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A Case of Homicidal Mania, without Disorder of the Intellect. By C. LOCKHART ROBERTSON, M.B., Cantab., Member of the Royal College of Physicians; Medical Superintendent of the Sussex Lunatic Asylum, and Honorary Secretary to the Association of Medical Officers of Asylums and Hospitals for the Insane.

I. History of the Case. G. T., No. 279, age 30, was admitted into the Sussex Lunatic Asylum under an order from the Secretary of State, on the 14th November, 1859.

He was transferred (as belonging to the parish of Brighton) from the Kent County Asylum. I received the following letter respecting him, from Dr. Huxley, the Medical Superintendent of that asylum. It very clearly and accurately relates the previous history of the case.

The County Asylum, Maidstone, Kent,
October 13th, 1859.

My dear Sir,—I this morning received the Secretary of State's order, directing the removal of G. T. (Brighton) from this, to your asylum. I have written to Mr. Thorncroft, assistant overseer, Brighton, to see whether he would prefer to undertake the removal. If I do it I shall only think it safe to proceed in one particular way. In a few days, then, when I have heard from Mr. Thorncroft, you may expect to have G. T., and I heartily trust he may not, with you, repeat all the mischief he has done here. It is my duty to acquaint you with the nature of the case, in order to put you on your guard against surprises, whether in the shape of violence to

the person or to property. — Scarcely anybody who has been concerned with G. T., but has suffered more or less. One attendant, in particular, was very severely injured about the head, two or three years ago, in such a way as to endanger his life ; but happily, he got over it. Others in a less degree. I have sustained malicious personal attacks twice ; Dr. Hills, three times, until at length (and now for some considerable time) I have established extra precautions with this man, by which he is baffled ; I say baffled, because his disposition to repeat his injuries as regards myself and Dr. Hills at least, has remained and been often manifested in efforts which would be absurd if they were not insane, on account of the smallness of their chance of success. One point I wish particularly to mention : this man has never attacked with his fists in the fair English fashion ; he always resorts to a weapon such as can be used stiletto-wise. In the case of the attendant badly injured, it was an old bone-knife, sharpened up and rigged with a strap to give firm hold of the handle, which he dug and drove into his scalp (which was seriously torn,) inflicting half-a-dozen blows in quick succession. In my and Dr. Hills' cases, it has been a bit of sharpened stick or wood split off something, held dagger-wise and driven at the face with the *expressed* intention of gouging out an eye. This man appears to me to be an assassin by nature. Another feature I have to mention. It is his treachery. His first attack on myself was made under peculiar treachery. Trust him not. He can calculate well his time for attack so as to have his intended victim at a disadvantage. In his first serious assault upon the attendant he took the occasion of the temporary absence of the second attendant, and fell upon his man when he had his hands full, carrying a large tray of plates and utensils. As for his destruction of property, one day, before we knew him, he broke more than one hundred squares of glass in no time with his shoe, (he didn't hurt himself !) and some other things, and for a year or two subsequently it was his constant and often successful effort to break all the glass he could get at in any way. He has left this off of late, but I don't think him really better. I must now give you some particulars of his history.

First admission, August 31st, 1855. Chemist's assistant. Age 25, single, supposed to have been nine months insane. Symptoms : Said he was a prophet and inspired and obliged to obey commands from above. Heard voices in the night which he was obliged to obey. A loaded revolver was found upon his person and he said it was necessary from the con-

dition of society. He sent a pistol to a gentleman whose wife he had taken a fancy to, and a message to meet him which could only be a challenge to fight. Has written many and voluminous letters to the lady above alluded to—subject, his own inspiration and gift of prophecy.

Removed, on his mother's undertaking, on October 31st, 1855. His conduct in the asylum had been quiet and harmless. Re-admitted, by Warrant, from Maidstone Gaol, on December 16th, 1856. Committed for twelve months for want of sureties in a breach of the peace. His mother had died in the summer, and it may be supposed that the necessary surveillance had thus been removed. The mental symptoms were as before, but, in addition, the violence was soon displayed and it has been continued. I think I have mentioned everything material to your proper information. The effort to do justice to the case itself and not, in any precaution, to exceed the actual necessity has, I assure you, been trying as well as long. I trust in your modern establishment, you may find all the means, for this is an exceptional case, and requiring something more than the common securities. I shall be happy to answer any questions and satisfy you on any points which my letter may not meet, or not meet fully.

