital.

While in the hospital the patient was very quarrelsome and hard to manage often resisting and striking the attendents, he was also very talkative and excitable. The letters written by the patient are of a very obscene nature and his language course and vulgar, they show great incoherence. He believes himself to be some biblical character and says he receives commands and inspirations from God. During three days he feigned unconsciousness and afterwards claimed that he was in communication with the Spirit world. The patient says that he possesses a great deal of new knowledge and many new ideas, which he was very anxious to give to the world. He says that "he furnishes the germs of new ideas for other people to develop". He has many new ideas in science, religion, politics, machinery, invention, business, schemes, lotteries, theories opportunities, speculations, corporations, methods and insurance. He says he has always wished to benefit humanity and that now by divine revelation he has come into possession of the germs of new ideas and theories which will be of great value to the world. The patient desires to start a new school of medicine and religion combined which he would call the "Natural Religion of Germs". The patient thinks he is a revalator and that he is living in an ad-
vanced age which makes his ideas and knowledge far ahead of that of the present time. He thinks his ideas are of such great importance to the world that they would sell for a great deal of money, but that people cannot recognize his learning because they are not advanced enough. The patient reasons very logically upon his system of new ideas, but refuses to talk much concerning them, because he says, people are trying to get possession of them so that they can sell them for money and thus become rich by defrauding him of that which rightfully belongs to him. His delusions of power ability and knowledge are more strongly fixed and insistent than the delusions of the paranoia usually are. The patient says those who are called insane are not so at all but are like himself great geniuses whom ordinary people (the sane) cannot understand or appreciate. He writes down what the other patients say and says the words are inspired, every one of which has a technical meaning which we do not understand because of our inferiority of knowledge and mental ability and because we are not inspired as they are. The patient says he was trying to make a woman of himself in order to feel as a woman felt so that he might develop new ideas which would be of special benefit to them. After making several attempts to escape from the hospital, in which he displayed great ingenuity, he finally succeeded in escaping.

A remarkable phenomenon showing the identical sameness of all paranoiacs, is what may be designated the transformation of the disorder that is a rapid and sometimes sudden change of the
delusions of persecution into those of grandeur. This transformation unlike that occasionally observed in paretic dementia which is without logical motive, is the result of inward reflection and reasoning. He reasons that because he is persecuted by numberless foes that he is a person of some importance. Hence believes himself a king, a prophet, or a religious and social reformer. Occasionally an intermediate trance-like or ecstatic state is observed.

That variety of paranoia characterized by the erotic delusions is termed erotic paranoia. In this form while the ideas and delusions of the patient are in the main expansive and quixotic yet the delusions of persecution may be developed in consequence of the failure to accomplish the platonic union with the adored person, the ridicule by his relatives and friends or the incarcera-
tion in an asylum rendered necessary by his extravagant behavior.

In religious paranoia, which is undoubtedly becoming rarer, the patient manifests a certain degree of weakmindedness or imbecility in childhood. The mis-conception of religious instruct-
ion or the misinterpretation of sermons, particularly such as are delivered by popular pulpit orators lead them to the development of a pseudo-religious and sometimes of a fervid religious enthusiasm. The occurrence of any of the disappointments or blows incident to life lead to their complete self-abandonment to religious speculat-
ion and the perusal of religious works. Ecstatic and visionary states then occur, the delusion may develop of being a great preach-
er, prophet, saint, the mother of God, of Christ or of all saints
or even of being God or Christ himself.

Sexual ideas are common in religious paranoia. The male patients believe that female seducers are sent to them at night by Satan; the female that they are pregnant by God or some other sacred personage. The chief danger from these patients lies in the fact that they often suffer from the hallucination of hearing the commands of God to do certain things. It is in obedience to such commands that religious paranoiacs have committed homicide, suicide, or self-mutilation.

Prognosis of paranoia.

The prognosis of paranoia is very unfavorable. The chief feature to be consulted in reference thereto is the mental power of the patient. The greater this is the more likely a correction of the delusive beliefs, the delusive suspicions, or morbid fears, to take place. Consequently the prognosis is best with those patients who suffer from simple delusions of persecution or social ambition. It is less favorable with those patients who suffer from a combination of delusions of persecution and grandeur with hallucination, it is still less favorable with erotic paranoiacs, and worst of all with religious paranoiacs, for here a background of original weakmindedness is generally present. Bad as is the prognosis in this form, cases are reported where the hallucinations and delusions disappear and the patient, if not altogether recovering showed nothing abnormal beyond an extraneous zeal and a desire to convert mankind to what he happened to consider in the excessive
egotism of the fanatic, the right faith.

