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REPORT OF THE TRIAL OF JAMES THOMAS DEJARNETTE, FOR HOMICIDE, AT DANVILLE, VA.

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On the 8th of July, 1880, about 11:30 P. M., James Thomas Dejarnette killed his sister, Miss Mollie Dejarnette, by firing five shots into her body, from a pistol, in a house of ill-fame, known as "Blonde Hall" in the town of Danville, Va. Miss Dejarnette lived several days before death ensued.

Thomas Dejarnette surrendered to the officers of the law in the room where the homicide occurred, and was tried in the Hustings Court of Danville, September 6th, following. The defence was insanity of the prisoner, and the verdict of the jury pronounced the prisoner guilty of murder. Exceptions to the rulings of the judge were successfully taken, and the case was remanded for new trial, by the Virginia Court of Appeals.

The case was called for trial April 13, 1881, before the Hon. A. M. Aiken, Judge of the Hustings Court of Danville. A jury was

obtained the next day, and the case opened against the prisoner by Mr. John D. Blackwell, the Commonwealth's attorney. The leading facts of the homicide were fully proved and admitted.

The prisoner, while at Brown Summit, on duty as agent of that station of the Richmond and Danville R. R., had received a letter from his greatly beloved sister, informing him that she was in Blonde Hall, and urging him to come and take her away, she had been there about ten days. In twenty minutes he was on his way by rail to the spot, 36 miles distant; on reaching Danville, he repaired to the house, entered her room, and instantly fired upon her, five successive shots. She had greeted him, and gone into the room with him.

The testimony for the prosecution contains the following, which is briefly condensed :

W. A. Watson : " Was a member of the police at the time of the shooting. Mr. Cox and I were on duty that night." (The witness described hearing five shots, locating the sound at Blonde Hall, and entering.) "Went to the door, on landing above, found it locked inside, and ordered the parties to open it. Some one replied that it would only be opened to an officer." (On being assured that they were officers, Dejarnette said that the key was lost and they would have to break the door open.)

" I failed to state that when we first demanded admittance Dejarnette said he had three balls left for any one who would come in. When I opened the door he was standing in front, five or six feet of it, a pistol in his right hand, which hung by his side."

" I asked him what he had done, said he had shot his sister and his neck was then ready for the State of North Carolina. I told him then that we would have to take him and lock him up. He begged to let him remain until the doctor came, for whom we had already sent a messenger. We let him remain until Dr. Hoyt came.

" He asked Dr. Hoyt to do all he could for her, and, I think, said he would see him paid. After we had started his sister asked him to kiss her. He leaned over on the bed, and, I think, she put her arms around his neck, and one of them remarked that it was "the kiss of death." We then left with him, not before he remarked to her that he was sorry to see her suffer so much, that he wanted to kill her outright.

“The prisoner said something to Lelia Lester about her being the landlady of the house, asking her if she induced his sister to go there, but I don't recollect her reply.” (“Another witness testified that Mollie said : ‘No, brother, she never persuaded me.’”) “He said he killed his sister to retrieve the honor of his father and himself. Said he had done a great deal for his sister, that he had educated her, sold his watch to get money for her, that he had received a letter from her that day stating where she was, and begging him to come after her, that he telegraphed to Richmond for permission to leave his office, and was refused, but that he determined to come anyhow ; left Brown Summit with the intention of killing his sister, and that he was then ready to suffer any penalty that the laws of Virginia might visit upon him. All the chambers of the pistol were empty when I took it from him. His bearing was cool and deliberate, very deliberate, and he seemed to be self-possessed, intelligent and knew what he was talking about. I was at the train which brought him to Danville, and it was about thirty minutes after its arrival, before I heard the shots.”

Drs. Franklin George and J. P. Hoyt, attending physicians described the wounds, two in the back below the ribs, one between the breasts, one on the collar bone, and the fifth through the left hand, also stated the treatment and subsequent death. In Dr. Hoyt's testimony appears the following :

“I found Mollie Dejarnette, two officers and her brother in the room.” Before making an examination I asked : “What does all this mean ? and her brother replied that he had done the deed, and had simply done what he thought was his duty. She said : ‘Yes, he shot me, and I want him forgiven for what he has done.’” “The officers started to take him to jail, when Mollie embraced him asked him to give her ‘a farewell kiss,’ he said : ‘Yes, a kiss of death.’ On the night of the shooting, the prisoner was perfectly self-possessed, calm and quiet, exhibiting no nervous excitement, anger, or any other peculiar characteristic. He never said in my presence why he thought it his duty to kill his sister ; at the time he made the remark, ‘the kiss of death,’ he seemed intelligent calm and rational.”

Dr. Hoyt stated that he had a further interview with Dejarnette, in which the prisoner, while in jail told him that he had locked

the door of his sister's room, because he did not want to be attacked by such characters as visit those houses, and that if he had to suffer, he wished it to be by the law and not the hands of a mob.

R. M. Lowrie, policeman at Blonde Hall from the night of the 8th, after the homicide, until the day of Miss Dejarnette's death on the 16th of July. After repeating the circumstances of the night before, the witness said he had taken Dejarnette from jail the next day to see his sister.

"When we reached the room, he walked around the bed, took a seat near the bedside. She seemed to be asleep. Prisoner took up a newspaper as if to read. In a few moments she opened her eyes and said: 'Good morning, brother, how are you this morning?' He replied, 'Very well.' She then again closed her eyes for a few moments. She asked him if he had received her letter. He replied, yes, he got it about twenty minutes before he left Brown Summit. She asked: 'Why did you not give me time to explain myself after the first shot?' She said: 'You do not know how much I have suffered.' He said: 'I came down to keep you from suffering; you have a young sister that is as pure as spring water, and I came down to make an example of you.' Rev. Mr. Peterson then interrupted and the conversation stopped."

The witness stated in the course of his testimony, that upon questioning Dejarnette as to whether he was drunk the night before, he replied, "that he was not, that he was as cool as that time, that he was not in the habit of getting drunk; that he sometimes took two or three drinks a day."

Subsequently he was taken to see his sister again, and he asked her to tell him who her seducer was.

She asked him when we got there if she should state it in public—she would tell it any way he wanted. He requested that only Capt. Hatcher and myself remain in the room. She then told him that Edwin Luther Dechert was the man, Harrisonburg the place, and the time 1878, and the promise, marriage. No manifestation of any remorse was ever visible. I certainly thought he was sane enough to know right from wrong."

Leila Lester, the keeper of the house of ill-fame, testified to substantially the same account of the shooting as we have given in other testimony. She said she picked up the key, lying immediately by

the door within. She also said : " When the police started to take him out, he stooped over her and said something, I don't remember what, and she begged him to let her put her arms around him and hug him, and said she loved every drop of blood in his body."

P. G. Burton, Esq., editor of the *Danville News*, testified to his presence at the interview on the 9th, between the prisoner and his sister. The following points, not elsewhere referred to, are found in his testimony :

" After awhile the minister sent for arrived, and when he began to point out the consolations of religion, Dejarnette for the first time showed emotion and broke down in tears. After awhile the minister, Rev. Mr. Peterson, offered up a prayer. Dejarnette leaned forward with his head in his hands, and his hands on his knees."

Mr. Burton also said that Dejarnette made a statement of the affair to him. After repeating the events as narrated, he said that : " accompanied by a negro guide, he found ' Blonde Hall,' knocked at the door, asked for Mollic who came out and met him, went to her room, entered, shut the door, locked it, threw away the key, drew his pistol, ' and I don't know what happened afterwards' were his exact words."

Jennie Smith, who nursed the wounded girl, Capt. Hatcher who corroborated the evidence of policeman R. M. Lowrie, and Mr. Cox, who identified the weapon used, were the remaining witnesses for the prosecution. The testimony was voluminous, but the essential facts are contained in the above statement.

What could be the key to the extraordinary and almost unparalleled act in a brother who thus shot a living and most dearly beloved sister ? Not unnaturally, the utmost horror was expressed, the press called for speedy vindication of violated law, crowds thronged about the place of trial, and the popular voice seemed to anticipate the verdict of guilty. Few there were, perhaps, who fully knew the history of the prisoner at the bar, or asked themselves if the recognized natural history of sane human conduct was compatible with such a deed, in view of his past life from childhood.

James Thomas Dejarnette, was born August 1st, 1860, and is, therefore, in his 21st year. In a very high degree, for several generations back, he inherited the insane susceptibility, on both the paternal and maternal sides of his ancestry. At the death of his

father in 1873, the family fell from its respected position, (the father having been a physician,) into absolute want. This unhappy prisoner, then a boy of thirteen, devoted himself to the task of providing for his insane mother, and homeless sisters. He gave his scanty earnings for their support cheerfully. The poor girl who now fills a bloody grave was the object of the most devoted brotherly love. He sent her to school, he obtained homes among people of character and position, where her services were received in compensation for the comforts of life ; he sold a watch which was the gift of a friend, to comply with her desire to furnish her means to leave Harrisonburg, whither she had originally gone without the knowledge of her friends.

Meantime those most closely associated with him in his home at Brown Summit recognize a change in his original character ; he becomes moody, grows sleepless, is rambling, flighty and fitful in conversation, neglects his business, attempts impossible inventions, imagines himself the victim of various diseases, writes incoherent romances, changes in expression and manner, and draws upon himself the attention of persons who predict his speedy fall into insanity, without knowing anything of his family history, and from six to twelve months before the eventful day of the homicide. Among his striking delusions are a proposal to invent a machine to load and unload railway cars at full speed, and a scheme to secure perpetual motion, and to build an engine in thirty days, with some tin wheels and such material.

His sister has disappeared. Absent for some time ; when he believes her to be in Charlotte, N. C., or at home, he suddenly received a letter written from the dismal depths of infamy, in a house of ill-fame, in Danville. In a few minutes he is on his way, and the loving brother who had toiled for years in the hope to render his sister a pearl and ornament of society has sent five successive messengers of death into the bosom that his boyish head had nestled against in confidence and affection so long.

Was this the behavior of a sane man, or had his long suspended ancestral doom fallen upon his head ?

Let us recite the testimony for the defence, and decide this question by the clear cold light of truth.

The testimony for the defence occupied several days, the material facts being as follows :

W. L. Tally : "Have known Mrs. Dejarnette, mother of the prisoner, for fifteen years. She lived on one side of the road, and I on the other, for five years. Saw her frequently ; have believed she was insane for the last five or six years. Have seen her come out in her yard, roll up her sleeves, pop her fist and rear and pitch around, with no one present for her to quarrel with. These spells were frequent and violent. Her language was profane, bitter and vulgar. She would as soon sell a piece of property worth \$100 for \$5, as not ; in fact, that was the way she got rid of her money. She now wanders to and fro all over the country. I know the prisoner sent her and her daughters, frequently, provisions, for her support, and sometimes money. Mollie and Thomas were quite small when their father died. I was with him when he died, about seven or eight years ago."