Believe me, my dear Sir,

Very truly yours,

Dr. Robertson.

JAMES HUXLEY.

On admission the patient was calm and collected in his manner. He gave a most accurate account of his previous history, expressing extreme regret at the misconduct of which he had been guilty. Altogether I failed, after repeated observation and examination, in detecting the slightest trace of intellectual disorder. Under these circumstances, I filled up the usual medical statement for the Commissioners in a qualified manner, by saying, with respect to his mental state, that "*He is, as I am informed by Dr. Huxley, subject to attacks of impulsive homicidal mania.*"

The patient continued under close observation, but still shewed no symptom of mental disease. I supplied him with books; the assistant medical officer, Mr. Gwynne (who thought he was quite sane) took him a walk round the farm; he came to our weekly balls; and, at last, so much did his apparent sanity throw me off my guard, I asked him (being a man of some education) to undertake the duties of Chapel clerk, and those he performed up to the morning of his homicidal attack on Mr. Gwynne.

During one of my conversations with him, he expressed his intention, when liberated, to apply a small sum of money he had in the hand of a relative, to make compensation to the attendant, whom he had injured at Barming Heath. He admitted that he was perfectly conscious of right and wrong, and said himself that if he committed murder, he ought to be made amenable to the law.

I certainly thought he was convalescent, and I entirely failed in tracing in him any deviation from the healthy standard, either intellectually or morally. He appeared to feel much the degradation of his position, and his plans of future amendment and usefulness were frequently spoken of by him. His general conduct, up to the moment of his homicidal attack on the assistant medical officer, was that of a person of sound mind.

In consequence of the qualified certificate which I gave on the 19th November, the Commissioners in Lunacy wrote, asking for a further report on the case. On the 6th of January, 1860, I consequently transmitted the following memorandum to their Secretary.

[Copy.]

Memorandum by Dr. Robertson on the case of G. T.

Sussex Lunatic Asylum, 6th January, 1860.

With reference to my certificate in the case of G. T., a criminal patient transferred from the Kent Asylum on the 14th November, 1859, I have now to state :—

1. That to the best of my knowledge the patient has, since his admission here, exhibited no symptom of mental disease.

2. That I believe him to be conscious of right and wrong.

3. That his conduct has been most exemplary. He has mixed freely with the other patients, and joined in our weekly balls. He has also, at my request, undertaken the duty of chapel clerk, and attends the daily morning prayer.

4. I consider this statement and opinion reconcilable with Dr. Huxley's report of his violence on many occasions and of his homicidal propensities if it be assumed that he is the subject of that form of mental disease termed by French writers, *monomanie meurtrière* (homicidal insanity) which form of mental disease certainly exists in spite of the opinion of the judges to the contrary.

Under these circumstances I am of opinion that G. T. should be detained here until such time as the Commissioners in Lunacy examine and personally decide the question.

(Signed)

C. L. ROBERTSON.

It will be seen by this memorandum, that my opinion leaned to his ultimate discharge, and that I thought he had recovered from his homicidal mania.

This memorandum was written on the 6th of January. On the evening of the 18th of January, the patient who had continued to conduct himself with perfect sanity, was present at one of our weekly balls. I spoke to him, and he complained to me of not feeling very well, and his tongue was white, and he looked, I thought, rather out of sorts. While I was speaking to him, he complained of faintness, and I took him into the assistant medical officer's room, adjoining the ball room, where I gave him a glass of whisky and water, and he laid down on the rug. In a quarter of an hour he was better, and I advised him to go to bed, which he did. I recollect knives were lying on the table, and he could, had he been so disposed, then dangerously have injured either Mr. Gwynne or myself. Next morning (January 19th), while Mr. Gwynne was on his morning round in the airing court, the patient came up and shook hands with him, as usual, and said he wanted to speak to him about some money matters of his own; he then suddenly, and without the slightest provocation, attempted, with a sharp piece of wood he had concealed about him, to destroy Mr. Gwynne's eye. The blow fortunately glanced off his forehead, but was so severe as to knock him down. He then closed with him, and attempted to kick and injure him, but was speedily overpowered. He was placed in the padded-room, and visited by me an hour afterwards. His manner was much excited. He said he had done it; that he always had an objection to medical officers; that he would not injure any of the attendants; that Mr. Gwynne had a lucky escape, &c., &c.