Paranoia when not cured remains stationary for years. The logic of unrecovered patients becomes perverse, they are more frequently found in abstracted reveries than in the earlier periods of the disorder; but mental deterioration does not proceed rapidly and never reaches the degree of chronic confusional insanity or of terminal dementia, unless there is some intercurrent disease. Any of the ordinary forms of insanity, mania or melancholia may occasionally complicate the case and the diagnosis for the time being just as any acute affection may occur in subjects suffering from chronic constitutional complaints and mask them for the time being. If decided improvement takes place in the paranoiac it is very likely to be followed by a relapse.
Legal Responsibility of the Insane.

Insanity is that generic term which includes lunacy, derangement, mania, frenzy, madness, delirium, alienation, aberration, dementia and paranoia; each of these terms has a well known definition, and each form of mental disease has its well marked symptoms and characteristics. Perhaps as satisfactory a definition as can be given in a pathological sense is that of Dr. Hammond:— "That person is insane whose mental processes are directly at variance with those of the average human mind". In law, however, the question is not whether there is insanity in a medical sense, but whether there exists that kind and degree of aberration of mind or incapacity which will shield a person from punishment for crime, annul his contract or set aside his will. The radical changes that have taken place in the last century in regard to the criteria of capacity and responsibility in mental disease might well be termed a revolution. These are chiefly due to the great progress made by the medical profession in the knowledge of diseases of the mind, and their use as experts in courts where such issues are involved. It is only by a trial and decision by a competent court that a principle of medical jurisprudence can be said to be established, and hence the most recent decisions are to be regarded as the true enunciations of the principles by which we are to be guided in considering the legal tests to be applied to this class of cases.

Cases involving questions of unsoundness of mind or
Responsibility of the Insane in Criminal Law.

We will discuss the latter class first, or the responsibility of the insane in criminal law, showing the evolution of the English law on this subject from its earliest stages up to the present day. Then the American law bearing on the criminal responsibility of the insane will be given, following which we will discuss the same branch of law in France and Germany.

Looking back at the strange and erroneous notions which were formerly entertained of the nature and causes of insanity, and considering what little observation and study was made of its manifold varieties, we cannot wonder that the jurisprudence was in a very defective state. At first two kinds of insanity only seem to have been recognized by the English law—idiocy and lunacy. An idiot was one who from his nativity by a perpetual infirmity was non-compos mentis; the lunatic was one who sometimes had his understanding and sometimes not and is therefore non-compos mentis so long as he had not his understanding. But after a time a partial insanity was recognized as distinct from a total insanity although this partial insanity was declared not to absolve a person from responsibility for his criminal acts. Sir Matthew Hale writing in 1670, makes this twofold division of insanity into partial and
total insanity. He defines partial insanity as that form in which there is a competent use of the reason in respect to some subjects but in which the person is under a particular dementia in respect to some particular discourses subjects, or applications, or else he says it may be partial in respect to degree. He however omits to give any precise and clear definition of total insanity. Lord Hale held that partial insanity did not excuse a person for any offence of a capital nature which they had committed; for he says most persons that are felons are under a partial insanity when they commit offences against the law. Let it be here remembered that almost all offences which to-day are punishable with penal servitude, were in Lord Hale's time, offences of a capital nature, that is punishable with death. "It is very difficult," says Lord Hale, "to define the invisible line that divides perfect and partial insanity; but it must rest upon circumstances duly to be weighed by judge and jury". This principle laid down by Lord Hale was subsequently acted upon in English courts. Thus in the trial of Arnold, an undoubted lunatic, for the shooting of Lord Onslow in 1723, Mr Justice Tracy said: "It is not every kind of frantic humor, or something unaccountable in a man's actions, that points him out to be such a madman as is exempted from punishment, it must be a man that is totally deprived of his understanding and memory and doth not know what he is doing no more than an infant than a brute or a wild beast, such a one is never the object of punishment". There was a wide distinction in this respect between the criminal and
civil law, for while the law would not allow exemption from punishment for criminal acts unless the reason was entirely gone, it invalidated a person's civil acts, and deprived him of the management of himself and his affairs when his insanity was only partial. Hence while a man's intellect might not be sufficient to enable him to conduct his affairs and to dispose of his property it might be quite sufficient to make him responsible for a criminal act.