On the cross-examination, witness said : "Mrs. Dejarnette raves and rants now. Have seen drunken men do the same thing. Don't suppose she could get whiskey every time she carried on. She used to do this in Dr. Dejarnette's life-time. I have no doubt at all of her being insane."

J. R. Ferrell, examined : "I have known Mrs. Martha Dejarnette all my life. Have seen her frequently. I have thought at times she was partially deranged, because of her talk and actions, loud and boisterous, slapping of hands, and scattering ideas on almost any subject. She has no capacity in business. Her fits of violence have increased since I knew her. She would give things away or sell them for little or nothing. I heard that the prisoner assisted his mother and her family once a week after he went to Brown Summit."

Cross-examined, the witness said : "In the paroxysms of rage she did not appear to be rational. She has not been regarded, that I know of, as a woman of bad character and intemperate habits. Have had no experience at all with insane people."

S. S. Harrison, examined : "I live in Caswell county, N. C. Have known the defendant and family some time. C. K. Harrison, her great grand-father, I kept at my house several years while he was deranged. He was dangerously violent—had to be confined and guarded. I kept him until his son finished school and took him to his home. One of his half-sisters was deranged, mildly and peaceably so.

“The children of C. K. Harrison were two, Thos. D., and Mary. Mary was the grandmother of the defendant. I knew her mental condition to be unsound, and she was thought to be deranged by her relations. Mary Harrison married Aaron Blackard. She had one child, Martha, the mother of the defendant.

“C. K. Harrison’s wife’s brother was subject to epileptic convulsions. Sister also.”

K. M. Price examined : “Knew Charles K. Harrison. He was deranged, very violently. Knew his children, Thos. D. and Mary. She was said to be deranged. Has been dead 30 years. Went to school with Thos. D. Harrison. There was something peculiar about him. I have seen him laugh immoderately at things that no one else enjoyed. Died during the war.”

In relation to the paternal ancestry of Dejarnette, the testimony was subsequently given of

James P. Dejarnette : “Am first cousin to the prisoner. His father had only one brother, my father. He is called insane by physicians. Is incapable of attending to business. I have applied for a guardian at law for him.

“Prisoner and his sister Mollie were kind and affectionate up to the day of the shooting. He educated her, boarded her in Reidsville, N. C. Of the two sisters, Mollie, the deceased, was his favorite.

“Father’s condition mentally, has been bad for some time, but worse for the last four or five months. He takes up notions that his neighbors or some of his family are about to kill him. He was taken with this last attack in Charlotte county. He was carried home by force when he was brought back.”

Cross-examined : “I did not know that Mollie left her mother’s house in April, 1880, to come to Danville to live.”

This closed the testimony in relation to the hereditary predisposition to insanity. Dejarnette’s farther history will be traced in the following testimony :

F. S. Woodson : “I am a telegraph operator. Defendant was under my management when he entered the business. He was about 14. Received \$5 a month as messenger boy. It took all his money at first to pay his board. He boarded with an old colored woman by which he reduced his board to \$2.50, the other he gave to his

mother. Afterwards he arranged to keep the books of the old woman and then he saved all his wages and gave it to his mother, and relied upon his errand money for pocket change. He slept in Price's factory. He declared his purpose to be, to better the condition of his mother and sisters. Remained until March, 1876, two years. Went to work with me then in a tobacco factory. Went back to the telegraph office, and then to Pelham, as an assistant. I gave him more wages, and he seemed grateful and said it would help him to take care of his mother and sisters.

F. G. Chilcott: "I am a teacher. Lived last year near Brown Summit. Known the prisoner since May, 1877, acquaintance intimate, instructed him in duties as agent. Met the deceased at Brown Summit. She came on a visit to her brother and he boarded her with private families. Prisoner's mental condition was good, when he came to Brown Summit. He changed, however. The first thing I noticed was in the fall or winter of 1879-80, when he told me he was writing a book. Called it 'a romance,' asked me to correct it for the press, gave me manuscripts which I examined and returned. He wrote to Harper Bros. about publishing, and they declined. No sense or meaning in it. No subject. No connection.

"Afterwards showed me model of an invention of a wardrobe, which was a piece of flannel and some timber nailed together, and without utility. Confident of success and that his patent would pay handsomely. At another time, had some blocks of wood in his office, with which he said he was going to invent perpetual motion. Did not explain, but seemed interested and confident. He had a greater disposition to be alone. At times more talkative, at others scarcely saying anything at all, to his most intimate friends. Change so marked it attracted my attention. Greatly melancholy. Know of no cause for it. Attempted some invention about the telegraph. I could see no sense in his incoherent explanation of it, with a piece of woods with a hole in it. I heard of other inventions but did not see them. I heard it spoken of that he intended to load and unload passenger trains while going at full speed. Frequently staid all night with him. He was sleepless, depressed and melancholy, and his conversation flighty at times. He wrote to Dr. Craven, asking what books and education were necessary to become a lawyer. Asked me to teach him Latin. I bought a grammar for

him, but could never get him to recite a lesson. From these facts I thought his mind unsound. I and others spoke of these peculiarities at the time. Never expressed opinion until the shooting in Danville. The general impression around Brown Summit was that there was something wrong with the man. This was six or eight months before the shooting. Dejarnette drank some. I saw him drunk about three times—at a tournament, when an excursion came in and one other time. I do not think his eccentricities were traceable to drink. I staid with him the last night he slept at Brown Summit. He was sleepless and restless.”

The witness remarked that Dejarnette slept less than any man he ever saw. Frequently hardly four hours out of twenty-four.

Cross-examined by prosecution: “I generally went to bed first and rose first. He never assigned any cause for depression. Have heard he was in love with a girl at Brown Summit. Attended to his business as usual. I don’t know anything about electricity. Never made a wardrobe, and knew nothing of machinery. Had no experience with insane people.”

Commonwealth’s attorney asked witness if he had ever read the Book of Revelation. Witness said he had. “Do you comprehend and understand all that is written therein?” “No sir.” “Then do you reason on that account that the author of that book was insane?” Witness said he had not thought of the matter in that light.

F. G. Chilcott, re-called on succeeding day: “Prisoner told me while at Brown Summit, he had given three or four hundred dollars to support his mother and sisters. His salary was not uniform, sometimes \$30, sometimes \$40. The prisoner smoked right smart. Don’t know that it was excessive.”

P. G. Chilcott examined: “I am brother of last witness. Live near Brown Summit. Known prisoner intimately since 1877. When I first knew him, was very intelligent and a great talker. About March, 1880, I noticed a change in him. Was melancholy. Didn’t want company. His conversation became scattering. I heard these peculiarities spoken of by others before I noticed them. In March, 1880, he showed me some tin wheels and other little machinery, and said he was going to make a steam engine. Was to finish it in thirty days. A few days after, in reply to my inquiry,

said he had not had time to finish it. This was the last I heard of it. Afterwards showed me timber, and said he had fallen on a plan to create perpetual motion. Never explained, but was certain he could accomplish it. Don't think I ever heard him talking about a wardrobe."

On cross-examination the witness said that there was a difference between the prisoner's present expression, and when he last saw him at Brown Summit, when he "had a wild look."

Dr. R. K. Denny examined: "Live near Brown Summit. Practice physic. Been a doctor for 31 years. Known the defendant ever since he came to Brown Summit. Was his physician. Saw nothing to attract attention for eighteen months. Twelve months before he killed his sister, he asked me to examine his lungs. Said some doctor had told him he had tubercles. Saw him half a dozen times afterward but he said nothing more about that. Requested me three different times to examine him. I didn't notice much the matter then. Asked me to examine his breast. Thought he had heart disease. Several months after, wanted me to examine for disease of the liver. Found him bilious and prescribed. Noticed after this that he neglected his business. Was uncommunicative. He thought his diseases would kill him. He suffered from spermatorrhœa, and I prescribed. The last eight months he seemed depressed. Sought to be alone. In conversation he would commence on one subject and jump to another. His spells of dejection increased in frequency. His conduct was so different, it attracted my particular attention. *Twelve months before the tragedy, I spoke of it to my family; remarked that sooner or later he would become deranged.* At this time, I knew nothing whatever of the history of his family. My opinion was based solely on his conduct. Saw no improvement in his actions. Think his mental condition was unsound. Was first approached by Col. Withers of the prisoner's counsel, at Brown Summit. Did not know him at the time. Prisoner spoke to me about the engine he intended to invent. Did not explain it."

Cross-examined by prosecution: Did not examine prisoner's lungs or heart. Satisfied his complaints were imaginary. He described the symptoms of spermatorrhœa and I gave him treatment. He was discharged for disobedience, going to Greensborough without

permission and neglect of business. Was paying court to a lady near Brown Summit in October, 1879, and for several months before the tragedy. Have not had much practice with lunatics."

The other witnesses for the defence were Mr. Steel, a hotel keeper of Greensborough with whom Dejernette boarded during his trip to that town in May, 1880, who stated from various reasons his impression that the prisoner's mind was not balanced at that time. He had heard the inventions spoken of, and Miss Annie Dejernette, the surviving sister of the prisoner, who testified as follows :

"My brother has always been kind to my sister. Did everything he could for her. Sold his watch and sent her to school at Reidsville. Got her several good homes, one at Mrs. Joe Lawson's, and another at Col. Thos. Holt's in Alamance, N. C. He has supported mother ever since he came to Danville ; mother and sister too. He always did this up to last July. Received a telegram in Rockingham county, N. C., of my sister's condition on the 9th of July. Came to Danville and visited her.

Cross-examined by prosecution : Sister would be nineteen on the 15th of May, if living. She lived part of the time in the two years previous to her death with Mrs. Saunders, in the Pace building ; also in Charlotte, with Miss Lawson, afterwards with mother. I saw her at mother's in April, 1880. She lived in Danville from April to July. Do not know where she was living or what she was doing. Do not know that my mother or brother did. My brother during this time, never wrote to me or mother, giving us any intelligence of my sister. Had not corresponded with her for six months. Have no reason to believe that my mother knew of my sister's intentions when she left home. None of us knew that Mollie had left Danville with Mr. Dechert's family until she had been gone about a week. Went about Christmas and came back in the spring. Do not know that brother said he would kill sister if she fell into evil habits. Never heard of the warning until I saw it in the papers, nor until I came to Danville this time. Sister Mollie was very fond of brother. I know brother did not correspond with sister from April up to the time of the tragedy. Brother sent money to Harrisonburg to bring sister home. I don't know that mother informed brother of her leaving home in April."