He was informed that he would be kept under restraint, and secluded while here. He said he had brought it on himself by his misconduct, and that he had been leniently dealt with.

On the evening of the 19th of January, I addressed the following letters to the Home Office, and to the Secretary of the Commissioners in Lunacy.

[*Copy.*]

January 19th, 1860.

Sir,—I have the honor to enclose herewith a copy of a memorandum I have this day addressed to the Commissioners in Lunacy, having reference to the case of G. T., a criminal lunatic, removed under your Order of the 4th of October, 1859, (25153), from the Kent Asylum, at Barming Heath, to

this asylum. The arrangements of this asylum are so entirely unsuited to the safe detention of so dangerous a case of homicidal insanity in its most aggravated form, that I cannot longer accept, with any justice to my other patients, the responsibility of his further detention and custody. I venture, therefore, to solicit your authority for his immediate removal, at the cost of his own parish, to the licensed house at Fisherton House, Wilts, where, as I am informed, many such dangerous criminal patients are confined, and the arrangements adapted to their safe custody.

I have the honor, &c., &c.

The Right Hon. the Secretary of State
for the Home Department.

[*Copy.*]

Sussex Lunatic Asylum, Hayward's Heath,
January 19th, 1860.

Memorandum by Dr. Robertson on the case of G. T.

With reference to my memorandum of the 6th instant, relative to the case of G. T., a criminal patient confined here, I have now to add, for the information of the Commissioners in Lunacy, that this morning he evinced symptoms of the homicidal insanity to which I referred, in an unprovoked and sudden attack on Mr. Gwynne, the assistant medical officer of the asylum. As in former cases at the Kent Asylum, this attack also was directed to destroying with a short implement the eye of his intended victim. It is interesting to observe that the attack was preceded by febrile symptoms (slight) yesterday evening.

I have to add that I have placed him in seclusion and under personal restraint, his hands fastened to a belt, and that I feel it my duty, looking to the safety of the other members of the establishment, equally under my protection, to keep him in this condition of seclusion and restraint so long as it shall be the pleasure of the Secretary of State that he be detained here. It is my intention to solicit his sanction to the removal of G. T. to Fisherton House, where a large number of criminal lunatics are, as I am informed, in safe custody. The arrangements of this asylum partake too much of those of a hospital for the cure of disease, to enable me to deal with so formidable a case of homicidal insanity. I venture to hope that the Commissioners will concur in this view of the case.

(Signed)

C. L. ROBERTSON.

The Secretary of State was pleased to grant my request,

and on the seventh day of February last, G. T. was removed to Fisherton House Asylum.

From the time of his attempt on Mr. Gwynne until the date of his removal he was constantly seeking for an opportunity to renew his attack. His countenance assumed a fierce expression, and his eye lighted up with the glare of a wild beast when visited and spoken to either by Mr. Gwynne or myself. As I said above, I did not give him another chance, but kept both his hands fastened in the ordinary police waist-belt during his stay here. Had that stay been prolonged to the day of his death, I should not, I think, have felt myself justified in authorizing the entire removal of the restraint. When the intellect is affected by disease, the precautions suggested by experience enable us to deal with the various manifestations resulting from that disease, whereas in one of sound intellect, and hence able to plan and arrange future schemes, no precaution could at all times in the crowded wards of a county asylum, and with the freedom and liberty allowed, protect the officials or patients from the sudden homicidal assaults of lunatics of the class under consideration.

II. *Clinical remarks on the case.* This case is instructive as shewing how morbid action of the will leading (contrary even to the knowledge of the wrongness of the act) to attempts at homicide may exist in a mind apparently sane. I believe any jury would have convicted the patient of murder had he been discharged from this asylum previous to committing the attempt. He was undoubtedly, as I have remarked above, conscious of right and wrong. No one could have expressed more fully or more properly, his regret at the acts of violence he had committed at the Kent Asylum; his intention hereafter both to conduct himself better and also to make what atonement he had in his power for the injury formerly done by him. He freely admitted that he was conscious of right and wrong, and that he should be made amenable to the law in the event of his renewing his homicidal attacks. And yet there can be no doubt that the attempt he did within a few days of this avowal make to destroy the life of Mr. Gwynne was the act of a person of unsound mind. It was made without provocation; indeed, in return for unvarying kindness and attention. It was done before witnesses and without the slightest chance of escape. He was in the airing court where two attendants were on duty and Mr. Gwynne was accompanied by the head attendant at his visit. Even had he succeeded he knew that such an act would certainly insure

his prolonged detention here, and yet when I pressed these points in conversation with him afterwards, the only answer I got was that he would not injure the attendants, that he had an objection to medical officers, and that Mr. Gwynne had had a fortunate escape. When told that the Secretary of State had decided on placing him in an asylum where he would enjoy less liberty and be subject to more restraint, he said he fully deserved it, that he had brought it upon himself, and that he acknowledged the forbearance with which I had treated him.

