

The Crime of Porter Charlton [*Il Delitto di Porter Charlton*].
(*Il Manicomio*, April, 1916.) Valtorta, Dr. Dario.

This study in psychological and forensic medicine is a model of systematic arrangement of facts. Narrative, family history, and biography occupy their proper positions in the perspective, and although one cannot altogether agree with the writer's conclusions, one is filled with admiration for the minute and careful analysis of the physical and mental personality of the criminal.

The case, which at the time of the trial assumed almost the proportions of a *cause célèbre*, but has, no doubt, been forgotten in the awful turmoil of recent events, may be briefly outlined.

In the spring of 1910, Porter Charlton, an American bank clerk, æt. 21, married Mary Scott, a divorced woman with a shady past, and many years his senior. Charlton obtained a situation in a bank at Frankfurt-am-Main. The newly married pair left New York for Genoa on April the 16th, 1910, intending to spend some months in Italy on account of the husband's health, he being threatened with phthisis, before they went to settle in Germany. During the voyage the wife is supposed to have had a miscarriage. She was confined to her cabin, and was attended to solely by her husband. She suffered from hysteria, exhibited a good deal of jealousy, and the pair quarrelled frequently. From Genoa they went to Como, and finally settled in the lake-side village of Moltrasia, where they spent their time quarrelling and making it up, and drinking heavily. Their conjugal life went from bad to worse. On the night of June the 5th, 1910, Charlton murdered his wife. The next day he carefully packed the dead body into a trunk, and sank it in the lake. Then he left Como for Genoa, and took his passage back to New York. On his arrival at that city, whither the news of the murder had preceded him, he was arrested. He immediately confessed the crime, exonerating a Russian of the name of Ispolatoff, who appears to have been the only acquaintance made by the unfortunate pair during their residence in Italy. Charlton was detained in custody in America for three years, while the lawyers and the alienists were making up their minds about the case. In the end he was sent back to Italy, where he stood his trial on the charge of murder. The jury found that he was irresponsible for his actions at the time of committing the crime, and he was transferred from the prison at Como to the provincial asylum, where he came under the care of Dr. Dario Valtorta, the writer of the article which we are considering.

As one reads Dr. Valtorta's charmingly written paper, one cannot help thinking that it contains all the materials for a rattling good novel, full of thrills from cover to cover. It would be up-to-date with psychological studies of characters, passions, and emotions, and it has a tragic *dénouement*. The mysterious Russian is a personage full of possibilities. For local colouring we have the romantic scenery of Lake Como, moonlight trips on the water, life *à deux* in a little Italian villa. There are minor characters in abundance, *contadini* and *contadine*, tavern-keepers, milk-sellers, washerwomen, etc., etc.

At first view, we seem to be dealing with a commonplace and sordid crime. A silly young man falls madly in love with a fascinating woman, many years older than himself, a woman who, from a respectable family

point of view, was decidedly impossible. He marries in haste, and when the bloom is rubbed off the peach, love quickly takes flight. The pair quarrel and drink, and drink and quarrel, and one night, when he was probably three parts drunk, the man knocks the woman on the head and kills her.

But there are other points to be considered. Charlton's family history was rather bad. His paternal grandfather was a paranoiac who died of chronic alcoholism at the age of 35. His mother died at the age of 39, probably of phthisis. A maternal uncle was violent, lazy, and dissolute. A female maternal cousin was epileptic. One brother was said to be abnormal in character. Another was said to be epileptic.

Further, Charlton's personal history was not good. He had had at least one epileptiform attack, and he had signs of commencing tubercular mischief in one lung. For the rest, as a boy and adolescent he appears to have been affectionate, gentle, passionately fond of poetry and music, and of an intelligence above the average. He was said to have been very abstemious, and even to have shown an intolerance of alcohol.