The defence, after the statements of the witnesses to the facts of

the homicide, introduced expert testimony as follows, from two physicians, who had been present throughout the trial, and heard all the evidence :

Dr. R. K. Gregory, examined : " Was a graduate of the University of New York. Have been practicing medicine twenty odd years. Commenced practicing in Cuba, returned to United States, was in the U. S. military service before the war. During the war, was a surgeon in the Confederate army, in charge of hospitals at Charlotte, N. C. Native of Virginia, near Drury's Bluff. Made the human mind a study for fifteen years, first induced to do so, by being called to investigate the case of Ray, who killed his wife in Mecklenburg county, N. C., about that time."

Q. " If the statements of the several witnesses as to the existence of insanity in the ancestors of the prisoner, and his own condition, acts and declarations preceding, at the time of, and since the killing of the deceased, are proved, and if the jury are satisfied of the truth of them, can you as a physician, form an opinion as to the mental condition of the prisoner at the killing of the deceased ?"

A. " I can."

Q. " What is your opinion ?"

A. " I believe he was insane."

Q. " What was the nature and character of that insanity ; and what state of the mind did it indicate ?"

A. " It was delusional insanity—he was under an insane delusion. All the faculties of his mind were impaired."

Q. " Assuming the evidence to be true, please indicate specifically the symptoms and facts therein, upon which you base your opinion ?"

A. " There were two causes, predisposing and exciting. First, heredity, or hereditary taint, existing in his system as shown by the witnesses who testified as to the condition of his ancestors ; next, his ill-health or impaired health, great loss of sleep, extreme wakefulness, his inventions, nonsensical books of romances, invention of perpetual motion (I mean attempts, any attempt at the invention of perpetual motion would be strong ground alone for suspicion of insanity), his device for a wardrobe, telegraphic instrument he thought he had invented, his device for loading and unloading

passenger trains while going at full speed, imagining himself suffering from various diseases, and in reality suffering from some, his melancholy, disposition to be alone, frequently very talkative and then very reticent, the change in his habits and temperament from what they were before. There may be others with which I have not charged my memory particularly.

“ And then in that condition of mind, and body, he suddenly receives the intelligence of the downfall of a loved and favorite sister—that she was in a brothel—and this shock, or exciting cause developed insane delusion, and under its impulse he committed the act. These are not all of my reasons for forming this opinion. The nature and character of the act itself is indicative of insanity. His cool, calm, and indifferent manner to his sister and those around him, making no effort to escape, but justifying himself by stating that he believed he had done his duty, and that he did it to retrieve the honor of himself and his family, for the good of his sister whom he killed, and for the good of his younger sister, that it might be a warning to her, and his readiness to surrender himself into the hands of the law. It is the aggregation of circumstances, not the details, that make up the opinion.”

Dr. Gregory then explained spermatorrhœa. He also stated that he had lived in Guilford county for six years. Knew Dr. Denny's character to be good, reputation good. Dr. Denny was County Commissioner of Guilford county. Mr. Chilcott's character was good. Was not attending the trial as a paid expert. Came at the solicitation of the friends of the defendant in North Carolina.

Dr. Gregory was cross-examined at length by the prosecution. In reply to questions he stated that a delusion is a false idea, the result of a disease of the brain, in which the mental faculties are perverted or impaired. A man might under this delusion conceive the idea that he was compelled to kill his child, father, sister or any relation, and under that impulse, not having sufficient control of his will, execute it, or do the killing.

He was closely pressed with questions as to the power of deliberation remaining to the insane mind, in connection with the recital of the case according to the theory of the prosecution, that it was deliberate murder. His reply was :

“ I admit that a man could do all that, and yet be compelled by

a delusional impulse to commit the act which he started out to accomplish. He could deliberate only on one point."

Q. "What is the difference and how is it detected, between delusional insanity and moral turpitude?"

A. "Delusional insanity is the result of a disease of the physical system, and the other the result of ignorance or education."

The witness did not believe in moral insanity at all. Had treated about a dozen cases of insanity. Did not believe in emotional insanity—had never seen a case of it. Questioned as to his views of the case from the atrocity of the act, the witness said that he took in connection with such an act, the kind relations between the man and his sister, and his conduct afterwards.

Q. By the Court. "Does your science, sir, hold that *barbarity* is an excuse for crime?"

A. "It does not. But crimes committed by the insane are generally very barbarous in character."

After farther questions, in relation to the bearings of mechanical talent or poetic genius upon insanity, the witness was asked the following :

Q. "If I understand you correctly, you lay it down as an unquestionable principle of science that whenever the ancestry have been proved to be insane, all of their offspring necessarily inherit the insanity of their parents, or a predisposition to insanity, or in other words, an insane temperament, and that if any of said offspring should commit a crime of a grave or atrocious character, the crime would be the proof, and perhaps the strongest evidence of the insanity of the person who committed it?"

A. "You were never more mistaken in your life. I say this : that the offspring of insane parents unquestionably inherit the insane temperament, and this inheritance may remain in an undeveloped and latent state without sufficient causes to develop it, that in this condition the person may commit acts of crime, and be as fully possessed of his reasoning faculties and know the responsibility as well as, I believe, I know it myself ; but should exciting causes be applied to develop it into activity or create a paroxysm, under this influence the crime being committed, he might not, although knowing what his intention was to do, in regard to the crime, have the will—power to restrain himself from the act."

In reply to questions upon the power of self-control, the witness said :

“ The insane may have those impulses and warn their friends that such feelings exist ; they are conscious of their existence, and although so conscious, if not restrained they will execute them.”

The examination continued at length, the testimony repeating in substance the points referred to above.

On Saturday, 16th, the last witness was called, Dr. Eugene Grissom, Superintendent North Carolina Insane Asylum. After a brief examination by the counsel for the defence, Col. A. J. Boyd, the Commonwealth's attorney pressed a cross-examination during the entire day, and from its great length, only a portion of the subject matter can be here reported.

Dr. Eugene Grissom, examined : “ I am a doctor. Am Superintendent of the Insane Asylum of North Carolina. Have held this position for thirteen years. Practiced medicine in Granville county, N. C., from the time of my graduation in medicine in 1858, except at following intervals : I went into the war in the Confederate service as a soldier, was wounded in the seven days battle around Richmond, and while in hospital, was elected to the Legislature from my native county of Granville. Again out of medical practice during the session of the State Constitutional Convention of 1865, of which I was a member. Have made the study of the mind a special pursuit for about fifteen years. Have had under my charge for thirteen years, an annual average of about 250 patients. Have been present during the trial, and heard all the evidence as detailed by the witnesses. Could form an opinion as to the mental condition of the prisoner at the time he killed his sister. Thought he was insane.

“ No very satisfactory definition has ever been given of insanity. I mean such as closely and definitely includes all insane, and excludes all sane, on account, I may say, of the varied phenomena and symptoms.

“ I would define insanity to be that condition of the mind, in which its functions of thought, feeling, and will, are impaired by a diseased brain. I think the prisoner labored under delusional insanity. I define a delusion to be an insane false idea, resulting from a diseased condition of the brain. I have had under my treatment

at the insane asylum, a number of cases illustrating this mental condition. One that occurs to me is that of a preacher of considerable intelligence, who had a delusion that he was the President of the World, as he expressed it. Another was the case of a young lady who thought that she was the wife of the Prince of Wales.

“Another that I remember is now under treatment, a lady of character, belonging to a family whose name is well-known (doubtless to His Honor, if I were to call it); who was under treatment for a number of years, by Dr. Stribling, of Staunton, Va., afterwards by Dr. Fisher, at the Insane Asylum of North Carolina, and for thirteen years under my own treatment, who, during her paroxysms believes she has committed the unpardonable sin, and is in constant dread of being publicly executed, and her two sons executed by her side.

“These paroxysms are succeeded by long intervals, during which she laughs, writes, reads, converses intelligently, and is perfectly quiet; frequently visiting her friends in Raleigh, and at her home; and returns to go through the same round of disease. On one occasion, (I mention in proof of her delusional state of mind), she sent me a message by my associate physician, Dr. Fuller, that she had a desire to kill my little boy, and begged me to keep him away from her in her walks in the grounds. There are various other cases that I can mention if desired.

I have now under my care, a young man who was under the treatment of my predecessor, and who was then supposed to be well enough to go home on a visit, at least, and who very soon after his return home, killed his father. He was under the delusion, I suppose, from his subsequent explanation, that it was his duty to do so, because he thought his father was a devil.

“The account of it as given in court in my presence was, that he concealed an axe, and some time during the night, crushed the skull of his father, cut off his head, cut off both legs, dragged the body out, placed it under a shelter, and gave the alarm himself. I visited the scene myself the next day, and saw the mangled remains of the father just as I have described it. He is now in the asylum, and speaks of the affair occasionally without any apparent concern.”

In reply to farther questions the witness said :

“The reasons for opinion of the prisoner’s insanity with delusions

are : the existence of hereditary predisposition to insanity, strong on the maternal, probably on the paternal side ; change in personal characteristics and temperature exhibited by alternate depression and cheerfulness previous to the commission of the homicide, and by his talkativeness and reticence, and by other evidences of fickleness, altogether different from his previous character; his imaginations concerning his health, the neglect of business without apparent cause, attempting trivial, senseless and impracticable inventions, expecting large profits therefrom; nonsensical writings and proposition to publish them ; extreme sleeplessness, denoting nervous excitement, entanglement of business affairs, incoherency of talk, and other inconsistencies.

“ His conduct at the time and after the homicide, exhibiting no motion either of anger or remorse,—making no attempt at concealment or escape, although there was an opportunity to do so, but justifying himself, entertaining the false idea that such an act would wipe out a family stain, and retrieve the honor of his father and himself, are also reasons for my opinion.

“ I attach paramount importance to the hereditary taint in this case. By hereditary insanity is meant the supervention of that disease in cases where the susceptibility to the disease is transmitted from one generation or otherwise, to successive ones. The medical profession generally attaches very great importance to this branch of the disease. This is the result of my own observation in the treatment of the insane, as well as the conviction of my research in reading.

“ With the evidence of heredity in the family of the prisoner, I think with any sufficient exciting causes the chances for his insanity were very probable. Any cause or combination of causes that would greatly depress or shock the system, especially the nervous system, would have produced insanity in his case. If he committed the act under the delusion that it was his duty to do so, he would most likely have been indifferent and cool afterwards.”

The following questions were then asked :

Q. “ In investigating a case of insanity, what importance, if any, would you give to the following symptoms? to-wit :”

(a) “ Loss of health, or ill-health, or complaints thereof ?

(b). “ Melancholy and extremes in temperament ?