The previous history of this case, at once points to the existence of some deep-seated moral perversion, or lesion of the will more likely, or perhaps both, it is hard to say, from which these homicidal attempts resulted. There had been auditory illusions (one of the most intractible forms of partial insanity), and he had been the subject of delusions also, as is related by Dr. Huxley, in his history of the case. There had been violence and insane attempts to break glass and destroy property. These symptoms had, it is true, either been cured, or had passed into abeyance, but their result in the lesion of volition and perverted emotion which led to this homicidal attempt shew how deep-seated the morbid mental action had become, and may serve as a warning of how the utmost caution and circumspection are necessary in discharging from the controul of an asylum, any case in which this homicidal mania has ever shewn itself. Like a horse who has once reared, these cases are, in my opinion, never safe, and I should not sanction, under any circumstances, the entire restoration to liberty of any undoubted case of homicidal mania.

In an able pamphlet* just published, Dr. Hood confirms with his experience this opinion. "Is it safe (he says) as regards the public, is it right as regards the individual, that the man, who, under the influence of insanity, has, deliberately or impulsively committed an homicidal act, should be again a free and irresponsible agent, permitted to wander at will, unrestrained as regards his actions, temptations, and with an aggravated tendency to insanity, if not to crime? The loss of liberty for life is a frightful doom, but is it not better that this should be endured by one, than that thousands should be exposed to danger, and live in dread? It is true that every patient is not desirous of being discharged—to some, return-

* *Criminal Lunatics; a Letter to the Chairman of the Commissioners in Lunacy*, by W. CHARLES HOOD, M.D., Physician to Bethlehem Hospital. Churchill, 1860.

ing society brings with it a remorse far more painful to endure than any imprisonment, and the recollection of the past inclines the individual to be thankful for a harbour of safety, and too anxious to escape from public gaze, and, probably, the finger of scorn ; but to others returning sanity brings no such reflections, and sanity is hardly established before dissatisfaction at the continued confinement is loudly expressed, hardship and injustice complained of, and if personal application for liberty are not effectual, friends, relatives and members of Parliament are enlisted in an attempt to wrench from the Home Secretary, the clemency of the Crown. There is a small class among those who may, perhaps, with a degree of safety, be liberated after a sufficient lapse of time, namely, those who have committed infanticide under the influence of puerperal mania after the period of child-bearing has passed, and the restoration to liberty of such is now, I believe, more frequently sanctioned by the Home Secretary of State than was usual before the subject was so ably treated by Lord St. Leonards."

The act of a sane man is judged by the motives which led to its commission. When a person of sound mind commits murder he is led to the deed by passion, misdirected it is true, but whose springs of action we are nevertheless capable of analyzing and explaining. In cases of homicidal mania without intellectual disorder on the other hand, all motive is absent, the deed, as in the case in question, is done without any object or chance of advantage, and no attempt is made to conceal the act or to escape from its consequences.

Farther, I believe that in every case a careful analysis of the history of the patient will shew that some previous morbid lesion of mind existed. Thus in the present case there had been both auditory illusions and intellectual hallucinations, either of which morbid actions are sufficient to break up the unity and harmony of the various elements of the mind, and so justly to render the object morally irresponsible for his acts.

