

Craniology has not hitherto furnished much instruction of a practical nature. Persons demented need not have low foreheads; though idiots have. The inquiry into the lesions of investing membranes in the brain is not complete. Is the neurilemma in the minute fibres disordered in insanity? Is there hope of our determining phrenological regions by *post mortem* examination of the insane?

## CHAP. VIII.

ON THE MEANS OF DISTINGUISHING BETWEEN  
REAL AND FEIGNED INSANITY.

THERE are two methods to be pursued in testing the reality of mental disease existing, or supposed to exist, under suspicious circumstances. The former of these consists in a just appreciation of the symptoms; the latter, in testing their truth.

The same process is followed when we form a diagnosis in obscure cases of the morbid state called Hysteria, a disease bearing analogy to Insanity, inasmuch as a disordered will may be considered as necessary to its constitution. To put these methods into practice the physician requires—

1st. The power of determining by its distinctive characters the nature of the case, if genuine. To gain this power there is no royal road: as in

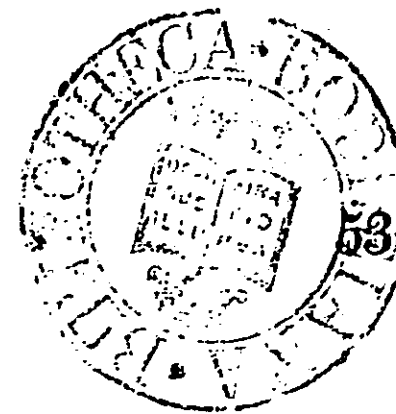
other diseases so in this, observation, reading, and oral instruction, will obtain it. We have endeavoured, in the Chapters on Mania, Dementia, Lypemania, and the madness of the Puerperal state, to sketch outlines of this knowledge: the wards of an asylum, and the works of authors, now numerous, will fill them up.

2dly. The means of testing the genuineness of the symptoms have been in some sort hinted at in the preceding chapter; but they will be here given in detail, and interwoven with cases that have occurred. The heads that follow are arranged according to their diagnostic value, into two classes—

I. The circumstances that belong to the suspected person alone; and,

II. Those mainly dependent upon the investigator.

In the first class are found six which (to speak broadly) cannot be feigned, and five which may be easily counterfeited, and not easily detected. Of the physician's part hereafter.



## I.

## (A) CIRCUMSTANCES BELONGING TO THE SUSPECTED PERSON.

(a) Now, there is one symptom which it is *impossible* to feign — sleeplessness. To the sleeplessness of the maniac there is nothing akin but the pervigilium of fever: it is a morbid state which health cannot enter; and if any means could be devised for procuring it, serious disease would inevitably follow, and a solution of the imposture be obtained. “A sailor enacted the part of a furious madman,” says Mr. Marshall, “but on the second night he fell asleep.” Maniacs often remain awake for several weeks, and months.\*

(b) The tonicity of the voluntary muscles, as well as their actual contracting force, is greatly increased in Mania; a fact noted in other morbid states where the reason and will is temporarily obscured. It has been said that few men could follow the motions of a child through the day: this may be said with truth of the maniacal paroxysm. The true maniac never

\* Esquirol.

rests for rest's sake; he is never exhausted: if violence be his mood, never-ceasing violence, without exertion or fatigue, will characterize his motions, seen or unseen, heard or unheard.

Thus is one of our best tests afforded. If, after violent efforts, a suspected person sits as if for repose or from languor, the suspicion is increased. The "character" of the maniac's violence was successfully observed by Dr. Corkindale at Glasgow, in the case of a prisoner. This man feigned insanity admirably, and it was difficult to detect him. He was known to be passionate. It was preconcerted to throw him into a rage, that his movements might be watched. The gaoler threw a basin of water in his face: the prisoner attacked him immediately, and enacted the part of "a man of science," with so much dexterity, that Dr. Corkindale was satisfied of the feint. The event proved the correctness of this decision. We are bound to add, that such a test is liable to fallacy. The subtlety and skill of madmen, in anything they undertake, is often beyond that of their natural state.