The doctrine of Lord Hale was first discredited at the trial of Hatfield in 1800, for shooting at the King in Dury Lane Theater. Here the first step forward was made. In this case it was held that a person to be exempt from punishment on the ground of insanity, need not be totally deprived of memory and understand and know no more what he is doing than an infant or wild beast. It was on the contrary held that delusions, of which the criminal act in question was the immediate and unqualified offspring, constituted sufficient grounds for exemption from punishment. The court held that delusions, where there is no frenzy or raving madness is the true character of insanity. A few years previous to this Blackstone in his Commentaries on the Laws of England, laid down the following rules, "If a man in his sound memory commits a capital offense, and before arrangement for it he becomes mad, he ought not to be arranged, because he is not able to plead to it with that advice and caution that he ought. And if after he has pleaded the prisoner becomes mad he shall not be tried; for how can he make his defense? If after he be tried and found guilty he looses his
senses before judgment, judgment shall not be pronounced; and if a
after judgment be pronounced he become of non-sense memory, execution shall be stayed; for per adventure, says the humanity of the
English law, had the prisoner been of sound memory, he might have alleged something in stay of execution or judgment." But Blackstone means total insanity, when he speaks of the prisoner loosing his senses and becoming of non-sense memory, and not partial insanity, for the English law at the time when Blackstone wrote his Commentaries, held that partial insanity did not exempt a man from punishment for his offenses, but in order to be so exempt the prisoner must be totally deprived of his senses; Blackstone so interprets the law on this point in another part of his Commentaries.

In the next remarkable case, that of Bellingham, who was tried for the murder of Mr. Spencer Perceval in 1812, a different doctrine was laid down from the old one which held that a man to become irresponsible for his acts must be totally deprived of his memory and understanding and "know no more than a wild beast or infant". It was held by the court that although a man might be incapable of conducting his own affairs, he may still be answerable for his criminal acts if he posses a mind capable of distinguishing right from wrong. Here a modification in the test of responsibility had been made and the old theory discarded and in its place the knowledge test, that is the power of distinguishing between right and wrong insisted upon as the test of responsibility. Let it be observed however that it was the power of distinguishing right
from wrong, not in relation to the particular act in question, but generally which was made the criterion of responsibility in this case.

Thus far it is evident that the principle is changing and the practice uncertain. After the old wild beast form of the knowledge test had been quietly abandoned, when the enunciation of it caused too violent a shock to the moral sense of mankind; we find two theories acted upon in practice: in the case of Hatfield the existing delusion, instigating the criminal act, was the reason of his acquittal; in Bellingham's case an absence of right and wrong generally, not in respect to the particular act, was deemed necessary to exempt the individual from punishment; the latter theory being entirely inconsistent with the former. In many cases a knowledge of right and wrong, without reference to the particular act, was plainly declared by the judge to be the simple and sufficient criterion of responsibility and the jury was instructed accordingly; but this criterion was sometimes modified by the qualifications which the judges introduced to meet their individual views, or to prevent the conviction of a person who was plainly insane and irresponsible. There was no settled principle, no actual uniformity of practice, no certainty of result; the law on the responsibility of the insane was, so to speak, in a chaotic condition.

The law continued to remain in this chaotic state until 1843. In that year occurred one of the most sensational and important trials in the history of the criminal law of England; the trial of
McNaghton for the murder of Drummond, the private secretary of Sir
Robert Peel. McNaghton had shot Drummond under the influence of a
delusion that he was one of a number of persons, whom he believed
to be following him everywhere, blasting his character and making
his life wretched. McNaghton had transacted business a short time
before the deed, and had shown no obvious symptoms of insanity. But
the burden of testimony offered during the trial went to show that
McNaghton had for a long time secretly entertained these delusions
of persecution and had often expressed them to his own immediate
family; also that they had grown stronger and more insistent until
a very short time before the shooting, McNaghton came completely
under their control and his actions were entirely the result of his
insane delusions; and that the murder of Drummond was simply the
result of an uncontrollable desire to rid himself of one whom he
believed was persecuting him and blasting his life. He was accord­
ingly acquitted on the grounds of insanity. In the summing up the
court instructed the jury as follows: "The question to be determin­
ed is whether at the time the act in question was committed, the
prisoner had or had not the use of his understanding, so as to know
that he was doing a wrong or wicked act. If the jury should be of
the opinion that the prisoner was not sensible at the time he com­
mitted the act that he was violating the laws of both God and man
then he would be entitled to a verdict in his favor; but if they
are of the opinion that when he committed the act, he was in a
sound state of mind, that is if he knew that he was breaking one
of the laws of God and of England, then their verdict must be aga
against him". There was no doubt but that the prisoner knew ri$xt
from wrong in the abstract and that he was breaking a law in com-
mitting this offense, so it would seem that the jury did not follow
the instructions of the judge in rendering their verdict.