In every genuine case of homicidal insanity without intellectual disorder, some previous aberration from the standard of mental health will be found. It may be an hereditary taint conjoined with symptoms of passive congestion of the brain ; or again the homicidal act may be in intimate relation with disorder and irregularity of the catamenia. I entirely doubt whether in a mind perfectly sound and without any previous premonitory symptoms, mental or physical, a so-called instinctive impulse to homicide ever does by disease

arise.* It would be contrary to our belief in the responsibility and freedom of the human will to hold this opinion, and no proof has yet been given of the existence of this form of mental disease. In every case, of which I have examined the history, in which this blind instinct to murder is said to have been the sole and only symptom of mental disease, I have found many other traces of disorder. Either there has been a previous attack of mania, which has laid in abeyance rather than been cured, or there has been some auditory illusion, deep-seated, and not often shewn, or some physical disorder, hereditary or otherwise, pointing to and causing mental disease. It is the gathering in and weighing of these symptoms and bringing them to the test of experience which constitutes the value of medical testimony in medico-legal cases of presumed insanity. The homicidal act is, I hold, only the overt and most striking symptom of the disease not its essential nature. That lies deeper far, often beyond the reach of our analysis, in the intimate and unfathomable relations between mind and body—between slight intellectual or moral disorder, and morbid impulse of and overt acts of violence. In Dr. Morel's *Traité des Maladies Mentales*, just published, I find in his chapter on the relations of homicide to its morbid causes, the following foot note. "Les annales de la médecine légale des aliénés contiennent plusieurs faits de ce genre et l'on

* I copy the following remarks bearing on this point from Dr. Henry Monro's *Remarks on Insanity*, (London, 1850.) "That form of the disease called instinctive madness is neither so common nor so distinctly marked as intellectual insanity; that there are such forms as these where the intellect is clear, but the impulse to some unnatural or rather outrageous acts is violent, there can be little doubt; and that these are not the ordinary results of the evil principle residing within us, but require the supposition of morbid action in the sensorium, is equally clear; on no other supposition can we account for persons imploring others to keep out of their way for fear they should kill or otherwise injure them; an act which they feel impelled to irresistibly, though their reason and moral sense convince them of the horror of the deed. Again, of the existence of that form called moral insanity, where the moral sense is unaccountably and suddenly changed, while the judgment remains pretty clear, there can be no doubt, *though I believe that this form is much more mixed up with intellectual deficiency than is generally acknowledged in the present day.* . . . I refrain from dwelling much on these forms from a sense that it is most difficult, and replete with danger both socially as well as religiously, to decide where actual physical disease of such an amount as to incapacitate the mind from its proper action steps in; for nothing can have the cover of disease except that condition which is really beyond the control of the will; and the distance between what a person evilly disposed (as we all are by nature) imagines to be the boundary over which he really could use control if his whole will were bent to the effort, is immense; and thus, while I feel it to be necessary to think that some are really the victims of a disease which they cannot resist, and would endeavour to shield them from punishment which otherwise they would deserve, I should fear very much to extend this shelter further than the real facts of the case would require."

peut citer comme un spécimen de cette espèce de délire, l'histoire de Joberd, qui le 15 Septembre, 1851, à Lyon pendant une représentation théâtrale tua une jeune femme enceinte qu'il ne connaissait pas. L'histoire médico-légale de cet individu faite par le docteur Arthaud, nous représente un aliéné de la plus dangereuse espèce. Outre des tendances héréditaires incontestables, il existait chez lui un état néoropathique de plus prononcés, dû à des excès vénériens, à des habitudes onanistiques affrénées remontant à la première enfance."

This is a very interesting case and one bearing directly on my observation, that in these cases of so-called instinctive impulse to homicide, there is some deeper seated and more real trace of mental disease than the homicidal act, to be found by those who know how to look for it. Thus in the case referred to by Dr. Morel, the patient evinced to a superficial observer, doubtless, no trace of mental disease, yet the skilled psychologist found the seeds of the malady, of which the unprovoked homicidal act was but a symptom, in a confirmed hereditary taint, and in a shattered nervous system resulting from gross and continued acts of onanism.

This accurate diagnosis of homicidal mania is always a most difficult problem.

I cannot better illustrate this difficulty than by quoting two cases referred to by Dr. Hood, in his pamphlet, and with the history of which I am familiar; in one of which a sound prognosis, upheld amid much opprobrium from the public press, saved an undoubted lunatic from execution; while in the second instance, a mistaken opinion enabled a very wicked man to escape the just punishment of his crime. Both cases occurred in the practice of the same physician. It will suffice for my present purpose to quote the short summary of these cases from Dr. Hood's pamphlet.

