

To remedy this state of affairs by legislation has so far seemed a difficult task and it can not be claimed that the efforts in this direction have anywhere as yet been a brilliant success. Legislators are hard to convince on a point where their prejudices can be aroused against the desired measures and they are more than ever liable to be suspicious of what may seem to them to be legislation in favor of a single professional class. The "one man as good as another" idea has to be combatted to some degree in effecting such legislation, and its political bearings and possibilities are ever present in their minds. It is somewhat of a satisfaction therefore to find as we do that in one State at least a little advance has been made by judicial decision and where legislation has failed, judge-made law has stepped into the breach. According to an editorial in the *Chicago Tribune* of April 21, the supreme court of Iowa has decided that whenever a question is raised as to the sanity of the defendant in a criminal trial, a special trial for insanity shall be at once ordered and if insanity is found to exist by a jury of medical experts, the individual is sent to the insane ward of the penitentiary for an indefinite period. If on the other hand he is found sane the question is considered disposed of and the criminal trial proceeds. The editorial account does not state whether or not he is under particular surveillance in the insane ward and that there is any further report made as to his mental condition. It would be a manifest injustice to commit an individual as yet unconvicted of crime to associate indefinitely with insane criminals, and the possibilities of *habeas corpus* suggest themselves as likely to be invoked very early in such a case. It would be equally unjust also and against good policy to have such a person let loose upon the public because the jury had made a mistake that was evident to the closer observation of the prison physician, or because another judicial opinion has been pronounced that he was unjustly detained. The solution of the difficulty is not perfect under such conditions; a notorious criminal might soon be pronounced recovered and, so far as anything is stated to the contrary, could be turned loose again upon the community. The better way would be, it would seem, to have the detention ordered for purposes of observation, and in case it should appear that the insanity was simulated or merely temporary since the commission of the crime, the person could, on his discharge from the insane ward, be tried for his offense in the regular way. Such a practice has been in vogue in times past in certain counties in Illinois, where on the appearance or claim of symptoms of insanity in a prisoner awaiting trial, he was sent to an asylum with a request that before his release the authorities should be informed so that they could take him out to stand his trial if thought proper. In this way no injustice was done in cases of genuine mental derangement, while merely temporary aliena-

tion or simulated insanity were no bar to final conviction and punishment for crime.

The decision of the Iowa supreme court is, however, an advance upon the old practice, under which it was possible for a clever criminal with an able counsel to sometimes escape punishment for offenses against the law. That this is or has been as frequent an occurrence as the public commonly believes, is very doubtful; there is generally at least some grounds for the plea of insanity when it is successful. The term "insanity dodge" is indeed applied more often to cases where the plea is perfectly legitimate than to those in which it is a subterfuge to defeat the law and help a sane criminal to evade the due penalty of his offense. The lunatic's criminal act is often more liable in fact to be such as will arouse public indignation and lead to a popular outcry for its punishment than is that of the sane and artful criminal, who is much more likely to act so as not to excite feelings that may be too dangerous for himself.

There are many in the so-called criminal classes who are so near the boundary of mental soundness as to make a plea of insanity in their case at least plausible. There are others again who are clearly over the line in some respects, and who yet may be more or less responsible for their criminal acts. The law, recognizing no intermediate stages between sanity and insanity as regards responsibility, creates infinite possibilities of injustice in special cases. The result is that our penitentiaries abound in cranks, while occasionally a rank criminal is turned loose unpunished for his offenses. The remedy, if there is any, is not to be found in railing at the "insanity dodge" or condemning lunatics alike with the sane criminals. A temporary commitment to the care of a skilled alienist diagnostician would be the best and most natural solution of the question, but this is apparently not always practicable under present conditions. We are still left to the discretion of judges and the fallibility of juries where legislation has failed to meet the demands of medical science and common sense in this important matter.

#### WITCHCRAFT EPIDEMICS IN THE UNITED STATES.

Some years ago the *Popular Science Monthly* devoted no little editorial space to what it called the recrudescence of superstition. In this discussion "Christian science," folklore medicine, charms, etc., were regarded as a revival of fifteenth century practices in the closing nineteenth century. In truth, however, these were simply atavistic survivals of prehistoric fetichism which had persisted in popular folklore. They were pushed to the front by accidental wealth-getting by people in the lowest grades of culture. Chicago, from its cosmopolitan population, is peculiarly liable to these fetichistic explosions. In Chicago demons are still exorcised from the insane

by Italian ecclesiastics, as more than one medical superintendent of the County Insane Hospital has had reason to know. Germans of the lower rural middle class still believe in "magic trees." "Dr." Paul Wachter, an ex-barber was lately sent to the penitentiary at the instance of German politicians for pocketing money from them to put into a "magic tree" as a cure for ailments.

