

The Origins of Forensic Psychiatry in the United States and the Great Nineteenth-Century Crisis over the Adjudication of Wills

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Forensic psychiatry emerged as a professional activity in the United States during the first third of the nineteenth century when four major factors coalesced: the medicolegal vision of early American physicians, the introduction of new theories about insanity, the concern of early state governments with mental health, and the advent of marketplace professionalism. From the outset, forensic psychiatry found itself involved in the adjudication of wills. The evidence suggests that postmortem diagnoses of insanity were employed through the middle decades of the nineteenth century to maintain stable and predictable patterns of property conveyance in the new republic. But such diagnoses then became something of a fad, a way to raid estates. Courts and legislatures reacted against that trend during the last decades of the nineteenth century, when fundamental social stability was no longer an issue, in order to protect individual testators and limit the power of forensic psychiatry. By the early decades of the twentieth century, patterns had emerged that have since been taken as normative.

When the American Republic was founded in the last decades of the eighteenth century, the future role of professionals in American society was far from fixed. But doctors and lawyers were optimistic. Many of them regarded the Revolution as a chance to throw off the thoroughly corrupted and largely class-based guilds that passed for professionalism in

England and to establish instead a merit-based system of genuine service to the people as a whole. Many of the most prominent physicians and attorneys in the new United States of America also believed that the future of both their professions lay in cooperating with one another and with the state. Indeed, medical jurisprudence, conceived of as a separate professional undertaking, was thought to have a nearly utopian future.¹ Benjamin Rush, a signer of the Declaration of Independence, a confidante of Thomas Jef-

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person, and the nation's best-known medical professor, spoke for many physicians and attorneys at the beginning of the nineteenth century when he hailed the pursuit of medical jurisprudence: "Fraud and violence may be detected and punished; unmerited infamy and death may be prevented; the widow and the orphan may be saved from ruin; virgin purity and innocence may be vindicated; conjugal harmony and happiness may be restored; unjust and oppressive demands upon the services of your fellow citizens may be obviated; and the sources of public misery in epidemic diseases may be removed."² That was a powerful prescription. As his prime example of the way legal medicine could help society, Rush went on to discuss the subject of insanity, a subject upon which he had himself published important work.

Mental illness was at that time much closer to mainstream medicine than it has since become; and mental illness, in contrast to most of the other areas of general medicine, seemed at the outset of the nineteenth century amenable to treatment. Physicians understood all too well that they were not making much headway against conventional or physiologic disease; and they would continue to founder on those fronts until the discovery much later in the century of bacterial agents for some of those diseases. But many physicians, like Rush, felt confident of some success, even real progress, in the realms of mental health. They knew more about human behavior, after all, than they did about the internal workings of the human body, and importantly, they were excited and encouraged in the early decades of

the nineteenth century by a host of new theories regarding mental illnesses and how to treat them. Emanating principally from France (in an era when French ideas were welcomed by America's anti-English professionals and intellectuals), these new theories and new therapies were eagerly embraced by the optimistic Americans, and pushed to further extremes in the United States. Collectively, these new theories had the effect of introducing a large number of gradations and variations of sanity (or of insanity) to replace older, sharper distinctions between persons clearly deranged, on the one hand, and persons who were merely quirky or less competent or temporarily "visited by God" or simply troubled, on the other hand. The more gradations and variations physicians looked for, the more they found; and physicians were becoming convinced that the many new types and degrees of insanity they were identifying were far more prevalent among the general population than people had previously recognized. They were also becoming convinced that they could do something about those mental ailments.³⁻⁸

The new American Republic was the first large-scale society for more than a thousand years to be based upon the informed consent of the citizenry. For that reason the United States appeared to contemporaries to be a genuinely revolutionary experiment, far more tentative and problematic in the monarchical world of the early nineteenth century than it now appears to be from the vantage point of the late twentieth century. It followed from that revolutionary premise that the

mental stability of the citizenry was crucially important to the ultimate well-being of the state. Consequently, attention to mental health was not simply charity or humanitarianism; nor was it the exclusive hobby-horse of an aggressive medical profession looking to expand its turf. Attention to mental health was also a political and social imperative in the new Republic.