(c) We have already stated that there is an odour not to be imitated about the insane;

that is, where the odour is perceived, insanity may be safely assumed to exist. The converse is not to be inferred when it is absent.

(d) The effect of certain classes of medicines on the insane deserves marked attention. Beck rests more on this fact than other writer. Whatever assistance can be thus afforded let it be used. "Where a common dose," says Beck, speaking of tartar emetic, "takes a full and powerful effect, deception may be suspected, as it is stated that this never follows its administration in any stage of approaching or actual insanity." We think he speaks too generally; Esquirol and Marc do not write thus. Cathartics are often slow in their operation, and, as would be expected, this is the case especially where the nervous energy appears to be impaired. Much more reliance is to be placed upon the action of opium. What large doses may be taken by those labouring under mania from drink ere sleep be induced is well known; the same obtains, but in a far greater degree, in true Mania. But experiments with this or any other narcotic are much to be deprecated. Often with a maniac there is no quantity but will

be futile for obtaining rest: and, as in the delirium of fever, irreparable mischief *may* ensue from their employment. A curious case is related by Monteggia, of a felon on whom opium was tried, when he was apparently in a state of dementia. Six grains of solid opium had no effect upon him. On one day, therefore, about noon, they gave him six grains in soup, and nothing being observed six hours after, the dose was repeated. Neither the night nor the day following did he sleep, but after one on the second night he rose in his bed, and cried out that he was dying. Emetics, which acted largely, were administered, and thenceforward he recovered. It seems certain, that at this time he was demented; when he became so is not as clear, nor whether the opium effected his cure.\*

(e) Physiognomy (following Lavater's definition of it, already quoted, and the real etymological sense of the word) should bring to us evidence from the countenance, gestures, gait, and the general habitudes of the patient. It is, however, to be borne in mind, that all persons

\* Cf. Beck, vol. ii. p. 574.

insane have not a distinctive cast of countenance.\* Such cases (those of joyous monomania) are not likely to be feigned; and in those who are neither far advanced in the disease, nor present strongly marked examples of it, there is nevertheless mingled, even with their rage, an air of apathy or unconcern neither to be mistaken nor described. He who can draw a lip, said a great observer, is an angel; he who shall describe in words, we would add, the melancholy fear, the subdued and touching air of grief that speaks in entreaty not to be disturbed, or that short feverish turn of the head, by which the melancholic avoids questions and betrays his state, may perhaps have skill to paint a passing sound. Indeed, too much attention cannot be given to these details. How much is intuitively learnt by them in hysteria; for instance, in the hysterical paroxysm, in the forms simulating Epilepsy! With respect to gesture, the imbecile, the idiot, and the demented, offer appearances much akin to each other. Yet neither does all Dementia resemble idiocy; nor do all cases of Dementia bear *the typical characters* of its class. Extreme caution,

\* Cf. Marc, vol. i. p. 333.

therefore, must be used before deciding that a case is feigned because it presents material deviations from a preconceived and correct standard. Mania passing into Dementia is at various stages unlike both Mania and Dementia, just as the transition styles of architecture are unlike the types that precede and follow them. *Συνέτοισι φωνῶν*, the hybrid condition, is a proof of the position to be assigned to the individual case,—a point much to be noticed, lest, in a legal case, we were tempted to say, unjustly, “This man is feigning, because he shows evidence of both Mania and Dementia.” In Mania passing on to Dementia the paroxysms annul, as it were, the more passive symptoms, and these have their representative only in incoherence of speech; whereas, in the more tranquil intervals, the tokens of Dementia would be more markedly displayed.