As for the woman, Mary Scott, she must have been fascinating. Her past history in spite of, or perhaps because of, its shadiness brings that out clearly. She was just the sort of woman, if she took the trouble, to bewitch men. We are not told much about her personal appearance. She was good looking, one supposes, though that is not absolutely necessary, for Charlton's imagination would have made up for all defects, and clothed her with the beauty of an angel. But mentally she was an understudy of Cleopatra. She was hysterical, jealous, and passionate. She was said to suffer from "sexual hyperæsthesia." Possibly she suffered from uterine mischief. She also gave way to excessive drinking. Altogether she is painted in very black colours. But one must remember that in these cases the victim hardly ever gets fair play.

Coming to the crime itself, we are told that after Charlton killed the woman he threw himself on a bed, and slept a long and profound sleep. He woke up to find the body of the dead woman lying on the floor near him. Dr. Valtorta draws the ghastly picture with a strong hand. When he was first questioned on the point, and in all subsequent examinations, Charlton professed to be quite oblivious of the actual details of the crime, and of many of the events and of many of his own actions during the following day. Dr. Valtorta lays great stress on this amnesia. It is, of course, the most important plank in his platform. He cross-examined his patient again and again on that point with great patience and subtility. But Charlton stood firm and never budged.

The conclusion arrived at was that the crime was an impulsive homicide, probably of a post-epileptic nature: the other factors in the case being alcoholism in a man intolerant of the drug, auto-intoxication from tuberculosis, and nervous exhaustion from sexual excesses.

Can we accept the above conclusion? The post-epileptic idea may be correct, but it is purely theoretical. The profound sleep after the committal of the crime, and the amnesia or semi-amnesia, were quite as likely to have been the results of drunkenness as of epilepsy, and the evidence of the man's habits during his residence at Moltrasia points to drunkenness. Forgetfulness of events and actions during the day following the crime was probably due to the state of terror in which

the man then existed. Terror is an emotion which most profoundly disorganises mentality. Further, in their many quarrels, the wife had frequently charged her husband with the loss of virility. That is a taunt that a young man bears very badly. There is no reason to suppose that the quarrelling was all on one side, and that the man responded to the woman's violence and abuse only with love and kisses. On the contrary, the woman appears to have become afraid of the man. On the very night of the murder, she had put on her hat and jacket, packed up her portmanteau, and was about to escape from the house during her husband's absence, when he returned, and forced her to go back. A *juge d'instruction* would have reconstructed the subsequent scene without the aid of psychology.

It must be remembered that we have the man's story, but not the woman's.

Dr. Valtorta's paper is painstaking, elaborate and learned. But is it not after all a clever piece of special pleading? Stripped of accidental circumstances, such as the social position of the murderer, the romantic surroundings of the tragedy, the unusual method of disposing of the dead body, and the question of extradition, the crime is, as I said before, commonplace and sordid. It is sordid. It does not possess the faintest trace of that melancholy charm which is sometimes revealed in a *crime passionnelle*. If the murder had been committed in the slums of London or New York, possibly the termination of the trial would have been different.

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Hystero-traumatism with so-called "Physiopathic" Syndrome Cured by Re-education [Hystero-traumatisme avec synarome dit "physiopathique" guéri par la rééducation]. (Le Progrès Médical, March 10th, 1917.) Ferrand, Dr. Jean, Physician to St. Joseph's Hospital, Paris.

Attempts have been made to classify the numerous forms of paralysis resulting from wounds in battle. Some are due to direct lesions of peripheral nerves and their roots: others are hystero-traumatic in nature. Between these two extreme varieties there is a particular clinical type which must be isolated from others—paralysis of reflex origin.

Certain neurologists describe a form of paralysis characterised by special trophic, vaso-motor, electric, and reflex troubles in the paralysed limb, such phenomena being sufficient in their eyes to prove the organic origin of the paralysis, which explains their therapeutic failures. They infer from this the uselessness of, even heroic, psycho-therapeutic measures. This inference would seem to be somewhat premature, as observations on a case in point go to prove the contrary. It was that of an infantry soldier who, in May, 1915, was wounded in the right calf. Healing followed a normal course, and was completed in a few weeks. During convalescence he began to walk badly owing to alleged pain in the limb, which assumed the position of equinus with contracted Achilles tendon. A surgeon, believing that the lesion was really organic, severed the tendon, restoring mobility to the foot, which could