After this acquital there was great public alarm and
indignation owing to the great popularity of the murdered man and
the seeming brutality of the act; very few days elapsed before the
matter became a subject of debate in the House of Lords. This deba resulted in the House of Lords propounding certain questions to
the judges with regard to the law upon the subject of insanity, when
it was alleged as a defense in criminal actions; the object being
to obtain from them an authoratative exposition of the law for the
future guidance of the courts. The answers of the judges to the
questions thus put to them constitute the law of England as it has
been applied since to the defence of insanity in criminal trials.
It will not be necessary to quote the questions and answers in full
but the answers of the judges will be given in so far as they are
essential to a complete understanding of the law.

"To establish a defense on the grounds of insanity, it
must be clearly proved that at the time of committing the act the
party accused was laboring under such a defect of reason from dis-
ease of the mind as not to know the nature and quality of the act
he was doing, or if he did know it, that he did not know he was
doing what was wrong". There is a wide difference between this
modern theory and the old one. The question of the right and wrong in the abstract was abandoned in the same way that the old wild beast or infant form of the knowledge test was discarded, to give place to a more enlightened principle of law based upon a more accurate and scientific knowledge of mental diseases. Hence forth the question of right and wrong was to be put in reference to the particular act with which the accused was charged, and moreover it was to be put in reference to the particular act at the time of committing it. The vital question became not was he able to distinguish between right and wrong; but did he at the time know the nature of the act he was doing? Acting upon this principle it has been held that a person acting under the stress of emotional insanity is not responsible for his deeds; for can it be truly said of any person who acts under the influence of great passion that he is capable of judging the right and wrong of his act done at such a time?

In reply to the question "if a person under insane delusion as to existing facts, commits an offense in consequence thereof?" the judges declared that on the assumption that he labours under partial delusion only, and is not in other respects insane, he must be considered in the same situation as if the facts with respect to which the delusion exists were real. For example if under the influence of delusion he supposes another man to be in the act of attempting to take his life, and he kills that man, as he supposes, in self defense he would be exempt from punishment. If his delusion
was that the diseased mad inflicted a serious injury to his character and fortune and he killed him in revenge for such supposed injury he would be liable to punishment. Here is an unhesitating asumption that a man having an insane delusion, has the power to think and act in regard to it reasonably; that at the time of the offense, he ought to have and to exercise the knowledge and self control which a man would have and exercise, were the facts with respect to which the delusion exists, real; that he is in fact bound to be reasonable in his unreason, sane in his insanity. The judges thus actually bar the application of the right and wrong criterion of responsibility to a particular case by authoritatively prejudging it, instead of leaving the question to the jury; they determine it before hand by assuming the possession of the requisite knowledge by the accused person. But this is not all the uncertainty which appears in these answers. In another part of them it is said that, "notwithstanding the party accused did the act complained of with a view, under the influence of insane delusion, of redressing or revenging some supposed grievance or injury, or of producing some public benefit, he is nevertheless punishable, if he knew at the time of committing such crime that he was acting contrary to the law by which is meant the law of the land". This answer really conflicts with the former answer; it is obvious that the knowledge of right and wrong is different from the knowledge of an act being contrary to the law of the land, because by reason of his insanity he believes it to be right, because under the influence of an
insane delusion, he is a law unto himself, and deems it a duty to do it, perhaps with a view of producing some public benefit.