With this in mind, it comes as no surprise to find nineteenth-century American states interested in the issue of sanity and ready to work with physicians in the burgeoning and rapidly transforming area of mental health. The institutional embodiment of this optimistic interaction emerged in the form of the public asylum. With government help, every citizen who needed mental attention might enjoy the apparently beneficial therapies associated earlier with private retreats.^{3, 5} Most modern Americans would be surprised at the magnitude of these undertakings. Mental asylums were among the greatest public works of the nineteenth century. Ordinary citizens were immensely proud of them and never failed to take visitors, especially foreign visitors, to see them. The construction and maintenance of what they called lunatic asylums consumed huge amounts of public money from the 1820s in the older Eastern states right through the end of the century in the newer Western states.

There is a mistaken notion in the history of American public health that the United States did little or nothing—certainly little or nothing of any real value—in the general field of public health until the beginning of the twentieth cen-

tury, when government begrudgingly accepted and applied some of the early lessons of bacteriology. In that view, recent large-scale commitments to public health have been seen as innovative, even somehow vaguely un-American, developments; but such notions reflect a profoundly ahistorical view of public health. Only governmental attention to the bacterial diseases fits that model; and even for the case of the bacterial diseases, coincidence may be as salient as policy: physicians discovered some useful things for the government to do in the areas of bacterial medicine at about the same time the state began to take on its modern centralized and bureaucratic characteristics.

If mental health is included in the definition of public health, an inclusion which nineteenth-century Americans would have taken for granted, then the tradition of state support for public health, complete with the outlay of major resources, has strong and deep roots in the United States. The case of Oregon provides a good example. Between the Civil War and 1900, successive Oregon state governments spent roughly one-third of their total outlay for the entire period on mental health (most of it building and maintaining patients in the state's asylums). That figure would almost certainly astonish citizens today and would probably surprise most historians: about one-third of all the money the state government spent for that entire period on all fronts—economic development, education, the state militia, everything—went to public mental health.⁹ In short, by looking at state governments, where the

real action took place during the nineteenth century in any event, rather than the national government, and by including mental health in the definition of public health, it is possible to see clearly that the United States—in sharp contrast to conventional assumptions—has a powerful and extended tradition of governmental spending on public health.

Given the prominent place of public concern over and large-scale state commitment to matters of mental health, it is not difficult to predict that a host of new legal issues would begin to arise in conjunction with the subject of insanity—and they did. But those issues did not arise in a vacuum; they arose in the context of the final factor involved in the origins of forensic psychiatry in the United States: the maturation of the modern market economy. In theory, the United States had been committed to open market concepts from its founding, but in practice the remnants of hierarchical traditions and vested economic interests hung on for some time after the Revolution. By the 1820s, however, the impact of an open market had begun to be felt dramatically throughout the nation (especially as the early industrial and transportation sectors began to take off) and a paradigm shift in political philosophy (often conveniently labeled the Jacksonian Revolution) stripped away remaining vestiges of the old order.¹⁰ Elitism and special statuses of all sorts were under intense fire. Among the many sectors of American life dramatically affected by these developments were the professions, particularly medicine and law. The few licensing laws that ever existed in the first place were repealed,

and states made a virtue of opening the professions to all and any practitioners who could persuade fellow citizens to employ their services. By 1840, the entire United States had become a land where each profession had to shift for itself, and so did every professional.¹¹⁻¹⁴ Indeed, this era ushered in America's unique version of "marketplace professionalism"—a pattern quite different from professional development elsewhere—along with a number of its attendant features (including medical malpractice, the real rise of which also dates from this period).¹