(c) "Neglect of business without apparent cause?"

(d) "Attempting useless and senseless inventions, and expecting to realize large returns therefor?"

(e) "Writing nonsensical books or romances?"

(f) "Wakefulness and loss of sleep?"

(g) "Change of conduct and strangeness of deportment to such an extent, as to call forth from his physician and associates the remark that he was crazy?"

(h) "Extreme talkativeness or extreme taciturnity in lieu of former constant pleasant and genial deportment?"

(i) "Possessing a hereditary taint of insanity from both paternal and maternal great grand parents, and continuing to his own parents?"

(j) "Extreme indifference and iciness after the homicide?"

A. "All importance."

Q. "Suppose you find a person exhibiting all these symptoms, would it be remarkable or unusual, if such a person should be seized with a paroxysm of insanity or insane delusion upon the operating of any of the usual exciting causes of insanity?"

A. "No. He would be liable to develop disease."

Being asked what was an exciting cause of insanity, the witness stated that it was "any cause giving rise to a sudden shock of the physical or mental system."

Q. "Finding a person with such symptoms, would the sudden news of the downfall of a favorite sister, have the tendency to bring on the paroxysm?"

A. "It would, *unquestionably*."

The witness farther testified as follows:

"Before the last trial in this case, I was written to several times by Col. Withers (counsel for defence) soliciting my presence, but declined on the ground that I had not been in the habit of attending trials as an expert even in my own State except under *subpœna*. I was again written to by Col. Withers a few weeks ago making the same appeal. At the meeting of the Board of Directors a resolution was adopted requesting my presence, or rather indicating their desire that I should attend.

"The reason given by the member of the Board, who made the motion, was that all the insane in North Carolina were entitled to

the sympathies of the authorities of that institution, whether inside of it, or outside, and that if a citizen of the State outside of its borders was insane, he was entitled to it. They indicated their desire that I should attend the trial, and testify if need be, in behalf of *the truth*, expressing their confidence in my honesty and judgment at the same time. Applications to the Board were read, written by the counsel for the defence, and on these the resolution was based. I receive no pay for my attendance. I would not accept a dollar if it was tendered me. I never did receive pay in any case in which I gave expert testimony.

“The tendency of all cases of insanity is toward dementia. Cases of paroxysmal insanity are followed by lucid intervals. In the case I alluded to, of the patient who imagined she was the wife of the Prince of Wales, there were lucid intervals of comparative soundness as far as the conduct and conversation were concerned. A person may be laboring under delusional insanity, and yet be able to attend to business. The case I mentioned of the Hillsborough lady, is a case in point.”

Q. “Have you any knowledge of any case with a stronger hereditary predisposition than this?”

A. “I know of no case, either of personal observation or on record?”

Cross-examined by the prosecution :

Q. “What are the physical indications of hereditary insanity, and how are they to be ascertained and detected by the experts?”

A. “The indications physically of hereditary insanity are exhibited during life by the phenomena and conduct.”

Q. “In what way is the expert to acquaint himself with the phenomena, that is to say, with the conduct of the sufferer?”

A. “The best criterion is to compare the patient’s *present* self with his *former* self.”

Q. “By what means, in what way, and under what circumstances is the comparison to be made?”

A. “From the history of the case as detailed by observers.”

Q. “Does it not usually require a personal knowledge of the temperament, habits and conduct of the sufferers, a rigid inquiry into the disease and habits of the ancestors, a knowledge gained by personal examination and inspection of the sufferer himself, to

learn whether or not he was suffering from any functional derangement or constitutional disease?"

A. "To form an opinion quite satisfactory to the expert, long accustomed to the observation of insanity, requires only an intelligent history of the case, but to verify it absolutely, would require a personal examination. I have admitted into the asylum more than eight hundred persons, upon the history of the case, only one of whom I have found to be sane afterward."

Q. "What is the value of evidence detailed as to the insanity of the sufferer, by non-medical experts?"

A. "The difference between a non-medical and a medical expert consists in the qualifications of the two classes—obtained by the latter by study, practice and critical comparison."

In reply to further questions upon the respective value of the testimony of experts and non-experts in regard to the existence of insanity, the witness explained that every truthful description connected with the conduct or history of a case, in other words, all the facts related were of value, but the conclusion from those facts, that is, the opinion resulting from the comparison and correlation of those facts was only of scientific value when pronounced by an expert, whose mental and medical training and experience especially fitted him for weighing the facts correctly and impartially.

Being asked many questions of a variable character in relation to a hypothetical case, the witness stated that he should not be satisfied with an opinion about such a case, without inquiry into all the circumstances necessary to come to the conclusion. Should want to know more of his personal history. Would not judge of insanity by any one symptom, however common it might be, but by a collection of facts. Upon inquiry he repeated the declaration that insanity transmits the susceptibility to disease, although there are many cases in which *fully developed* insanity cannot be traced to heredity.

Question by the court. "You said that the prisoner acted under a delusion that it was his duty to kill his sister in order to avenge his own and his family's honor. Suppose there had been no declaration from him that he acted from that cause, what would you say induced him to commit the act?"

A. "I should say he committed the act on account of a diseased

condition of the brain which so impaired his will power that he was not capable of restraining it under exciting causes. I do not care what the cause may have been. A combination of causes might produce the result upon a diseased brain."

Question by the court. "Do you mean to say that a man has will power enough to avenge an indignity, but that he has not will power sufficient to forbear to avenge the insult?"

A. "I think with a diseased mind acts of great violence may be committed by an insane influence, when the will power is not sufficient to control the action of the sufferer."

By the court. "Can a man make up his mind to avenge an insult, which has in fact been offered him, without having will power?"

A. "I think in diseased minds violent acts are frequently committed without any sound judgment, merely from impulse, in its common acceptation."

By the court. "Suppose A, who had inherited a predisposition to insanity, should have his nose pulled by B, and should slay B, how can you determine whether he acted from an insane impulse growing out of his diseased mind, or from a voluntary intention to avenge the insult offered him?"

A. "It is very difficult to determine motives, but where there is a sufficient amount of brain disease to impair the thought and weaken the will power, I do not believe the patient could control himself, whatever might be his impulse or motive."

By the Court. "Do you mean to say that in the supposed case you cannot tell whether he did the slaying from violent temper or from insane impulse?"

A. "I think it would be from lack of will power more than impulse."

Q. "Then you don't think a sane man would kill another for pulling his nose?"

A. "I don't think a sane man ought to."

The cross-examination continued for the remainder of the day, taking a wide range concerning the causes, manifestations and characteristics of insanity, the physical effects of the disease, its hereditary transmission, and the responsibility of the insane for their acts, developing only the reiterated expression of opinion by Dr. Grissom that he recognized insanity only as mental impairment produced by

a disease of the brain, and did not believe in a moral or an emotional insanity existing without a diseased brain, the physical basis of all mental faculties, and that his opinion was, that the prisoner suffered from ordinary insanity with delusions, the opinion being based upon the family history of the prisoner and his *own* history. This closed the testimony adduced on the trial.

Minds accustomed to the examination of cases of homicide by the insane, would consider that no great doubt need be entertained in regard to the condition of Dejarnette.

But it should be remembered that the whole atmosphere of the trial was unfavorable to the prisoner. The highly colored accounts of an affair naturally shocking in the highest degree, as rendered by the local press, had established his guilt in many minds. The charge of the judge in the first trial had been heavily against the wretched boy, with the added weight of the verdict of murder subsequently rendered.

It was necessary to summon a *venire* from another county, to obtain the intelligent and patient jury before which the case was tried.

The mental attitude of the community, inspired by horror at the sad fate of a girl, the daughter of a family once so esteemed, was hostile to the prisoner. The able and upright judge, whose power was universally recognized, was trying a prisoner whom he had once sentenced to execution, and was fettered by supposed principles of medical jurisprudence, (as we shall hereafter see), in connection with the vital portion of his charge as bearing on the defence, which have been rejected in the highest tribunals as unworthy of the better knowledge of to-day, and which were even disregarded in the very case in which those principles were originally announced, many years ago.

The devoted counsel for the accused, Messrs. E. B. Withers, Barksdale, Peatross, Harris, Reid and Boyd, had to struggle against these adverse influences, added to which was an able prosecution, whose zeal could scarcely be distinguished from vindictiveness, and whose ambition seemed to be directed to break down the barriers which medical and legal science have, with joined hands, erected stone by stone, between the victim and the cry of the mob, thirsting for revenge.

The boldness of the declaration that the "visionary theories" of

the experts were not in accordance with the law of Virginia or of North Carolina or of England, can hardly be excused by the ignorance which accused the medical experts of having invented the word "heredity," and "coining it" to suit their peculiar views of insanity.

Annoyances are doubtless to be expected by those of the medical profession who announce stubborn and unpopular truths to over eager lawyers, until all the members of the bar have learned to recognize the expert in his true position of *amicus curiae*, and as the friend and not the foe of justice.

The corner-stones of absolute conclusion in Dejarnette's case are :

1. The existence of hereditary predisposition to insanity.
2. Its development as exhibited in many ways, and notably by delusions.

It is true that the acceptance of the fact of the power of *heredity* has long formed one of the elementary propositions of medical philosophy, but in view of efforts to debauch and mislead the public mind, it may be not unwise to return to these familiar principles which have been characterized as visionary and peculiar.

Let us record from the vast number of facts industriously gathered from the experience of mankind, a few conclusions, from the first authorities in medical jurisprudence in England, on the Continent, and in America.

It will be found that from the earliest observation to the present day the weight of intelligent opinion, and from the most skilled observers, grows steadily more and more, as information widens, to the acknowledgement of the overwhelming importance of *heredity* in the development of insanity.

The Medical Jurisprudence of Alfred Swain Taylor, F. R. S. and Lecturer on Jurisprudence at Guy's Hospital, London, is of the highest authority in the courts, not only of this, but of all English speaking peoples. He says :

"There can be no doubt, from the concurrent testimony of all writers on insanity, that a predisposition to this disease is frequently transmitted from parent to child through many generations.

"The malady may not always show itself in such cases, because the offspring may pass through life without being exposed to any exciting cause ; but in general it readily supervenes from very slight causes.

“ M. Esquirol has remarked that this hereditary taint is the most common of all the causes to which insanity can be referred, especially as it exists among the higher classes of society. Among the poor, about one-sixth of all the cases may be traced to hereditary transmission ; and other authorities have asserted that in more than one-half the cases of insanity, no other cause can be found for the malady.”—*Taylor’s Medical Jurisprudence*, p. 506, 2d Edition, 1873.

It is subject, also, like other hereditary maladies, to the phenomena of atavism, or reëpppearance after a healthy generation.