The rapidity of gesture, and the violence of action in the maniac and in the demented must be distinguished by the characters drawn in Chapters III. and IV. The monomaniac has attitudes expressive of the dominant idea that rules him. In Mr. Marshall's work\* four cases

\* Hints to Medical Officers, &c. p. 139, *et seq.*

are recited in which there is no doubt but that soldiers were treated as “malingerers,” who were truly insane. We admit the great difficulty of all the cases, but they ought not to occur now. The two first were not punished corporeally, but being in confinement they became permanently insane. The third was five times flogged for feigning insanity with a view to obtaining his discharge. The particulars of the fourth are instructive. He was under treatment in December, 1825, for a slight bodily ailment, but on his discharge, in January, 1826, he refused to do duty. He had a good appetite, but complained of pain *in the right hypochondrium, and was very taciturn*. He was punished, in March, with 175 lashes for declining to do duty: subsequently, he was punished by one month's solitary confinement, and was employed in occupations hateful to him. In July, four eminent surgeons signed a certificate, stating, that no disease, mental or physical, could be detected in him. He returned to his regiment. In a few months he showed unequivocal symptoms of insanity, and on that account was sent to the General hospital, in July, 1827. Mr. Marshall asks whether he was of unsound

mind in February, 1826? or should we consider the mental disorder as a result of frustrated hope since that period? Our answer is, that probably he was in an early stage of mental alienation when he first entered the hospital, a stage then curable, but by subsequent treatment rendered incurable. He was a temperate man; in education, above his apparent position; and there was entertained suspicion that he was a gentleman by birth. How much care would not these circumstances suggest! We shall presently quote a case where much of the evidence turned upon the early history of the patient.

It rarely happens that feigners are guilty of venereal excesses, or other dirty conduct; but with regard to the latter, there were horrible instances among the French prisoners in this country during the late war, who not only be-daubed their cells and ate their own excrement while feigning, and under inspection, but they did so when they were not seen, lest possibly they might be overlooked. Against such misery, and so great determination, we have no means to offer but the study of the individual case.

It has been remarked by Hennen,\* that they,

\* Military Surgery.

who feign, hesitate "to look the physician in the face." The contrary obtains with all madmen. That melancholics turn away, or that some maniacs dislike to be looked at, does not invalidate this.

On the Craniology of the insane there is nothing definite to be said. Future years will extend our knowledge in this direction. It is however certain, that in many madmen there is a want of correspondence between the forms of the cranium on either side of the mesial line, amounting occasionally to a strange want of symmetry, and very marked distortion.\* Of the heads of idiots and the imbecile we are not speaking. The paucity of their hemispherical ganglia is well known. Any wounds, even of very old standing, marked elevations or depressions, any want of symmetry, in the skull, throw their weight "valeant quantum valent" into the side unfavourable to deception.

(f) We have ventured to class the quickness and acuteness of the insane among the points which are not to be counterfeited. It has been observed that "feigners generally overdo their

\* But this is the case also in persons not insane.



part," are more violent, more foolish, than they need be. Maniacs and melancholics would be ashamed to answer as impostors have done. Let the following instances illustrate our meaning:—

"Janette," said the physician of —, in our hearing, addressing a young and timid melancholic, "how are you to-day?"—"Very well, sir, thank you."—"I am glad of that; you have seen nothing to disturb you."—"You know better than that, sir; you know that I must have seen them, for they were there."—"What! were the cats in the passage?"—"Certainly, they were."—"Now, Janette, you cannot believe that the floor is covered with animals?" She answered mildly, but solemnly—"I know they are not animals, for I have felt all about me for them—they are spirits—*God is Almighty.*"

We met, at the Asylum of —, a furious maniac; his clothes were torn, and he had on no shirt, it had been rent into shreds, which he held in his hand. "Why," said Dr. —, "do you tear your clothes in this manner?"—

"Because, Doctor, I love you and your institution; I wish to make you wealthy, sir! *Labour is wealth! I've been at it all day.*"

Mr. G——, a maniac, liable to frequent accessions of furor, was told by the physician, on his rounds, that he had better have his head shaved. To this he raised many sufficiently curious objections: but (the assistant-physician and the keeper standing by) the order was definitely confirmed.