Under such rules as the above scarcely any insane man would be exempt from punishment for his deeds, unless he were totally demented or a raving madman; such rules are totally at variance with the scientific knowledge of insanity, which shows us that a man may know he is doing wrong, that he is acting contrary to the law and yet not be responsible for his act, because he either acts under the compulsion of a powerful delusion or impulse which he is powerless to resist or else his will has been so weakened by disease that he is unable to resist his evil impulses as the ordinary man can. Hence these answers of the English judges have been condemned by physicians of all countries and by the legal profession of almost every continental country as well as in America. Since the answers of the judges were made to the House of Lords, the law as relating to insanity in a criminal trial has been laid down in conformity with their conclusions; that is if the accused at the time of committing the offense knew right from wrong and that he was doing wrong, he must be judged guilty by the jury whether insane or not. If insane he is not necessarily exempted from the punishment for his crime; the question being whether at the time he was capable of committing a crime and that must be determined by evidence of the absence, not of insanity, but of a knowledge of right and wrong. The question to be asked is, was his insanity of such a kind as to render him irresponsible by destroying his knowledge of
right and wrong? Nevertheless juries often and judges occasionally out of a natural humanity repudiated this dogma in particular cases and so far from any certainty of result having been secured by its application, it is notorious that the acquittal or conviction of a prisoner when insanity is alleged is a matter of chance. The less insane person sometimes escapes and the more insane person is sometimes hanged; one man laboring under a particular form of derangement is acquitted at one trial, while another having an exactly similar form of derangement is convicted at another trial.

Law in the United States on the Criminal Responsibility of the Insane.

In the United States it would seem that matters have been little better than they are in England, the practice of our courts like that of the British courts having been diverse and fluctuating. In many instances juries have been instructed in accordance with English legal authorities, that if the prisoner, at the time of committing the act knew the nature and quality of it, and that in doing it he was doing wrong, he must be held responsible, notwithstanding that on some subjects he may have been insane; that in order to exempt a person from punishment, his insanity must be so great in degree or extent as to destroy his capability of distinguishing between right and wrong in regard to the particular act. But in other instances the instructions of the judges have been different. In the case of State vs. Wier, N. Y. 60, 1864, Chief Justice Bell charged the jury thus, "The evidence must satisfy the
jury that the party at the time of committing the act in question was insane, and that the disease is of such severity that the person is incapable of distinguishing between right and wrong in that particular case or of controlling the sudden impulse of his own disordered mind; or, as the same rule has been laid down by another eminent judge, "a person in order to be punishable by the law must have sufficient memory, intelligence, reason, and will to enable him to distinguish between right and wrong in regard to the particular act about to be done, to know and understand that he will deserve punishment by committing it; to which I add sufficient mental power to control the sudden impulse of his own disordered mind — I have been accustomed to regard as the distinguishing test of insanity the ability to control the actions of the mind. — The power of the control of the thoughts being lost, the power of the will over the conduct may equally be lost, and the party under the influence of disease acts not as a rational being, but under the blind influence of evil thoughts which he can neither regulate or control. It was perhaps not without reason that in ancient times the insane were spoken of as possessed with an evil spirit, or possessed with a devil, so foreign are the impulses of that evil spirit to all natural promptings of the same heart and mind."

In the case of Stevens vs. the State of Indiana, the instruction to the jury, that if they believed the defendant knew the difference between right and wrong in respect to the act in ques-
tion, if he was conscious that such an act was one which he ought not to do, he was responsible - was held to be erroneous.

The decision of the Court of New Hampshire in Boardman vs. Woodman, State vs. Jones, and State vs. Pike are especially worthy of attention for their searching discussion of the relation of insanity to jurisprudence and for the decisive abandonment of the right and wrong test of responsibility. In the case of State vs. Pike, Chief Justice Perley instructed the jury, that they should find a verdict of not guilty "if the killing was the offspring of mental disease in the defendant; that neither delusion or knowledge of right and wrong, nor design nor cunning in planning or executing the killing, and in escaping or avoiding detection, nor ability to recognize an acquaintance or to labor or to transact business or manage affairs, is as a matter of law a test of mental disease; but that all symptoms and all tests of mental disease are purely matters of fact to be determined by the jury".