The acknowledged master of modern German thought, in this department of medical science, Prof. Greisinger, of the University of Berlin, states the following conclusions :

“ Statistical investigations strengthen very remarkably the opinion generally held by physicians and the laity, that in the greater number of cases of insanity a hereditary predisposition lies at the bottom of the malady ; and I believe that we might, without hesitation, affirm that there is really no circumstance more powerful than this. * * * * *

“ At present we can claim for tuberculosis alone an influence of hereditary circumstances in some degree equal to that exhibited by mental diseases.”—*Griesenger on Mental Diseases*, p. 150.

On page 151 of the work from which the above is quoted, may be found an array of statistics covering the questions involved.

Congenital disposition to insanity is more frequent where marriages take place within a limited circle of families.

Thus in the asylum at York, (especially destined for the members of a religious sect, whose tenets encourage marriage only with members of the sane belief,) direct predisposition is exhibited in one-third of the patients, and indirect in another sixth, making one-half altogether.

Griesinger also remarks :

“ It appears that hereditary influences may be highly and quickly increased by drunkenness, by disease, and in short, by various intercurrent disorders of the parents at the time of procreation.”—*Vide Supra*, p. 156.

This eminent psychologist, whose skill and experience were so great, farther declares :

“Of the general diagnostic characters of hereditary mental disease the following may (according to Morel) be considered the chief :

“This kind of insanity generally breaks out suddenly from insignificant external causes : it shows itself often in marked emotional insanity, the intelligence remaining relatively intact ; there are considerable remissions and exacerbations. Strong hallucinations and paralytic dementia are somewhat rare ; while, on the other hand, there exists a strong tendency to delirious conceptions. Although still in a condition of relative health, such individuals render themselves remarkable by their great emotional excitement, and therefore, their greater dependence on the influence of the external world.”—Page 156.

The same writer points out in relation to cases of melancholia in which destructive or murderous tendencies appear :

“Not only have these acts of violence towards others, inasmuch as they are often perpetrated upon those most loved and cherished by the patient, fundamentally the same essential character as the tendency to self-injury and self-mutilation ; but, in general, both depend upon the same fundamental state of morbid negative emotion.

* * * * *

“As to the psychical motives which give rise to these acts of violence in persons already laboring under melancholia, these impulses would seem to be due, in part at least, to an actual delirium of the intelligence or of the sensorial perception. * * * *

“To these are very closely associated those violent deeds which are suggested under the idea, evidently melancholic, that everything in this world is bad, that everything is abandoned and lost, that for example innocent children may be best delivered from the misery of this world by an early (violent) death, &c.—Page 261.

The learned author also points us to the fact that cretinism is hereditary in the highest degree, although the most complete cretins have reached a condition of degeneracy which prevents the production of offspring. In like manner the supervention of imbecility in the progressive heredity of insanity leads to sterility.

If we examine the views of distinguished alienists in this country, in England and in Canada, we find an increased expression of opinion, with great unanimity and earnestness of conviction, in regard to the extraordinary influence of heredity.

At a meeting of the Association of the Superintendents of American Insane Asylums, at Toronto, in 1871, Dr. Ray declared, in the course of a discussion upon the causes of insanity, that

“It has always been—or, certainly for a good many years—understood that there was an agency for the production of insanity, whose action is independent of local causes; that insanity may be of a hereditary character, transmitted from one generation to another. I think the tendency of our progress, has been to enlarge the operation of this cause, and our records show that its potency has been more strongly felt as we have advanced in knowledge of the disease.

“I think that during the time hospitals have been opened in this country, the figure indicating hereditary cases, where it has been expressed at all, has been steadily increasing; and as we have inquired more and more strictly, we have found that in the admissions to our hospitals, the influence of this agency has been more and more recognized.”—*American Journal of Insanity*, Vol. 28, p. 263.

In the same discussion, Dr. Gray remarked, that

“In undoubted hereditary cases the same causes operating to induce insanity in those in whom there was no hereditary tendency, also induced it in those in whom there was a hereditary tendency; but as remarked by Dr. Kirkbride, it required a much stronger influence in the same direction to develop the disease in those who had no constitutional tendency.”—*Vide Sup.*, p. 266.

In the same discussion Dr. Cook who has since died at the hands of an insane patient, a martyr to professional duty, took the ground that hereditary influence alone, can develop insanity without other cause, and related an instance of a young woman who inherited exaggerated timidity and diffidence from the father, and lived more and more in seclusion, until she covered her face from her mother, and would eat only after dark, developing insanity. Says he:

“Having all the facts before me, I could find no other cause than hereditary transmission, developing as I have stated. That such a change occurred, and that the disease can be transmitted and developed, without other cause, I think is an unquestionable fact.”—Page 267.

The action of an exciting cause of insanity upon the brain, is thus described by Blandford, a well-known English authority, often referred to by Ray:

“The reception of a mental shock causes immediate activity of the brain, rapid molecular change in the centres. and, in consequence, the determination of arterial blood to the brain. Even muscular structures may be set in motion, and this involuntarily. Very likely there will be trembling, or sobbing, or crying. The sufferer may pace the room, or rock himself, or wring his hands. All such acts imply a continued change going on in the centre ; and they also imply a want of controlling power.”—*Blandford, Insanity and its Treatment*, p. 50.

Dr. Maudsley says :

“There is the strangest aversion on the part of the public to admit that an extreme hereditary taint may be a not less certain cause of defect or disease of mind, than an actual injury of the head, and yet it is the fact.

“The hereditary predisposition to insanity signifies some unknown defect of nervous element, an innate disposition to irregularity in the social relations ; the acquired infirmity of the parent has become the natural infirmity of the offspring, as the acquired habit of the parent animal obviously becomes sometimes the instinct of the offspring.

“Hence comes the impulsive or destructive character of the phenomena of hereditary insanity, the actions being frequently sudden, unaccountable, and seemingly quite motiveless.” * * *

Says the same eminent psychologist :

“It is worse than useless for a sound mind to attempt to fathom the real motives which spring up in a madman’s mind. * * * Only long experience and careful study of actual cases of mental disease will suffice to give any sort of adequate notion of what a madman really is.”

Dr. John P. Gray, whose experience has been so great, while for many years the Superintendent of the New York Insane Asylum at Utica, affirms as follows :

“In regard to insanity, this question of heredity is of the highest possible import. A distinguished writer (Maudsley) says : ‘the insane neurosis which the child inherits in consequence of its parents insanity, is as surely a defect of physical nature as is the epileptic neurosis to which it is so closely allied.’”—*Gray, Thoughts on the Causation of Insanity, Journal Insanity*, Vol. 29, p. 267.

This author also says in regard to hereditary neurosis : " Past all question, it is the most important element in the causation of insanity."

Dr. Eastman says, in relation to the development of hereditary insanity :

" A lady, residing in Washington, was the mother of a large family, was insane at the birth of the first child, and never entirely well thereafter. She was at different times an inmate of the several hospitals for the insane. I think insanity had shown itself in her ancestors. The children grew up dutiful and capable. The young men learned trades and were steady and industrious. About the year 1866, the oldest child, a young man of twenty or twenty-one, was brought to the hospital with acute mania, and died in a few weeks.

" In about two years the second child, then a young man of about the same age as the first at his death, died at the hospital, a few days after his admission, of typho-mania. In about two years more, the third son, having for a few days shown some symptoms of mental derangement, committed suicide."—*Journal Insanity*, Vol. 31, page 196.

Dr. Ranney states :

" It seems probable that hereditary influences become intensified in succeeding generations, and thus afford an explanation of a hereditary influence operating to give rise to insanity in children, in some instances at an earlier period than in the parents."—P. 197.

So, also, is the testimony of Dr. Everts, an eminent physician of the insane, in the West, who emphatically affirms :

" I have come to believe that there is an organic proclivity in a large majority of cases of insanity."—*Journal Insanity*, Vol. 31, page 194.

The field of historic evidence is full of instruction ; but the materials are too abundant for the limits of this paper. I will briefly refer to but two striking illustrations of the presence of the factor that alienists term *heredity* in the production of insanity.

A writer in the *Journal of Mental Science* has pointed out that since the ancestry of ordinary individuals is quickly forgotten, we may find the best illustrations of hereditary influences " in the fierce light that beats upon a throne." The history of royal dynasties

is preserved, and even their authentic portraits remain. A melancholy story is the record of the gradual degeneracy of the monarchs of Spain from the time of John II, of Castile, who in 1449 married by most unhappy choice Isabella, of Portugal, herself the grand daughter by a bastard son, of Pedro I, of Portugal, whom the impartial judge will declare to have been insane, as far back as 1367. For three hundred and fifty years, the fearful marks of nervous degeneracy appear and reappear in this royal but most miserable and afflicted line of human beings, until it went out absolutely in mental and physical decay and death in Charles II, in the year 1700, when the throne passed by will to the Bourbons of France, confirmed by the results of a bloody war.

With one exception only, each of the eight successive generations occupying the throne was attended by the grim spectre behind the regal purple, in its varied manifestations of mania, epilepsy, melancholia, bodily deformity, and imbecility until the gloomy procession ended at the grave.

Without lingering over the myriad circumstances attesting this biography of woe, we may briefly note that John II, of Castile, was weak of mind, left the kingdom to favorites and lamented that he had not been a mechanic rather than a king, on his deathbed, and his wife Isabella was insane for many years. The daughter Isabella, of Castile, the wife of Ferdinand, was of sane mind, and is a striking exception to the rest of her line.

Juana, Isabella's daughter, became insane, and was confined in a castle for nearly fifty years, dying as she had lived for years, in the lowest estate of humanity, and on a level with beasts.

Juana's son was the Emperor Charles V, who, with all his extraordinary powers in youth, became epileptic, melancholy, had a deformity by excess of size of the lower jaw which prevented perfect mastication, suffered intensely from headaches, and abdicated the throne, at fifty-six, on account of ill-health.

Charles V married his cousin Isabella of the line of Portugal, and his eldest son was Philip II, whose strange and terrible character of superstition, cruelty and gloom has been pictured in frightful colors. He married his cousin by both ancestral lines, an immediate grand-daughter of the wretched Juana, and their son Don Carlos was a maniac, imprisoned by his father like a criminal,

where he died in a dungeon, after frequently attempting suicide. Phillip II by a fourth marriage, espoused his own niece, and the fifth child of that marriage lived to be the feeble and nearly imbecile Philip III, a low sensualist, whose first son Prosper was from birth a victim of convulsions, dying early, and leaving Philip IV to be succeeded by Charles II, the last of the line. No more striking picture of imbecility than this last relic of the ancient monarchy can be conceived than is presented in the picture drawn by Macaulay of this poor creature, ignorant of his own provinces even by name, epileptic, without hair or eyebrows, husband of two of the fairest princesses in succession of France and Germany, yet impotent, and hence leaving no successor—the family enlargement of the lower jaw so great that he could not masticate food, and swallowed soups and sweetmeats just as they were presented—finally the utter decay of all his faculties. What more signal illustration can there be, of the truth of the declarations of medical science.