Shortly after, we saw Mr. G. in great altercation with the keeper. He rushed towards us; and endeavouring to be very cool, "I appeal, sir, to you," he said; "Is it to be endured that Mr. Ross (the keeper) should venture to propose to shave my head? It cannot be; indeed it cannot. Did Dr. — order it, I ask you?"—"I am afraid, sir," we answered meekly, "he did. Perhaps it will do you good."—"I know *my* duty, sir," said he, proudly; "Mr. Ross does not know his. The Doctor was joking with me. He often does. He told *me* three times that I was to be shaved. He *thinks that I am mad.* I dare Mr. Ross to say the order was given to him."—"He said it in my pre-

sence," said Mr. Ross, most incautiously. "And you are FOOL enough to think that the Doctor, who is a man of common sense, would order a madman to have his own head shaved while his keeper was standing by!" Then, triumphing in his argument, he cried out, "Unto Cæsar I do appeal!—Till Cæsar come, I resist." We confess that it is our belief, that many a rogue has been "Not Guilty" on worse argument than that.

To those familiar with the ways of the insane, these instances may appear not worth the record. They serve, however, to illustrate three things worthy of especial notice on the part of an inquirer into our subject. The subtle mode in which illusions are justified by the insane; the shrewdness of their arguments; and the memory, discernment, and perception of their own advantage, which maniacs will show and glory in. We add, by way of contrast; a famous examination taken from Marc;\* that of Pierre.

\* Originally from Georget. Cf. Marc, Sur la Folie, &c. vol. i. p. 277.

Pierre, aged forty-three years, a notary, and man of bad character, on his arrest for forgery and incendiarism, answered correctly all that was asked of him. After a month, he became incoherent; and ere long, furious. That he was not really insane was suspected on several grounds. A fire was raised in the Bicêtre, where he was confined for better observation, and he escaped: there were full grounds for believing that he was the incendiary; and an accomplice, who had feigned and was detected, made inculpatory confessions concerning Pierre. The following are the questions and answers as related by Marc.

1. "What is your age?" — "Twenty-six."  
(He is forty-three years old.)
2. "Have you transacted business with MM. ———?" (two of his victims.)—"I do not know them."

Had he been insane he would have remembered these persons or not. If he had remembered them, in all probability, nay, with almost certainty, there would have been some illusion, or some distempered association in connexion with them: and on this perverted view he would have answered. A madman would never



answer quietly of any special name, "I do not know them:" had he forgotten the persons in question, his memory would have been otherwise proved to be treacherous, and this was not the case.

3. "Do you acknowledge the pretended document which you gave to witness?"—"I do not understand this."

A most suspicious answer, for similar reasons to Answer 2. Had he not understood it, he would not have said this; or he would have said more; and it would imply dementia in a lawyer to ignore the meaning of a document. Dementia he certainly had not.

4. "Before the Commissary of Police you acknowledged this act?"—"It is possible."

This was an unwise answer, we conceive, for this reason: had he been anxious, being truly insane,\* to conceal his insanity, he might have given this answer; but he was not so anxious to conceal his insanity. Cf. Answer 10.

5. "Why, on the day of your arrest, did you tear up a bill of 3,800 francs?"—"I do not remember!"

\* Cf. the anecdote told by Lord Mansfield to Lord (then Mr.) Erskine. See the State Trials, vol. xxvii. pp. 1220, *et seq.*

6. "You said, in your former examinations, that it was because the bill had been paid?"—"It is possible."

Cf. Comment, fourth.

7. "Do you know that witness?" (the portress of the house he lived in.)—"I do not know that woman."

One feels vexed with a man who plays his part so ill.

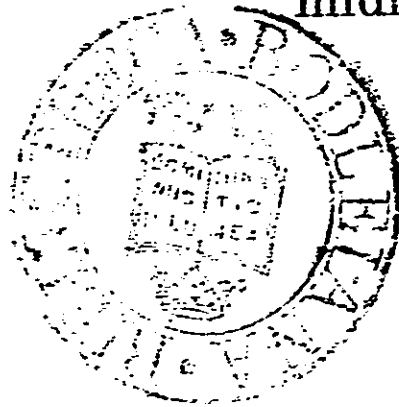
8. "Can you point out any one who was with you in La Force, and who can give account of your state of mind at that period?"—"I do not understand that."