The conditions of marketplace professionalism combined with the medicolegal implications of insanity to create the circumstances that gave rise to what would now be called forensic psychiatry. Lawyers saw in all the new theories about insanity new opportunities to defend the interests of clients (my client was suffering from a delusion when he signed that obviously bad contract; or, my client's irrational father should be committed to an asylum so my client can manage the family's affairs; and so forth). Physicians who believed in the new theories about insanity, particularly those physicians with some credible experience dealing with the mentally ill in America's new asylums, found increasingly lucrative opportunities to serve as expert witnesses in cases like these. Expert witnessing of any kind, incidentally, was something relatively new in American courts, and like malpractice, largely the product of this period and these circumstances. And the courts themselves were looking for guidance.¹⁵ Ordinary American judges, after

all, most of them popularly elected and highly politicized, were no better prepared to deal with complicated questions of legal sanity than anyone else. Indeed, they were generally grateful for suggestions that sounded credible and authoritative. In short, what eventually evolved into the professional interests of the American Academy of Psychiatry and the Law first emerged as perfectly reasonable responses, almost logically predictable responses, to factors that came together during the second quarter of the nineteenth century: (1) the medicolegal vision of early American physicians, (2) the introduction of new theories about insanity, (3) the concern of state governments with mental health, and (4) the advent of marketplace professionalism.

Once launched, forensic psychiatry quickly solidified a surprisingly influential position in American medicolegal life. In the face of intense public awareness and in the absence of significant forensic advances in other areas, issues surrounding insanity came to dominate the field of legal medicine in this country during the second half of the nineteenth century. The New York Medico-Legal Society at its high water mark in the 1870s and 1880s, for example, when it was certainly the most influential organization of its kind, was not really a broad-based medicolegal society at all, but a society devoted largely to the jurisprudence of insanity. In their published *Proceedings*, the Society printed far more papers dealing with insanity than with any other subject, and the Society's long-time president, Clark Bell, seems to have cared about little else. Questions sur-

rounding insanity were so central to the New York Medico-Legal Society that a dispute over insanity-related issues led to the creation of a short-lived rival society, the New York Society of Medical Jurisprudence, which was founded by the prominent neurologist William Hammond, primarily to press his own views regarding insanity and the law. The point here is that by the 1870s and 1880s the entire field of legal medicine (at least in the United States) had become all but synonymous with the adjudication of questions arising from the jurisprudence of insanity (rather than, say, physiology, or epidemiology, or occupational medicine, or toxicology; all of which were more important medicolegal questions in France and Germany).¹

The most theoretically controversial and certainly the best-studied of those nineteenth-century insanity-related issues involved the question of criminal responsibility. If long-standing legal traditions held people accountable only for those acts over which they had volitional control, what should courts do with people who were now regarded as having volitional control over most aspects of their lives but were utterly irrational on a single subject; what should courts do with people who were now regarded as having volitional control at some times but not at other times; and so forth. Especially difficult for nineteenth-century practitioners were dilemmas over how to deal with people alleged to have impairments of their sympathetic, emotional, or judgmental faculties—those who suffered from forms of what was then called (somewhat confusingly and deceptively)

“moral” insanity (again following the French, they used the adjective moral not in contradistinction to “immoral” but in contrast to “intellectual” or “rational”).^{6, 8} American court records are full of squabbles and adjudications over issues of criminal responsibility from the 1830s and 1840s through the end of the century, as new theories about insanity continued to emerge and lawyers continued to try to apply them; using, of course, the testimony of the very people who were advancing, developing, and defending those theories within the medical profession. Especially in a nation that was still quite small, it is not difficult to see how a relatively identifiable cadre of expert witnesses would emerge from such circumstances, and one did.

Like nineteenth-century courts, the recent publications of several historians and social theorists have also been full of heated debates over questions of criminal responsibility. The issue has been an academic “hot button” at least since Michel Foucault suggested during the 1960s that our modern views of insanity first arose as elements of a larger program of social control, and by implication, that forensic psychiatry emerged as a sort of “running dog” of bourgeois repression.¹⁶ All but overlooked as that debate raged, however, was the equally fascinating and hugely significant role of the new forensic psychiatry in the adjudication of wills.