Every day the same fact stares us in the face, as we read of the conquering march of Henry V, of England, through the realms of the King of France, Charles VI, whose insanity is universally acknowledged. The French monarch after the defeat at Agincourt was obliged to give his daughter to Henry in marriage, but the wretched progeny of this union with the daughter of a lunatic, proved to be Henry VI, whose fate it was to be the innocent cause of the wars of the Roses, and one of the most pitiful objects of compassion on the historic page.

A remarkable illustration of the influence of hereditary predisposition to defective mental and physical constitution, may be observed in the history of the family discussed under the name of "Juke," as detailed in fifty pages of the Thirtieth Annual Report of the Executive Committee of the Prison Association of New York.

There is barely opportunity to briefly refer to this interesting history. The progenitor "Max," was born between 1720, and 1740, and successive generations have been traced through 709 persons, alive or dead.

No less than 180 of these received county support, in or out of the poor house, during sixty-four years of which the institution kept the record. Many were insane, and no less than fifty-two per cent. of the women, or more than half, were halots in some degree.

The committee reckon, by their computation, a loss of a million of dollars to society, through this single family, to say nothing of pauperism, crime, idiocy, and insanity yet to come.

It would seem that it is time to recognize the gravity of this subject.

If we may now conceive the existence of heredity to be more than a visionary theory, it may be in order to consider what evidence has been thought trustworthy, in proof of the actual presence of a diseased brain, which is insanity. Also we may properly examine how far the nature of particular delusions should affect the fact of the existence of such disease, which the learned judge in his charge, presented as of prime importance.

So far as symptoms of the existence of insanity are concerned, Dr. Brigham testified in the case of Griffin for the homicide of Coit, who had debauched Griffin's wife: (August, 1846.)

"As evidence of insanity I would consider the state of his bodily health, his sleeplessness, his fits of abstraction, taciturnity at times and then talking unnaturally rapid, * * * his change of character and countenance noticed by all after his separation from his wife. * * * * I have really known a case of insanity not preceded or accompanied by sleeplessness. * * * I can hardly conceive of a sane man after committing an act like that the accused is charged with, becoming at once calm and indifferent about the result, asking no question whatever about it. * * *

"I cannot regard it as exceedingly strange that an insane person should prosecute his business correctly for awhile, and then have a sudden paroxysm of insane excitement, commit some heinous act and then become calm, and act and converse rationally for a time; for I have seen a considerable number of such cases, though they may be deemed rare."—*Journal Insanity*, Vol. 3, p. 257.

A. B. de Boismont, the French alienist, in an article upon the works of Mittermaier, the famous juris-consult of Germany, has the following:

"In order to give a positive opinion of the presence of insanity, says Mittermaier, it is necessary

"1st. To search for indications of a change in the habitual disposition of the accused.

"2. To ascertain the physical and psychological symptoms of the disease.

“3. To point out the causes that may have acted on the brain.

“4. To mark carefully the way in which the mental affection has manifested itself.”—*Quoted in Journal Insanity*, Vol. 27, p. 244.

Boismont says :

“Every physician for the insane has met with cases of irresistible impulses, which appear entirely independent of any commonly received type of mental alienation.” * * * —Page 247.

Fixed ideas in the insane may have deplorable results. From Mittermaier's dissertation upon medico-legal investigations we learn that two melancholiacs, who had killed their children, one to save them from misery, the other from dishonor, were convicted, because the medical expert, instead of attributing their acts to derangement, imputed them to crime.

Mittermaier in an able review shows their conviction to be owing to the fault of the experts.

He was law-professor of the University of Heidelberg, and the most illustrious juris-consult of Germany.

In reference to extreme wakefulness as a symptom of insanity, Dr. Gray states :

“Any bodily condition which disturbs the mind is too important to be overlooked or ignored. Prolonged wakefulness, though it may not apparently disturb the mind, indicates a condition of the brain which is not natural, and which should be inquired into.”—*Gray, Journal Insanity*, Vol. 27, p. 407.

The effect of spermatorrhœa, as one of the inducing causes of insanity, has often been illustrated in cases as reported, and may be found in the case of George Hammond, who killed Worley, Lexington, Ky., 1857. Prisoner found insane.—*Journal Insanity*, Vol. 16, p. 168.

In examining the question of responsibility to the law, Dr. Bucknill, a very high English authority, and long a Commissioner in Lunacy, says with emphasis :

“Responsibility depends upon *power*, not upon *knowledge*, still less upon *feeling*. A man is responsible to do that which he can do, not that which he feels or knows it right to do.”—*Bucknill, Unsoundness of Mind in Relation to Criminal Acts*, p. 59.

To illustrate a typical case of hereditary insanity, and the difficulty of connecting the act with the delusion, in such manner as to

justify the conduct by the delusion, the following instance may be narrated, which is presented by Dr. Litchfield, in his report of the Rockwood Criminal Lunatic Asylum for 1866, at Kinston, C. W. :

“One patient, a young man of gentle and affectionate temperament, came to this country with a mother and two sisters—to whom he was devotedly attached. One small, but dark, cloud lowered over him. He had the hereditary taint of insanity. When he was three years old, his father, in a fit of recurrent mania, hung himself on a tree in Windsor Park.

“In process of time, this young man became restless and irritable, and began to have delusions. He loved his mother very dearly, and conceived the idea that she was too good to live, and ought to be an angel in heaven. He watched patiently for an opportunity—cut his mother’s throat; and, when she died, triumphed in the belief that she had been translated to heaven.”—*Journal Insanity*, Vol. 25, page 122.

He was manifestly insane, was acquitted, and subsequently recovered in the asylum at Kingston. There he lived an industrious and useful life, deeply deploring his sad delusion.

The charge of the learned judge in the Dejarnette case while containing much that commands our assent, and represents the claims of justice with impartial care, on the most vital point of the defence, enunciates a doctrine which is as far from representing the enlightened spirit of modern jurisprudence, as the utterances of Hale in condemning witches to death are from modern opinion concerning the reality of witchcraft. The language as reported in the journals of Danville is as follows :

“As you have heard the statement of the medical experts that in their opinion the accused did the killing under an insane delusion, the second kind of insanity to which I have alluded, the Court will explain to you what is meant by an insane delusion. A delusion is a false belief, but whether a criminal offence is to be excused or not, when committed under a delusion, *depends altogether upon the character of the delusion*. A criminal act done under a delusion, is only excused, if the delusion had been true. For example, if a man under an insane delusion, really and truly believed that another was about to take his life, or do him some great bodily harm, and under such delusion the insane man kills the other, from whom he expects

the danger, the law excuses him, because he acts in supposed self-defence, and would have been justified if his belief had been true.

“Another example is where the person killing fully believes that the act he is doing is done by the command of a superior power which supersedes all human laws and the laws of nature.

“But where a man, provoked by an insult or an indignity, offered to his own and his family’s honor, such a delusion is not recognized by the law, as an excuse for the crime.—*Extract from Charge of Hon. A. M. Aiken, reported in Weekly News of Danville, April 20, 1881.*

If it is really law in the State of Virginia or North Carolina, or England that the character of the delusion is to fix the existence of criminal responsibility, then all the boasted advance of medico-legal science from the days of George III, is a fiction, and the most acute observers and experienced reasoners are wrong. If this monstrous doctrine remains in the law as a relic of the pupilage of mankind, it is time that it was being considered by the section of Medical Jurisprudence in the American Medical Association.

It is a return to the errors not only of the McNaughten case, but of the Hadfield, and sets at naught, the well-established facts of three-quarters of a century.

That this may be more clearly seen, let us return to first principles, as they are admirably stated by the distinguished Commissioner in Lunacy for the State of New York, both lawyer and physician, and Professor of Medical Jurisprudence in the Law-School of Columbia College, New York. In his work on the Judicial Aspects of Insanity, is the full elaboration from which the following excerpts are made :

He reminds us with fine effect that

“All positive knowledge of insanity has been derived from the labors of physicians, who have been able to treat it successfully only in proportion as they have treated it as a disorder associated with disease of the bodily organs.”—*Ordronaux, Judicial Aspects of Insanity, Introduction, page 19.*

“In medicine, insanity means an established and prolonged departure of an individual from his natural mental condition, arising from bodily disease, and not the immediate consequence of self-production.”—Page 26.

Dr. Ordronaux quotes the following admirable expression from the bench :

“If,” says Judge Doe, in *State vs. Pike* (49 N. H. 441), “the tests of insanity are matters of law, the practice of allowing experts to testify what they are should be discontinued; if they are matters of fact, the judge should no longer testify without being sworn as a witness, and showing himself to be an expert. * * *

“But the precedents require the jury to be instructed in the new medical theories by experts, and the old medical theories by the judge.”—Page 22.

Dr. Ordronaux says emphatically :

“Insanity being always a question of fact is not amenable to any legal test. * * * The only question which the law can consider in relation to it, is the part which it plays as an involuntary instigator of human conduct and a controller of moral liberty.”—*Judicial Aspects of Insanity*, page 28.

“No lunatic is wholly without reason. In the midst of lunacy the logical operations of the mind, though disturbed, are not necessarily extinguished. There is a constant juxtaposition of reason with unreason, each crowding the other in turn out of the chair of government.”—Page 31.

“It must be self-evident that no particular kind or degree of delusion constitutes insanity. As minds vary in original power and scope of reasoning so their action, when disordered, will follow in some measure the limits of the mould in which they have habitually exercised themselves.”—Page 33.

“No single symptom *per se* constitutes absolute proof of insanity. Symptoms must be grouped, and it is only by a differential comparison of the present and past states of the individual mind that we can deduce any definite conclusions as to its departure from a state of sanity.” * * * * —*Important*.

“A knowledge of right and wrong is possessed by the majority of lunatics as a class. Its absence is exceptional. It cannot, therefore, be any test of their power of controlling their conduct, any more than of controlling their disease.

“They are always under some form of mental duress while their disease lasts; and the only test of their criminal responsibility is their capacity to choose *not* to do an act to which they are impelled

by disease, coupled with the power of enforcing obedience to that choice." * * * * —Page 34.

The following cases are referred to in illustrations of principles stated. (People vs. Kleim 1 Edm. S. C., n. p. 34; Comm. vs. Haskell, 2 Brewst., 401; Stevens vs. State, 31 Ind., 485; State vs. Felter, 25 Iowa, 67.)