This answer alone might have closed the trial. A madman is aware he is thought so, and he always comments upon, or resents allusion to it. He had associated with a man who pretended insanity, and acted as insane. He must have thought that man mad; and this was sufficient to furnish him with theme for dilating on his own case. Had he been demented, or had he been maniacal, it was impossible for him to make the answer, and it was inconsistent.

9. "You escaped from the Bicêtre?" —  
"Were you there?"

*An impertinent answer, full of cunning, and designed to foil the examiner, in a manner not probable with the insane. Alluding to his own escape, the fire, and the circumstances necessarily fresh in his mind, would with an insane man have called forth more or less detailed egotism.*

10. "At what time did you escape?" — "At midnight; one o'clock, two o'clock."



He professed to have lost his memory, which he might have done as a maniac; but he here retains it, and gives withal an answer that a maniac would despise; or, if demented, he would not have assented so distinctly to the association of time.

11. "Which road did you take?" — "That of Maux en Brie." (He went that of Normandy.)

A mere falsehood: and the character of falsity, described by us under the head of Mania, was not that which he had.

12. "Can you say who set the Bicêtre on fire?" — "I do not understand you."

13. "You wrote a letter the day after you left the Bicêtre to \* \* \* \*?" — "I wrote no letter." (It was in his handwriting.)

The above examination, with the hints appended to the greater number of the answers, affords an excellent contrast to the conversations recorded above;\* a contrast that cannot fail to be perceived by one in the slightest degree acquainted with insanity. We might quote other instances of a similar kind, but we already trespass beyond the proper bounds allotted to an Essay, and many important particulars remain.

(1. B) CIRCUMSTANCES BELONGING TO THE SUSPECTED PERSON ALONE, EASILY FEIGNED, OR PRESENTING SPECIAL OBSTACLES TO A CORRECT DECISION; YET REQUIRING CAREFUL ATTENTION.

(g) Dr. Beck † quotes a statement of Dr. Willis, that we may look for recovery if a patient, previously restless, be still for an hour.

\* P. 62. † Vol. ii. p. 568. (American edition.)

In mania, any circumstance tending to show a less excited state of the nervous system would deserve attention: and doubtless some slight evidence might be thus obtained in a very difficult case, though, as coming in the decline of the disorder, it would be nearly valueless. But we have before stated, that if a furious and suspected person appear to rest after his paroxysm for rest sake, and then speedily return to a state of violence, this would be wholly at variance with the symptoms of real disease; while yet the cessation of paroxysm and a comparatively tranquil state is not in itself to be admitted as a shadow of proof against the reality of the attack. Note the restlessness of the patient at night. Feigners are at times so skilful as to be very troublesome and noisy at several periods of the night, and to sleep in the intervals; this calls for the utmost suspicion. On referring to what we have said of sleep with the insane, it will be seen that neither the melancholic nor maniac are affected in this manner.

(h) The maniac is irritable, and easily provoked. A very slender cause will throw him

into a paroxysm of fury: as for instance, doubting him, smiling at his delusions, not entering into his schemes; generally each has his specialty in this matter, besides the constant hastiness and susceptibility of his class. There would be great difficulty in counterfeiting this sudden burst of rage, even if the feigner were acquainted with the fact; yet one well acquainted with the insane might: the servants of an asylum, for instance. But such, alas! under suspicious circumstances would have all predisposing causes in favour of genuine disease.

(i) Since Dr. Rush has remarked that the pulse of the maniac is always accelerated, writers gasping for evidence gladly seize the straw. Truly, no reliance can be placed upon it. M. Marc, who had ample opportunities of judging, and availing himself of the researches too, of MM. Seuret and Mitivié, comes to this conclusion. It is true that Dr. Rush decided rightly in the case of a condemned criminal, resting much on the fact that the pulse of the person in question was quicker by 20 beats than that of a fellow-sufferer.