Judge Doe, in commenting on this case, said: "A striking and conspicuous want of success has attained the efforts made to adjust the legal relations of mental disease. - - - It was for a long time supposed that men however insane, if they knew an act to be wrong, could refrain from doing it. This is a mere medical supposition, a medical theory. The knowledge test in all forms, and the delusion test, are medical theories introduced in immature stages of science, in the dim light of earlier times, and subse-
quently, upon more extensive observation and more critical examinations, repudiated by the medical profession. But legal tribunals have claimed the tests as immutable principles of law, and have fancied they were abundantly vindicated, by a sweeping denunciation of medical theories - unconscious that this aggressive defense was an irresistible assault upon their own position. Whether the old or the new medical theories are correct is a question of fact for the jury; it is not the business of the court to know whether any of them are correct. The law does not change with every advance of science; nor does it maintain a fantastic consistency by adhering to medical mistakes which science has corrected. The legal principle however much it may formerly have been obscured by pathological darkness and confusion, is that a product of mental disease is not a contract, a will or a crime. It is often difficult to ascertain whether an individual has a mental disease; but these difficulties arise from the nature of the facts to be investigated, and not from the law; they are practical difficulties to be solved by the jury and not legal difficulties for the court.

The American decisions are certainly an advance on any judgment concerning insanity which has been given in England; they put in a proper light the relations of medical observations and law, in questions of mental diseases; and it cannot be doubted that future progress will be along the path which they have marked out. The question probably which will be submitted to the jury will be substantially this, was the act the offspring or product of mental
disease? - and it will be seen that to lay down any so-called test of responsibility founded upon a supposed right and wrong is an interference with the province of the jury, and the enunciation of a proposition which, in its essence is not law, and which could not in any view safely be given to the jury as a rule for their guidance, because for aught we can know, it may be false in fact.

Legal Responsibility of the Insane in France.

Other nations have not bound themselves by so narrow and ill-founded a criterion of responsibility in mental disease as the English have, they have refrained from the attempt to define exactly the conditions of responsibility.

In France the article of the penal code relating to the responsibility in mental diseases reads thus: "There can be no crime nor offence if the accused was in a state of madness at the time of the act".

Germany.

The section of the latest German penal code relating to responsibility in mental diseases is, "An act is not punishable when the person at the time of doing it was in a state of unconsciousness or of disease of the mind by which a free determination of the will was excluded".

Under a law like this not every disease of mind creates irresponsibility but only such actual disease as excludes a free determination of the will. Hence the problem then is to determine first what condition of derangement of the mental faculties are
to be considered as the result of disease; and secondly whether and how far free will is excluded by them. These are questions of fact and not law and must be determined by medical testimony.

These general enactments, while wisely leaving each case to be decided upon its merits, may clearly be construed if they were not intended to exempt from punishment the individual who, being partially insane, nevertheless commits a crime which is in no way connected with his insanity; who in fact, so far as can be judged, does it in the same way and from exactly the same motive as a sane person. For an insane person is not exempt from the ordinary evil passions of human nature; is it right then, when so far as appears, the passion is not connected with the diseased ideas or feelings, and he acts with criminal intent, that he should escape punishment for what he has done? This is the really important question which must continue to puzzle courts of justice when a particular criterion of responsibility is no longer laid down; for while it is admitted that an insane person who apparently does a criminal act sanely ought not to escape punishment, the difficulty of deciding whether his disease did or did not affect the act will remain. It seems to us that in deciding upon a question, a decision must rest upon the matter of free will. Did the individual possess an ordinary amount of will power at the time of committing the act; was he a free agent, and could he so use his reasoning and will powers as to be able to control his actions, to the degree of an ordinary sane person? If he could then he is responsible
It is abundantly evident from this short review of the codes of the countries that nothing can be said in justification of the superstitious reference with which English lawyers cling to their criterion of responsibility. They have relegated to the record of human mistakes, the 'wild-beast theory' once held so sacredly; the theory of a knowledge of right and wrong in the abstract which followed it was in like manner repudiated as men became better acquainted with the phenomena of insanity; surely then the metaphysical theory of a knowledge of right and wrong in relation to the particular act, which finds little or no favor outside of England, and which is condemned unanimously by all persons in all countries who have made insanity their study, may be suffered to join its predecessors with out danger to what all those who approve and who disapprove it desire, the strict administration of justice.

Capacity of the Insane in Civil Law.

In Civil Law the question involved is not one of responsibility for an act but capacity to do a particular act in question such as making a contract or will. As a general rule it may be stated that in regard to contracts generally and testamentary capacity, no man is regarded as of unsound mind unless he is capable of appreciating the nature and forming a rational judgment upon the results of the particular act which is the subject of judicial consideration.

We will now give a brief outline of the legal relations
of insanity or unsoundness of mind to the following subjects: wills, contracts including contract of marriage, testimony, torts and commercial paper.