The author discusses the vexed question of the legal limitations of insanity in a spirit of calm but clear and effective reasoning.

"It must be evident to all that since insanity is confessedly a question of fact; a physical condition with mental coefficients whose value is changeable, and whose weight, as proofs, is the resultant of averages struck by competent observers—it must be evident that insanity at law can have no more limitations put upon its meaning than the recorded history of its phenomena can justify." —*Ibid*, page 400.

The danger of wrong doing in the attempt to draw lines of legal responsibility between partial and total insanity is well exhibited in the case of Montgomery (13 Abb. Pr. N. S.) 222, in which Smith, P. J., in charging the jury, said :

"Insanity is a kind of generic word, and includes various degrees of diseases of the mind. There are degrees of insanity, in some of which there is no mind left. In other degrees there are lucid intervals. There are persons who are afflicted with dementia, which, as I understand the testimony of the physicians, is a gradual impairment or enfeeblement of mind. If that is what they mean, and such I understand to be the view of Drs. Gray and Moore, it is for you to say whether that degree of insanity had so far progressed with the defendant as to deprive him of the knowledge of the quality of his act." And subsequently, on *certiorari* of the same case at the General Term, Mullin, P. J., said :

"While I am of the opinion that, for some days before the killing, the prisoner was partially insane, and at some times during that time, *more so* than at others, there is no evidence that he was not capable of distinguishing right from wrong at any time between noon on Saturday and the commission of the crime. Indeed, we might go further, and say that at no time, except when he was in one of the epileptic fits, is it proved that he was incapable of distinguishing right from wrong."

And the conviction with the sentence of execution would have added another to the long line of judicial murders but for the intervention of the executive upon the advice of a commission of medical experts. Montgomery has for years been confined in the asylum for the criminal insane at Auburn, New York, and his irresponsibility has long since been demonstrated and admitted.

Prof. Ordronaux says justly :

“The following considerations commend themselves to our sense of justice :”—Page 404. Says Prof. Ordronaux :

“When a man is admitted to be partially insane, all presumptions should be against his capacity to regulate his conduct as sane men do theirs. And every doubt should be construed in his behalf, because he cannot be considered any longer as a free moral agent.”—*Judicial Aspects of Insanity*, pp. 404–5.

“In the *People vs. McFarland*, (8 Abb. Pr. [N. S.] 57), it was held that the prisoner must not only know that the act is unlawful and morally wrong, but must be deprived of reason sufficient to apply such knowledge and to be controlled by it. The power of distinguishing between right and wrong in reference to the act, is not alone decisive.”

“Although,” Dr. Ordronaux remarks, “the effect of these judicial advances was swept away in 1873, in the case of *Flanagan vs. the People*, (52 N. Y., 469), reverting to legal tests which are of the past, yet in many States, jurisprudence is being improved by the light of modern knowledge, as evidenced by (*State vs. Jones* 50, N. H., 370 ; *Stevens vs. State*, 31, Ind., 485 ; *State vs. Felter*, 25, Iowa, 67 ; *Anderson vs. State*, 43, Conn., 514.)

“The attempt to establish a legal test of insanity, founded on so variable a symptom as delusion, is another illustration of the confusion into which the effort to set a legal boundary around the operations of a physical law always eventuates. Such errors belong to the infancy of knowledge in any particular science.”—*Ibid*, page 419.

“In *Queen vs. Pate*, Dr. Conolly, the very highest authority in Europe at that time, testified that the prisoner was of unsound mind, but that he did not suffer from any particular delusion, and that he was well aware that he had done wrong and regretted it.”—Page 422.

“It is unfortunate that courts should maintain a contest with science and the laws of nature upon a question of fact which is within the province of science and outside the domain of law.” (Per Doe J., in Boardman vs. Woodman, 47 N. H. 150).—Page 423.

“The knowledge of right and wrong is common in all forms of mental unsoundness outside of idiocy and dementia. All experts in insanity affirm this, and it has also been put upon record in the most emphatic manner. Thus: At the annual meeting of the British Association of Medical Officers of Asylums and Hospitals for the Insane, held in London, July 14, 1864, at which were present fifty-four medical officers, it was unanimously

Resolved, “That so much of the legal test of the mental condition of an alleged criminal lunatic as renders him a responsible agent, because he *knows* the difference between right and wrong, is inconsistent with the fact, well known to every member of this meeting, that the *power* of distinguishing between right and wrong exists very frequently among those who are undoubtedly insane, and is often associated with dangerous and uncontrollable delusions.”—Page 423.

“There are states of mental catalepsy in which the will cannot act, although the perception be perfect. The knowledge of right and wrong may be good enough but the power to choose may be paralyzed. If these states can be shown to result from permanent mental disease, why should the law refuse to recognize them?”—Page 426.

Our great English authority is equally explicit in discussing insane delusion. So far as the justification of the act is concerned, by the nature of the delusion with which it is connected, Taylor says:

“Much stress was formerly laid upon *the delusion being connected with the act*, in cases of alleged insanity; but it must be remembered that, except by the confessions of insane persons during convalescence, it is not easy for a *sane mind* to connect the most simple acts of a lunatic with the delusion under which he labors.

“Every act of homicide perpetrated by a really insane person is doubtless connected with some delusion with which he is affected; but it by no means follows that one who is sane should always be able to make out this connection, and it would therefore be unjust to rest the responsibility of an accused person upon an accidental discovery of this kind.

“Cases elsewhere related show how difficult it is to connect the delusions of the insane with their acts. (Page 483, ante.)

“Lord Erskine’s doctrine in Hadfield’s case, that, in order to render a person irresponsible the act should be traced to the delusion, is therefore, medically speaking, untenable. The connection of a delusion with an act, when it can be really traced, may serve to exculpate an accused party, but the non-establishment of this connection proves nothing.”

Again, he suggests the true test :

“Each case must be determined by the circumstances attending it ; but the true test for irresponsibility in all doubtful cases appears to be, whether the person at the time of the commission of the crime had or had not, a *sufficient power of control to govern his actions*, or, in other words, whether, knowing the act to be wrong, he could not avoid the perpetration of it. This involves the consideration, not only whether insanity existed in the accused, but whether it had reached a degree to destroy, not a consciousness of the act, but *volition*—the will to do or not to do it. * * *

“If he was led to the perpetration of the act by an *insane* impulse, or, in other words, by an impulse which his mental condition did not allow him to control, he is entitled to an acquittal as an irresponsible agent.” * * * * * —Page 575.

“Want of self-control is one of the most marked features of insanity. According to Dr. Radcliffe, it is a symptom in all cases, and what is important in reference to responsibility, is that in the order of development it takes *precedence* of delusion.—*Taylor’s Medical Jurisprudence*, Vol. 2, 576.

Again :

“Most medico-legal writers agree that the best test for fixing responsibility on a person who has committed a crime is whether, at the time of its commission, he had or had not a sufficient power of control to govern his action. This view has been more or less advocated by Esquirol, Marc, Ray, Pagan, Jamieson, and other writers on the medical jurisprudence of insanity.”—Page 577.

“In the case of Mrs. Brough (Guilford, Summer Assizes, 1854), it was proved that the accused destroyed six of her children by cutting their throats, and then attempted to destroy herself. She was acquitted on the ground of insanity, although there was no proof

of mental derangement. These cases may be regarded as presenting fearful examples of that state which has been called homicidal mania, in which there were no previous symptoms of *intellectual aberration* amounting to *insanity* in the common meaning of the term, or of any irregularity of conduct on the part of the homicides to justify the interference with their civil liberty. A uniform feature of these cases was, that the murderous act was directed against those who were most closely connected with the homicides in blood, and to whom they were attached by the tenderest ties."—Page 579.

“There are cases in which the force of circumstances compels a court to adopt practically the theory of homicidal impulses, as the following case, Reg. V. Jordan (Lewes Summer Assizes, 1872) will show. The prisoner was indicted for the murder of a child, whose throat he deliberately cut. There was no motive; he had previously borne an excellent character, and was very fond of children, but there was no evidence of mental disorder or intellectual insanity. His wife had deserted him some time before, and he had fallen into a state of great depression.”—Page 588.

Martin B. is reported to have said :

“Under such circumstances it was for the jury to consider whether it would be safe to convict the prisoner of murder. When such impulses came upon men, according to the medical evidence they were unable to resist them. It would be safe in such a case to acquit the accused on the ground of insanity.”

The prisoner was acquitted on the ground of insanity.

“In McNaughten’s case the theory of the law as laid down by the judges, is, that ‘notwithstanding a person labors under a delusion, if he commits an act which he knows to be contrary to law, he is liable to punishment.’

“Yet in that very case, although the conditions requisite to make out a case of insanity, as thus defined, were not complied with as the Attorney-General showed—“The prisoner was pronounced insane by several medical witnesses, and on this evidence the learned judge stopped the case, and directed an acquittal, without going into the question whether the prisoner was or was not ignorant of the illegal nature of his act.” * * * *

The test of responsibility assumed by it is purely theoretical, and such that it cannot be strictly carried into practice.

“With this admission it appears to me unnecessary to occupy space with metaphysical discussions regarding criminal responsibility: for, however defective the rules,—if the *practice* of the law be in any one case in conformity with that which has been advised by writers on the Medical Jurisprudence of Insanity, although it may be adverse to the theory on which it is professedly based, this is all with which we have to concern ourselves:—the principle is admitted. The great defect in the England law is, not that it will not go even to the full extent of exculpating a person who has committed a crime with a full knowledge of its illegality, and under what may be called an ‘uncontrollable impulse’, or an impulse which his reason was not sufficient to control, but the *uncertainty of its application.*”—*Taylor’s Medical Jurisprudence.*

These are the wise declarations of the best juriconsults and alas that uncertainty of application, is but another expression for the gallows and the opening grave closing over many a judicial victim, even from the time of the unfortunate Bellingham, to the present day? How many the unhappy men whose deeds of blood were the result of disease over which they had no more control, than the paralytic has upon his wasted limb, or the fevered patient over his agonizing pains, how many we repeat of these sick men, entitled to the ministrations of humanity, have been learnedly consigned to the hands of the hangman! I need not recount names familiar to the medico-legal student, that blot the criminal records of nearly every State of this Union.

That insanity results absolutely from physical disease seems to be hard to be understood, and yet nothing is more true than that the daily advance of medical science but confirms it more and more.