Now the best writers do not pretend that the

pulse is much accelerated in Mania: if it were, we have seen cases enough to make us discredit the statement, as diagnostic. The mean of many observations by Marc is about 84. But in cases of this kind, statistical observations, and averages deduced from them, are highly mischievous. Men then argue from the universal to the particular; whereas the knowledge of a mean renders no assistance for the determination of a particular. It may be at any distance above or below the average: we have known the pulse of a healthy man rise from 46 to 120 in a few hours, and then go down again to 50; a game at chess, for instance, will, with the person in question, raise the pulse to the high number stated. The most excitable man we know has always a pulse of 60. We have seen maniacs in a state bordering on furor with a pulse under 80: rejecting all other considerations, the unknown and unsuspected disorders of the insane render any criterion from this quarter highly delusive.

(*h*) We stated that a characteristic of the demented was, that "he was led whithersoever another would." We did not make any such

statement concerning the maniac: but, bearing in mind the object of every remark here made, the eliciting of truth, let it be remembered by the inquirer, that idiots, the imbecile, and demented, are each and all not unfrequently obstinate, violent, and troublesome; but the passion, if it occur, is not long, is transitory, and follows rather the general habitude of the mental phenomena known in the individual: and also no less, we may expect of the maniac that he will be docile under gentle and kind treatment, submissive under awe of his physician; frequently disarmed in his fury by the exercise of authoritative conduct from those who have right to assume it: as was emphatically declared by the man possessed with a devil, in the matter of Sceva the Jew.\* The impostor will be most violent before him whom he most desires to convince.

(*l*) It has been stated that thunderstorms have a specific effect in alarming the insane, and in aggravating their morbid states generally. This is by no means to be relied upon; and it is important to a legal inquirer, that

\* Acts xix. 13, *et seq.*

erroneous notions, such as this, should be entirely overthrown. We know that a thunderstorm of considerable violence may pass over or near an asylum without disturbing the insane as much as their keepers.

## II.

### INQUIRIES SPECIALLY DEPENDING UPON THE INVESTIGATOR.

(a) A physician, appointed to determine upon the reality of a suspected feint, should, before undertaking the duty, require that no limit of time should be prescribed to the investigation. Some cases *cannot* be determined but after long observation.

(b) The most rigid inquiry is to be made into the previous history of the suspected person. The predisposing causes must be calmly and carefully considered, especially if there be any hereditary tendency, any previous eccentricities, any change of moral views, any religious anxieties.

The general manner and bearing of the per-

son, and nature of his conversation, will at once determine whether his disorder be Melancholia, Mania, or Dementia, if real.

We are to be prepared for complications of all these with one another, and with Monomania.

Should neither of these diseases be detected by us, we may presume that the disease is real, on the ground lately stated. We proceed with caution, judging carefully, as in an unsuspected case.

(c) The salient points for diagnosis, as the characters of sleeplessness, restlessness, and those enumerated above, are to be especially noted. If we conceive the disorder real, we defer stating our opinion, that time may confirm us: if we incline to the opposite opinion, we desire a resolution of the imposture, which is sought for in a four-fold manner, or by any one of the following:—

(a) By expostulation; by appeal to the person.

(β) By severity.

(γ) By artifice.

(δ) By spontaneous resolution on the part of the impostor.



(a) He who is competent to undertake a task of this delicacy will not require any suggestions in aid. Much will depend on the manner, the tact, the knowledge of mankind (falsely called human nature) in its truest sense, which the inquirer possesses: much on his gentleness, goodness, knowledge of good and evil, sympathy with sorrow and suffering, and with men, like himself, sinners. Disappointment is not to follow from the failure of this attempt. From his probable character an impostor would be callous to any such means. If the case be genuine, the kindness evinced will be soothing and useful to the patient. Young recruits may thus perhaps be won over.\*

(β) It has been suggested (and in the case of other feigned diseases we have so heard it) that in the military and naval services it is well to flog persons under suspicion of feigning insanity, on the principle that if sane, the punishment will "bring them to a sense of duty;" and if insane, that "it will act as an excellent derivative." There is nothing in the nature of