The medico-legal issue in cases regarding wills is whether at the time of making the will the testator possessed testamentary capacity. The rule upon this question may be briefly stated as follows; in order to make a valid will a testator must have a sufficient capacity to comprehend the relation which he holds to those who have claims upon him and be capable of making a rational selection among them. He must be able to comprehend and appreciate the claims to which he ought to give effect, and with a view to this effect, that no disorder of the mind shall poison the affections, prevent his sense of right, or prevent the exercise of his natural faculties; that no insane delusion shall influence his will in disposing of his property, and bring about a disposal of it which, if the mind had been sound, would not have been made. The burden of proof is always upon the party that propounds the will for probate to establish its validity. He must prove first that the statutory requirements have been complied with. Second he must prove by the subscribing witnesses that the testator appeared to understand that in which he was engaged; but in case the subscribing witnesses are dead or cannot be produced the proponent of the will can rest upon the assumption that every man is presumed to be sane, until evidence to the contrary is offered. Where, however, a party has been proved insane, the presumption is that it continues, and
the burden then shifts to the party alleging insanity, and he must prove that the will was executed during a lucid period.

It will at once be perceived in this class of cases that a great many questions arise as to the kind and degree of insanity, and how much influence it had upon the testator in the making of his will. The insanity may be chronic or acute or it may be hereditary or the result of disease or accident. It has been held that extreme old age, excessive use of intoxicating liquors, strong beliefs, existence of mental delusions, licentiousness and unreason able prejudice against relatives are not necessarily incompatible with mental capacity to make a will. All of these matters may be proved in opposition of the probate of a will, and the question will be to what extent the testator was disabled by them from complying with the rule heretofore stated. In this connection it may be stated that reasonableness of the provisions of a will is always an element for consideration in determining the question of testamentary capacity; but the mere giving of property to a stranger rather than relatives, without more evidence of want of testamentary capacity, is not sufficient to break a will. It is always to be observed that the highest degree of mental soundness is not required to constitute capacity to make a will. A person's mind may be impaired by grief, disease melancholia, old age, strange beliefs, vice or intemperance; yet if he has sufficient ability to weigh and consider the act of making the will and its surrounding circumstances, it will be valid.
The law also requires less mental capacity to make a will than for making a contract. It is presumed that most persons have meditated upon the subject of the disposal of their property, and are better prepared when making their wills to declare their intentions than to comprehend new business. The capacity required has reference to the business in hand, so that the same degree of capacity to dispose by will of a small and simple property is not required as in case of a large and complicated estate and many objects of bounty.

The same rule that would apply to contracts in case of insanity will apply to marriage, so that a party so insane as to be incapable of making a valid contract concerning property, cannot make a valid contract of marriage. It should be proved to make such a contract invalid that the party had not a rational idea of the marriage contract and the relations and duties incident to married life. Mere weakness of understanding will not invalidate a marriage now will insanity that does not affect the subject matter of the contract. Where it appears that a person has married an insane person in ignorance of the fact, the contract will be declared void, for the contract if void as to one party is to both; and any party interested may institute proceedings to procure a decree of nullity.

There is a sharp conflict of authorities in the various states whether the marriage of an insane person is void ab initio, so that it may be impeached collaterally. In Wightman vs. Wightman, Chancellor Kent held that such a marriage was absolutely void and
no decree of nullity was necessary to set it aside. The fact of a party's being able to go through the marriage ceremony with propriety is not prima facie evidence of sufficient capacity to make the contract; for it is not a sufficient test of capacity that either a man or a woman who has been well brought up behaved well in company for a short time as such behavior may have been more or less automatic from habit. A careful personal examination if practicable, should be had, and the character, disposition, strength of will, should be taken into consideration. In cases of weakminded persons, questions of force or undue influence upon the will may also become important. Any insanity or imbecility that has occurred since the marriage furnishes no ground for a divorce. It has been held by the Courts of several states that insanity was a good defense to a libel or suit for divorce based upon a charge of adultery, the theory being that there is an absence of a consenting will this doctrine has been disputed in several states, notably Pennsylvania; but the weight of authority is that insanity furnishes a valid defense in such cases.

A lunatic is liable civilly to make compensation in damages to persons injured by his acts. Thus, for assaults, slander, or libel, an action can be maintained; but the fact of insanity can be shown in mitigation of damages in the two latter classes of cases on the ground that the words spoken or written could not have an injurious effect of much consequence, varying according to the degree of insanity, and the notriety of the lunatics condition. In such
cases it is for the jury to determine according to the effect of
the acts of the lunatic what is a fair measure of damages.