The "witch doctor" is still a potentate among the Pennsylvania Dutch. "Witch Doctor" Amend of Pittsburg, who died in 1894, earned till his death \$15,000 yearly for detecting witches. In three instances his advice, given along the old witchcraft-finding lines, nearly led to murder by an infuriated mob. The latest witchcraft epidemic in the United States has occurred in West Virginia. The defectives of large European cities were sold to certain planters of Virginia for a term of years and were allowed to redeem themselves at the end of these. Many of these redemptioners escaped to form the mountaineers of Virginia. Among this population has occurred the latest witchcraft epidemic. Near Lewiston, W. Va., four children of one family were seized with epidemic hysteria of a convulsive type. One was a 10-year-old boy and the others were girls aged from 11 to 15 years. Under suggestive cross-examination the boy claimed to be bewitched and charged an old man and woman with the crime. The local witch doctor declared that the child's accusation was well based. Effigies were made of the old man and woman and were shot at with silver bullets. The effigy of the old woman not being hit she was hunted into the forest during a wild storm and has not been seen since. The witch doctor then filled a bottle with needles, pins, and water and put it on the fire to boil. The first person who appeared after it began to boil and asked a favor was the witch. The old man who had previously been accused called to borrow some powder. He would probably have been killed immediately, but the bottle exploded, sending its contents into the assembled crowd, whose consternation permitted him to escape. The children still continued to have convulsions and the whole community became excited. Under their advice the father changed his witch doctor for another, who made grand preparations to work a potent counterspell which would take nine days to develop. Meanwhile the county authorities had heard of the disappearance of the old woman and sent Dr. DANIELS and Dr. HUMBLE to treat the epidemic. Under their careful management the convulsions of the children disappeared. Before this several other children had been attacked, some of whom had become so insane as to require hospital custody. According to Dr. HUMBLE, the belief in witchcraft is widespread in the community. One old lady described to him with all sincerity that a certain old woman had fatally bewitched her sheep and cows. The same

witch would have killed her son by spells had these not been neutralized by a witch doctor with powerful incantations.

Nearly all the "witch doctor" therapeutics here employed was gravely collected into a respectably bound and printed volume and published at Harrisburg, Pa., in 1853. This hoodoo pharmacopeia enjoys an interstate as well as a local reputation in Pennsylvania, West Virginia and Ohio. When such gross superstitions survive and even control newspapers (as witness the clairvoyant columns) through the editor being made such by accidental fortune, it is hardly surprising that the eighteenth century patent medicine man and the "specialist for every disease human flesh is heir to" should have such a prominent place in newspaper esteem. If it take so long to kill the witchcraft delusion which the medical profession (in the person of Dr. REGINALD SCOTT) scotched in the sixteenth century, the survival of the kindred delusions mentioned is hardly surprising.

#### PANCREATIC COLIC WITH GLYCOSURIA.

A few years ago when the results of a series of interesting experiments and pathologic researches were placed before the profession many physicians supposed that a frequent cause of diabetes mellitus had been found in pathologic changes in the pancreas; for extirpation of this gland produced glycosuria in animals, as does also serious disease of the organ which materially interferes with its function. Increasing experience has, however, shown that comparatively few cases of diabetes are dependent upon pancreatic lesions, for pancreatic disease is not common, and lesions involving the entire gland are still more rare. In connection with this subject the report of a case by POLIAKOFF of Moscow, in a recent number of the *Berliner Klinische Wochenschrift*, is of interest.

A man of 28 years, without any pathologic history, who had always been in good health, had suffered for a period of ten weeks, without apparent cause, from violent epigastric pain, chiefly felt along the border of the left ribs, near the vertebral column and radiating into the left hypochondrium. In the space of three weeks five attacks had been present, accompanied by vomiting. After these attacks the patient remarked that he was losing flesh, that he was feeble, but that his appetite was distinctly increased and that polydipsia was marked.

An examination at this time by Professor ZAKHARINE showed that the patient was suffering from distinct polyuria and that glycosuria was pronounced. Pressure over the kidneys and over the biliary ducts failed to produce any pain, but exploration of the epigastrium revealed a painful spot over the pancreas, or in other words just above the umbilicus. There was however no tumor. The wasting, pallor, dyspepsia, polyphagia and general feebleness seemed to make up