\* Cf. Marshall. Hints, &c. p. 138.

inflicted punishment (flogging) that would induce a man to confess; he might, to avoid the repetition, appear slowly to recover: the infliction of a moderate flogging makes no special appeal to a hardened soldier or sailor who has his discharge in view. It is true that in Zacchias's case it did succeed; but even if it did succeed, and that with certainty, it is unjustifiable, unless we grant the whole postulate, that "it is a good derivative;" *i. e.* a correct mode of treatment in insanity. Rigour increases, kindness soothes, mental suffering. The age we live in, the character of our naval and military officers, the increasing knowledge of our medical men, render the question now hardly worth notice.

But corporal punishment is not the only means of rendering the life of an impostor painful and irksome. Are there means which can be useful to the diseased and be odious to the impostor?

The actual cautery, blisters, offensive medicines, have all had their advocates. Some such means are used in hospitals against malingerers. We have always held the opinion expressed by Marc on this subject. There is a spurious humanity which is not true mercy, and is injurious



to the public weal: and this age is not free from it. In this thing we oftentimes say, with Coleridge, "We want thinking souls, we want them." The sword is not yet forbidden to the hand of justice; *οἱ ἄρχοντες οὐκ εἰσὶ φόβος τῶν ἀγαθῶν ἔργων, ἀλλὰ τῶν κακῶν.*\* In barbarous ages there are many, in civilized times there are some, with whom persuasion is a sign of weakness, and compulsion is alone counted law. Further: a criminal condemned to death has our compassion, but to law and justice we owe duty. Duty and compassion both do enjoin us to discriminate the truth, by any means not absolutely repugnant to humanity. There was a villain named Gérard, who murdered a woman at Lyons in 1829. After his apprehension he appeared to be demented, and to be affected with general paralysis. After a while, his medical attendants agreed to apply the actual cautery, since where there was no sensation it would inflict no pain; it might be useful in the treatment of the complaint, if real; and would probably expose the ruse if it existed.

Accordingly the cautery was applied to the feet without effect; but when, for the third

\* Romans xiii. 3.

time, preparations were making to place it on the neck, he complained that he was thought a fool, and declared his innocence. Thus he proved that he had no paralysis of the nerves of the tongue, and the feint was revealed. Pagan relates a case where the shower-bath succeeded after the cautery had failed.\* Other cases are related in medico-legal works: as one in Marc, where a feigner confessed his sanity upon being pinioned preparatory to confinement in a straight-waistcoat, a course which his violence rendered necessary.

(γ) But, without any severity, artifice may be used. We may threaten severity in the presence of the patient. A person feigning deafness recovered instantly when it was said, that piercing his ears with a red-hot iron would be the only remedy, and should be tried. The same was had recourse to with an epileptic. A soldier spoke when reviled in the guard-room, though every means had been previously tried to induce him to break silence. Also such severe artifices as these may be useful. It was related to us by one formerly assistant-surgeon in the——,

\* Pagan, Medical Jurisprudence of Insanity, p. 272.

seventy-four, cruising in the late war, that a sailor, suspected of feigning Mania with Hemiplegia, was permitted, after some defeated attempts on his part (he never attempting when not observed), to jump overboard while in a paroxysm. He swam with both legs admirably, and called for help. Similar cases have occurred to others. We should strongly deprecate sending a soldier or sailor to a lunatic asylum without his insanity were clearly established; but to remark before one under suspicious circumstances, "that in a fortnight, or in a month, he must be confined in an asylum," might prove with that class of persons a very efficacious mode of arriving at the truth. According to Aristotle's aphorism, this would fail with a criminal, who preferred life in an asylum to the gallows.

(8) As to spontaneous resolution, the case of the prisoner at St. Ange, who recovered after the opium, may have been of that kind. This method requires patience on the part of all concerned; and though the suspected return to reason under kind treatment, no proof need ever be received that shall bear on the fact

whether he had feigned, or had been really diseased. Probably he himself, if the appearance of insanity had long continued, would, least of all concerned, be able to answer this.