A question often arises as to the competency of an insane
person to testify in court. The rule by which the court is guided
is as follows. In order to be competent the person must be possess-
ed of such an understanding as enables him to retain in memory the
events of which he has been witness, and gives him a knowledge of
right and wrong sufficient to appreciate the sanctity and binding
force of an oath.

As a general rule it requires a high degree of capacity
to make a contract than a will, depending somewhat on the nature
of the transaction, i.e., the complexity of the subject matter. The
most common cases relate to deeds, commercial paper and partnership

The deed of an insane person is either void or voidable.
It is void when given by an insane person for whom a committee has
been appointed in whom his estates are vested. In all other cases
it is voidable. In order to invalidate the deed on an insane person
the suit must be instituted by the grantor after he is restored to
reason, or by his committee or guardian, or by his executor, admin-
istrator or heirs. These rules apply to all persons non compos
mentis or laboring under delusions.

It may be stated that the insanity of the maker or in-
dorser of a promissory note may be set up as a defense to an ac-
tion upon the note by the payee or any person having notice of such
disability, or of such facts as would put a reasonable man upon in-
quiry as to the competency of the maker or indorser of the note. But where the insane party has received full consideration and the note inured to his benefit, and it has passed into the hands of a bona-fide purchaser without notice, insanity is not a defense to the note. It has been held, however, that an accommodation indorser of a promissory note who receives no benefit therefrom, either to himself or to his estate, may defend upon the ground that he was non-compos mentis at the time of the indorsement, and this though the holder had at the time of the transfer to him no knowledge of the indorser's insanity.

The rules which have been given as governing the contracts of insane persons, in general, apply to the contract of partnership. No insane person can enter into and make a contract of partnership which will be binding upon him. In such a case the contract may be declared void upon petition to the Court, by the heirs, creditors or family and relatives of such insane person. A contract of partnership between two or more persons non-compos mentis is absolutely void. But in case of a partnership between a person of sound mind and one of unsound mind it has been held in several states that the acts of the insane partner are binding upon the other partners; though there is some dissention from this rule, the weight of authority is clearly in favor of it.

Legal Responsibility of the Paranoiac.

The rules governing the responsibility of the insane in general, both in criminal and civil law, apply to those persons
suffering from that particular form of mental disease known as paranoia. As we stated in the first part of our thesis, paranoia is the most typical form of insanity; but at the same time it is more difficult to determine the legal responsibility of the paranoiac than that of one suffering from any of the other forms of insanity. In mania and dementia, the non-compos mentis of the patient is at once evident to judge and jury, and none of these finer points, such as the determination of the degree of responsibility or the influence which the patient's disease had upon his act, occur. Also while the responsibility of the melancholiac is more difficult to determine than that of a patient suffering from dementia or mania, it is not so difficult to determine as in the case of paranoia.

Paranoia is a mental disease where delusions and fixed ideas are the predominating characteristics. Hence in criminal law the question for the jury to determine, where the patient is suffering from this form of insanity, is: To what extent were the delusions and fixed ideas of the patient the cause of his act or was he so under their control as to be unable to judge the nature of the act he was committing and that it was wrong and in violation of the law, or if he did know this, was his will power so weakened or his delusions so strong that he was unable to control his acts? If the answer to the above question be in the affirmative then the prisoner could not be punished for his act. The difficulty of course is to determine to what extent the delusions were the controlling power in the deed of the paranoiac, and whether it was the offspring of
his delusions and fixed ideas. This is a question, not of law but of fact, and is for the jury to determine.

In civil law the same difficulties are met with that are found in criminal law. Thus in the case of wills it will be necessary to determine to what extent the testator was influenced by his delusions in the making of his will; and if his will is the product of his diseased mind then it is invalid. In contracts of all kinds, whereas we have already stated, a higher degree of mental capacity is required than in the making of a will; it would generally be held that a paranoiac could not make a valid contract. However where the patient was suffering from only a mild form of the disease and where it was apparent that he understood the nature of the subject matter of the contract and was in no way influenced by his delusions in making it, the contract would be held valid. We may state that in acute paranoia when the patient was enjoying a lucid interval his legal status both in criminal and civil law would be that of the normal person.