

quainted with the details of the crime, trial, conviction, and sentence of the accused would be forced to the conclusion that the unfortunate man was found guilty on testimony of witnesses *lay* and *medical* swearing unitedly to the sanity of the prisoner by which the Crown was enabled to prevail against the contention "not guilty because of insanity." The Dr. describes his two interviews with the prisoner, how he was led to believe the contention of the defence unfounded, and how on a subsequent interview he found the key that opened the door to the chamber of his fantasies. Now I am greatly surprised for two reasons; first, the statement of Dr. Clarke who says in effect, that to him belongs the credit of having discovered in the first instance the mental ailment of the prisoner; the second is the conduct of the Dr. as a medical expert in calmly acting the part of a disinterested spectator while a legal farce was played, or a judicial outrage committed without a word of protest from him as a medical expert, or a government officer, in which capacity he was there. Now, I happened to take some interest in the defence of this trial, and was present as a witness for the prisoner to testify to his insanity. Judge of my surprise to find the Dr. there on behalf of the Crown, testifying in a plain case of insanity (that is, plain to my mind). I took the liberty of introducing myself to him, informing him at the same time of my purpose to give evidence that the prisoner was insane. I then learned that the Dr.'s views were adverse to the defence. I pointed out to him how he could find indisputable evidence of partially concealed, but very deepseated mental delusion in the accused, and suggested the propriety of again paying a visit to the prisoner. The Dr. acted on my suggestion, the result of which was, he determined not to testify for the Crown. Evidence lay and medical was given showing the insanity of the accused, but in rebuttal the Crown called a preponderance of medical testimony to show the reverse, and from a *lego-medical stand point* the Crown triumphed in its contention against the accused. Now the reader will infer from reading the essay that had the defence "sufficient acumen," and called Dr. Clarke, the case for the defence would have been different. I think the counsel who defended, displayed good common sense in not calling the Dr., as the learned judge who presided subjected all medical testimony to one ordeal, viz.: Did the prisoner know right

from wrong at the time he committed the felony? It is evident, under such ruling, Dr. Clarke was of no use to the defence, as the prisoner was a stranger to him up to the trial. But why did the Dr. as a humane official not endeavor to remonstrate with the Crown counsel on the cruelty of punishing an insane man? For the Crown ever jealous of the rights of the public, has no desire to punish any innocent man, that is, innocent in the eye of the law. Had the Dr. done this the expense of bringing him from Toronto would not, as it has been, thrown uselessly away. Apologizing for the length of this communication, and thanking you for the space.

I am, yours, &c.,

G. W. LING, M.D.

Wallacetown, Dec. 1878.

Selected Articles.

DIAGNOSIS OF CASES OF INTESTINAL OBSTRUCTION.

Jonathan Hutchinson, F.R.C.S., in British Medical Journal:

1. When a *child* becomes suddenly the subject of symptoms of bowel obstruction, it is probably either intussusception or peritonitis.

2. When an *elderly person* is the patient, the diagnosis generally rests between impaction of intestinal contents and malignant disease (stricture or tumor.)

3. In *middle age* the causes of obstruction may be various; but intussusception and malignant disease, both of them common at the extremes, are now very unusual.

4. Intussusception cases may be known by the frequent straining, the passage of blood and mucus, the incompleteness of the constipation, and the discovery of a sausage-like tumor either by examination per anum or through the addominal walls.

5. In intussusception the parietes usually remain lax; and, there being but little tympanites, it is almost always possible, without much difficulty, to discover the lump (or sausage-like tumor) by manipulation under ether.

6. Malignant stricture may be suspected, when in an old person, continued abdominal uneasiness and repeated attacks of temporary constipation have preceded the illness. It is to be noted also that the constipation is often not complete.

7. If a tumor be present and pressing upon the bowel, it ought to be discoverable by palpation, under ether, through the abdominal walls, or by examination by the anus or vagina, great care being taken not to be misled by scybulous masses.