Probably no man in America has had wider advantages of observation than Dr. John P. Gray, Superintendent of the New York Insane Asylum, at Utica, who has treated thousands of cases of insanity, and has enjoyed the most complete opportunity for microscopic investigation of the brain of lunatics, with the aid of the best apparatus, and the services of special pathologists, and whose labors have received the recognition of the highest French authorities in psychology. He declares in a lecture at Bellevue Medical Hospital in 1875:

“I have never seen a post mortem of the brain of an insane person,

however recent or mild the attack, where the microscope failed to reveal lesions of structure."—*Jour. Insanity*, Vol. 31, p. 450.

The same high authority, while the uncompromising opponent of the belief in what is termed moral insanity, without intellectual impairment, does not hesitate to say :

"It is true that when mind does give way, the evidences are generally first seen in the moral affections."—*Jour. Insanity*, Vol. 32, page 11.

"In his tabulated history of cases in the Utica asylum, he relates the case of a patient, who was once an educated man, of gentle and amiable disposition. He became changed in character, neglected his work, depressed, morose and irritable. One morning he walked out of the house, returned with an axe, and made a murderous attack upon his parents. Taken to prison, brought to the asylum, and subsequently became profoundly demented."—Page 157.

Dr. Gray points out that

"The mere fact that the psychical symptoms are so marked and profound in insanity, is due to its cerebral connection. In cases of fever we should not think of classifying according to the nature of the delirium, as we recognize that phenomenon as a mere symptom of disturbance of cerebral circulation."—*Jour. Insanity*, Vol. 29, page 282.

Does this not suggest the farther analogy of the extreme absurdity of measuring criminal responsibility by the particular relation of any delusion to any act, homicidal or otherwise ?

We should not forget how complex a concept is motive. As applied to an insane mind, in even attempting to associate delusions with acts, we must bear in mind that motive should be there contradistinguished from the same concept, as applied to the mind of normal sanity.

An insane mind cannot bring to bear upon an action the same elements of motive, or any other mental concept ; it cannot consider events and combine facts in their relative proportions, as does the sane mind.

Just as the chemist shows us that the same number of the identical chemical elements may by different groupings of their atomic constituents produce the most delicious or the most nauseous and poisonous of compounds, so the simplest events in the jumble of

the lunatic brain may assume the protean shapes of delusion unto its destruction.

From identical causes, in the insane mind, arise results uncertain, fitful and out of proportion—monstrous and misshapen beliefs come from want of power to coördinate facts, resulting in deeds that are indeed lamentable, but none the less irresponsible.

We cannot shut our eyes to these truths, nor can we construct a procrustean bed. Every case of insanity must be examined independently. No man stood higher as an alienist in England than Dr. Conolly, who says of insanity :

“Each case must be carefully considered by itself, with all its preceding and attending circumstances. No single text can be safely relied upon.”—*Conolly Lecture, Jur. Insanity*, Vol. 6, p 300.

Dr. Conolly points out the danger of quailing before the shameless clamor of the press for blood, and relates the following flagrant example of a surrender of an irresponsible being to a wild thirst for revenge :

“Not long ago, a boy not quite twelve years of age, took the life of his grandfather by mixing arsenic with the sugar which he knew he would take with his fruit after dinner.

“When visited in Newgate, this boy was found to be of stunted growth, with downcast look, face scarred with scrofula, and manner of indifference and insensibility. He was the unhappy son of an intemperate and epileptic father, who had died insane. From childhood he was shown to be incapable of remorse or shame. The medical attendants had previously pronounced him of unsound mind.

“Evidence to show his faulty organization was adduced at the trial, but entirely disregarded by the jury, and scoffed at by the judge, who declared that he rejoiced that a verdict of “guilty of murder” was returned. The press applauded the judge, and covered the doctors with abuse. If the jury were right, and the triumph of judge, was just and decent, the boy ought to have been hanged high in the air. But not even the power of the press, ever echoing the prejudice of the time, could prevent the exercise of some greater power, by which the execution of an insane child was mercifully and justly prevented.

* * * * “In the meantime, medical men ought not to shrink

from these cases. The same courage which causes the physician to brave the dangers of pestilence, should support him in this duty, beneath the assault of posilent tongues and pens.

“Not the voice of the people calling for executions, nor the severities of the bench, frowning down psychological truth, should shake his purpose as an inquirer and a witness. His business is to declare the truth. Society must deal with the truth as it pleases.”—*Lecture before the Royal College of Physicians in 1849. Published in Jour. Insanity. Vol. 6, p. 305. from the Lancet.*

If it is to be regretted that antiquated half truths yet govern the views of the bench in some sections, such errors are more or less inseparable from the conservatism that properly displayed adorns the ermine, but such cannot be said for the display of vindictive feeling on the part of the prosecuting officer, and especially for its gratification by unworthy disparagement of well-settled truths, as equally binding in law as in medicine, or efforts to mislead the jury, which only serve to strangle the very justice, which he is there the sworn officer to defend.

Certainly its first attribute should be the ingeniousness which is often so conspicuously absent in that performance of the solemn duty of the prosecutor. Thus to illustrate: When the attorney in the Dejarnette case informed the jury that Dr. Hammond was authority for the idea that “Deliberation takes away the idea of an insane act,” as quoted by Dr. Grissom in his book entitled “True and False Experts,” he failed to tell that jury that on the same page, Dr. Hammond was also quoted as declaring that

“The insane are very persistent in their revenge. I have known insane men occupied with the idea of killing their keeper for years, and finally do it.”

Dr. Grissom had quoted the opposite declarations of an expert, in different cases, as unworthy of medical science, and had stated that the former was so untrue that every alienist would receive it with a smile of contempt.

Yet not a word of this reaches the jury, anxious to know the whole truth, from the minister of justice armed with the sword of the law, and confronting the victim awaiting his doom at their hands. This betrays the tone of the prosecution, and justifies the fear that in many quarters our honored sister profession of the law

is betrayed in the house of her friends by those who are unable to rise to the lofty plane of action demanded by the severities of medico-legal investigation.

But the day is coming when minds fitted by education and training will be called to these responsible labors, and they will recognize that the honor and dignity of the commonwealth demand the cheerful acceptance of the whole truth, and while requiring every thing from justice, will scorn to accept anything from prejudice.

The result of the trial was the acquittal of James Thomas DeJarnette, by a verdict of the jury after fifteen minutes deliberation, upon the ground of his insanity at the time of the commission of the deed.

On the third day thereafter he was placed in the insane asylum at Raleigh without order from court under the circumstances, and by the wish of his friends. There is no reason to doubt that he was not only insane when the homicide was committed, but that his disease has affected his brain to the present time.

There is a painful reflection that duty requires to be made. It is the reprehensible course of the press in the wild clamor made against the verdict of the jury by editors who did not hear the evidence, nor were fitted to pronounce conclusions, any more than to undertake any other scientific problem, such for example as analysis in the chemical laboratory, or the diagnosis of obscure disease by surgical manipulation. How far this hasty judgment was justifiable may be illustrated by the nature of the attack upon the experts for their supposed support of the doctrines of "moral insanity" and "emotional impulse," when, in fact, neither expert believed in the existence of such things in the sense so vehemently deprecated, nor did the consideration of such doctrines form any part of the case under discussion.

It is clear, therefore, that the critics could not have given such attention to the evidence as the gravity of the question demanded, nor perhaps could it be expected of editors of the journals of the day, amid the rushing currents of news and thought, streaming in continuous flow, and demanding every energy to record and discuss.

Northern papers, and notably in Brooklyn, arraigned the verdict as the product of barbarous views of honor and of family pride in the

South, and I regret to say that while there were shining exceptions, some of our own journals spoke of the tragic verities of this trial in light and careless wit, all sadly out of place by the side of the sister dead in her early grave, whose faults and frailties were perhaps an inheritance of the ancestral woe, and over the blasted life of the ruined boy, who valued existence so little that he anticipated death, and was eager for the forms of trial to be over.

It is a healthy instinct which inspires the press to call for justice upon one who is a conscious and responsible violator of the law, but it is a fit and proper task for the medical journals of the land to dissipate baseless and vindictive notions of a rude justice, which is unworthy of a people sufficiently enlightened to ask and to judge before proceeding to condemn and to execute.

The evil of harsh and indiscriminate criticism dies not with the occasion, but it insidiously poisons the popular mind, and tends to erect barriers to the reception of scientific truth, to deter experts from their full duty, and to frighten juries into acquiescence with public opinion which may be nothing but public prejudice.

Have we learned nothing in modern times in every other department of medicine? In the days when the case of Hadfield occurred, a close room without ventilation, and red curtains were deemed by most physicians to be essential to the treatment of small pox. Would that be good treatment to-day? All other sciences have advanced. Would the courts accept the toxicology of even half a century ago?

Must then the medical expert in insanity, be required to stultify himself, and pronounce that to be false which he has the best reason to believe to be true?

It is certain that in any country under the control of enlightened men, the jurisprudence of this subject must infallibly reflect the conclusions of the best medical philosophy, and while circumstances may delay the result, the force of such medical thought, founded upon constantly increasing observation and corrected by experience, will sooner or later mould the expression and correct the errors of law.

The whole history of the common law exhibits the liberalizing effect of broader knowledge among medical men, by the reflex of changed opinion, as in Erskine as compared with Coke, or Eldon

with Hale. Nor has this process ceased to the present day. And why should it? Who, I repeat, would return to the system of medical practice of a century ago? And why should jurisprudence turn its face toward the darkness, while medicine and surgery seek the sunlight of knowledge?

Let the responsibility be accepted, of declaring what we believe to be true—the issue may be cheerfully left to that power which is the fountain of all truth.

REMOVAL OF BOTH OVARIA, OR “BATTEY’S OPERATION” FOR THE CURE OF INSANITY.

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Miss N. P., of Virginia, \ae t. 19 years, of a nervo-sanguine temperament with a heredity to melancholia on the father’s side, a well developed brunette, highly educated, wealthy, having been granted all the luxuries and pleasures that fond and doting parents could give in an *élite* society, and adorned with all the graces that beauty and chastity could confer on the female. Menstruation began at fifteen years of age, flow regular for eight or nine months, after which time there was a cessation of the discharge, the patient suffering with the various nervous phenomena ascribable to amenorrhœa. At the age of sixteen years there was a return of the monthly molimen attended with severe neuralgic dysmenorrhœal symptoms, complaining prior to each period of a general malaise, frontal headache, pain under the left breast, dyspeptic eructations, bearing-down weighty sensation in the pelvic cavity, severe lancinating pains over both ovaries, the latter exceedingly sensitive to the touch; deep, dull, uneasy feeling in the sacral region, with an icy coldness extending down the hips and thighs. The continuance of these symptoms did not seem to impair the general health; appetite good, but bowels generally constipated. She was fond of dancing and ever ready to engage in the various innocent amusements of the young, with no marked desire for the company of men, but always maintaining a modest, dignified demeanor.