"M. B. was tried at Guildford, in August, 1854, for the murder of six children; the principal medical witness, who had had great experience in cases of lunacy, and obtained a considerable popularity, as connected with the treatment of mental disease, stated that, in his opinion, the prisoner was of unsound mind, and entered into a scientific explanation of the evidence of insanity. The accuracy of this opinion was not challenged by the prosecution; nevertheless the jury consulted two hours before they could agree to acquit the prisoner of legal responsibility by a verdict which was afterwards severely commented upon by the press and ill-received by the public. Time, however, has proved the accuracy of

the medical diagnosis ; the most incredulous juryman must be now convinced, and the greatest stickler for retributive justice would admit, could they now see the unfortunate woman that, instead of the gallows being cheated of a victim, her execution would have been a faint echo of her crime. It appeared upon the trial that only twenty-four hours before she killed her children she was in a composed and rational state of mind. The jury very properly hesitated before accepting a statement that twenty-four hours could work so frightful a mental change ; but had the trial been postponed, the opportunities for increased medical surveillance would have given the medical testimony greater weight, and would have prevented that erroneous impression which was formed by the public. There can be no doubt but that the prisoner was most justly acquitted, for the disease, of which this frightful tragedy was the manifestation, had then commenced."

Case II. "J. A. was tried at York, in December, 1858, for murder ; three medical witnesses of considerable reputation formed an opinion, after two hours' interview with the prisoner whom they had never seen before, that he was insane and an irresponsible agent. It is not necessary to go into the evidence given undoubtedly with all the solemnity and consideration that the case deserved ; but the conclusion arrived at by these gentlemen in so short a space of time, and which influenced the jury in their verdict, was opposed to the prisoner's previous life, and most diametrically at variance with his mental state and general conduct from the close of the trial to the present date. He is a shrewd, designing, bad man, and had either of those medical gentlemen who gave their evidence had a prolonged opportunity of testing his real character, they neither could nor would have sanctioned by the weight of their testimony a plea of insanity, which was unfounded in reality and unjust and dangerous to society."

It is foreign to my present observations to refer at any length to the several forms of homicidal mania. These are :

1. Homicidal mania without disorder of the intellect, as in the case of G. T., which I have related in this paper.
2. Homicidal mania with delusions bearing directly on the act. Auditory illusions are a frequent variety of this form.
3. Homicidal mania with epilepsy, with weakness generally of the mental powers, with confirmed chronic mania.

In the two latter varieties of homicidal mania, whether complicated with delusions or with imbecility, epilepsy, or confirmed chronic mania, no medico-legal questions are likely to arise. Homicide committed by persons so afflicted is ad-

mitted on all sides to be the irresponsible act of a lunatic. It is only in cases such as the one I have related in this paper, where homicidal mania exists without any intellectual disorder, that the question of responsibility can be raised. Were the homicidal act really the only evidence of morbid mental condition, I for one should pause before admitting a doctrine so subversive of all moral responsibility, as that in a mind otherwise healthy, the homicidal act should be received as conclusive evidence of insanity.

The object of these clinical remarks has been to shew that such is not the case, and that to the experienced observer other and deeper seated traces of mental disorder will appear. In their discrimination lies the skill of the medical jurist, as on their presence should alone be based the acquittal of the accused.

Hayward's Heath, Sussex, June, 1860.

P.S.—While this sheet was passing through the press, I have received the following letter from Dr. Finch, relating two similar homicidal attempts by this patient.

Fisherton House, Salisbury,
May 30, 1860.

Dear Sir,—I have to apologize for not replying to your letter of the 5th instant before. It was by some means overlooked at the time, and I have only just come across it.

G. T. made an attack on one of our attendants on the 8th of April, striking him on the back of the head with a short piece of wood. Stabbing him with it twice. And on the 2nd inst. he struck another of the attendants (evidently aiming at the eye) on the face, about half an inch below the right eye, with a bone penholder, the end of it being shaped like a hand, and consequently rather pointed. Half an inch higher and it must have gone right through the eye-ball.

On the first occasion I talked to him, and he promised not to attempt anything of the sort again; and on the second attack, I blistered the back of his neck, and gave him some sulphate of magnesia and small doses of antimony together with low diet for three days.

With the exception of these two attacks he has behaved very well. We never use any restraint or seclusion, so we have not adopted any means of this sort.

I do not consider him the most dangerous man we have. Though he is undoubtedly very dangerous and requires constant watching.

I shall be happy to supply you with any other particulars that you may require.

I remain, dear Sir, yours faithfully,

W. CORBIN FINCH.

Dr. Lockhart Robertson,