

*acal impulse.* An *uncontrollable* or *irresistible* impulse is usually considered to be an impulse which, by reason of mental disease, cannot be controlled or resisted by the will. The subject of uncontrollable impulse is conscious of it, and knows that the contemplated act is wrong; he may even struggle to resist it, but from deficient will-power his struggle is in vain, the impulse is to him irresistible. He is conscious of the impulse, conscious of committing the deed, remembers all about it afterwards, and is usually very sorry for what he has done. The theory of *uncontrollable impulse* is not substantiated by the facts of the case, and is in contradiction to other portions of Dr. Howard's evidence.

Dr. Howard's triple diagnosis of *imbecility*, *epileptic mania* and *uncontrollable impulse* necessitates the following interpretation of the facts of the case. Hayvern, the *imbecile*, rightly or wrongly believing himself to have been injured and insulted by his good friend Salter, determines to be revenged. He makes or procures a suitable weapon and secretes it upon his person; he obtains permission to dine in the hospital, which he knows Salter must pass on his way to chapel; he refuses his dinner, and paces backwards and forwards as if waiting for some one; when dinner is over, the convicts come upstairs and file past him; the moment that Salter appears, prisoner is seized with an *epileptic fit*, rushes out, and stabs his friend to the heart: he stands still for a moment till the fit passes off, and then walks downstairs to his own cell; he remembers nothing of what he has done, all subsequent knowledge of the deed is derived from conversation with others.

Or else, according to the theory of *uncontrollable impulse*, finding himself on the corridor when the convicts were passing, and happening to be possessed of a stabbing instrument, an *irresistible impulse* seizes him when Salter appears, and, in obedience to that impulse, he murders his friend. According to this supposition, he should have been able to remember all that happened; and as the deed was motiveless, unpremeditated and impulsive, he should have felt sorry for his act.

We leave our readers to judge whether Dr. Howard's position is tenable, and whether his diagnosis and theories are consistent with each other and the facts of the case.

In dealing with the question of impulsive insanity, care must always be taken to distinguish between an *irresistible impulse*, and an impulse which was

*unresisted.* All men have impulses; some resist them, others do not. The less a man controls his passions, the more uncontrollable they become; consequently, it is quite possible and even probable, that *habitually unresisted impulse* may cause such progressive enfeeblement of the will-power, that, eventually, impulse becomes *irresistible*. One great function of the law is to teach men to curb their passions; if uncontrolled impulse and unbridled passion are allowed to constitute a justification for crime, then one of Society's greatest safeguards is destroyed, and the law paralysed. It would have been a public misfortune had Dr. Howard's theories been accepted in this case by the Court and Jury, and Hayvern declared irresponsible for his acts on the ground of insanity; soon every daring crime would have been defended upon a similar plea. When the courts admit the doctrine that infantile convulsions and intemperance produce *epilepsy*, that epilepsy develops *uncontrollable impulse*, and that uncontrollable impulse absolves men from legal *responsibility* for their acts, society will become demoralized, the most aggravated crimes committed with impunity, and law and order openly defied.

#### THE CASE OF THE LATE PRESIDENT GARFIELD.

We publish elsewhere the report of the autopsy on the body of the late President Garfield, believing that it will be of interest to many of our readers who otherwise may not be able to obtain it. So much has been said in the public press of this now celebrated and historical case that every person has had an opportunity of following its progress by the bulletins which were daily issued. To none were these details more interesting than to the medical profession, whose opinions were constantly requested during the continuance of life as to the probable results. From time to time considerable adverse criticism has been evolved regarding the treatment, but it must be presumed from the diagnosis made during life that no other plan could have been adopted by the eminent surgeons who were associated in consultation, and although a grave error was committed in localizing the ball, still, even if its position had been accurately known, it does not appear that any other course could have been followed. The necessity of extracting the bullet was fully discussed, and the public mind has been pretty well