In an emerging nation pledged to the radical experiment of open market capitalism (again, remember what a radical experiment that was), especially in a revolutionary nation that had proudly thrown off such ancient aristocratic mechanisms

as entail and primogeniture (the elimination of which was one of Jefferson’s proudest projects), people would likely be sensitive to rules of inheritance—and early Americans were, especially early American professionals. Questions involving wills and inheritance commanded a good deal of attention in the early national period and became one of the first growth areas of medicolegal activity in the United States. Physicians, after all, had long been tied to the processes of death, lineal descent, and inheritance. Physicians were often present when people were dying; physicians were often called upon to convey nuncupative, or oral, wills both in cases of emergency and in support of their illiterate patients; and physicians were often in positions of professional trust. Surviving lecture notes from medical jurisprudence classes in American medical schools through the middle of the nineteenth century demonstrate explicitly that early medical professors spent considerable time instructing future doctors about wills.¹

American state legislatures, even as they abolished such things as entail and primogeniture, invariably retained both the old English doctrine that the right to make a will was a statutory right (rather than a natural right) and the old English requirement that testators had to be “of sound and disposing mind” to write a valid will. Those two provisions ensured, first, that the state, and hence the courts, would have a say in the *post mortem* conveyance of property and, second, that somebody would have to determine what constituted a “sound and disposing mind” in any given case where that became an

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issue. When superimposed upon the changing conceptions of insanity, the latter became a particularly interesting and thorny problem for nineteenth century American courts.

The most influential early proponents of what would become forensic psychiatry, including such medical giants as Rush at the University of Pennsylvania, Nathan Smith at Yale University, Robley Dunglison at the University of Virginia, and the great T. R. Beck at the Albany Academy, all took essentially the same position regarding the role of physicians in the adjudication of wills: doctors should employ their new theories of insanity to ensure for families and for society the orderly and predictable transfer of economic assets. Forensic psychiatry should be used to guard against whimsy, caprice, idiosyncrasy, and the last minute fits of poor judgment associated with critical illness or old age. In Rush's words, "Should a man [in what would now be called a state of depression] bequeath the whole, or the greatest part, of his estate, to a church, or any other public institution, or to a stranger, to the injury of a family of children who had never offended him, and whose necessities, or rank in life, as well as their blood, intitled them to be his heirs, he should be considered as morally deranged; and his will should be set aside as promptly as if he had disposed of his estate in a paroxysm of intellectual derangement." Note the statement "as if" the testator had been insane; that is strong stuff. To achieve those ends, almost any indication of insanity would do as a pretext. Rush himself listed several: new hatreds, taciturnity,

loquacity, prodigality, economy, liberality to public institutions, cunning, even "the evolution of talents of wit and rhyming." If none of those sufficed, Rush laid down the ultimate doctrine: "There are instances in which madmen talk rationally, but write incoherently." In other words, a will deemed irrational could be used as evidence of the testator's unsound mind, even in the absence of any other indications.¹

To a remarkable extent, that position became American policy between, roughly, 1820 and 1860. Court after court in such key jurisdictions as New York and Virginia began to break wills with regularity. A few jurisdictions, including Connecticut, even reversed traditional burdens of proof in contests over wills, making anyone trying to sustain a will demonstrate that the deceased had a "sound" mind, rather than making the challengers demonstrate insanity.^{17, 18} In New York, the trend suffered a temporary setback in 1841 in the so-called *Lispensard Will Case*, but that case was decided principally as a political contest by the state senate, which then still sat as the ultimate court of appeal in New York.¹⁹ The equally famous *Parish Will Case* in New York City, with another huge fortune at stake, soon restored the new principles.¹ By mid-century, the preeminent authorities on both psychiatry and the law concurred in the new doctrines. For Isaac Ray, whose treatise on insanity afforded him an international reputation, soundness of mind ultimately boiled down to stability, predictability, and continuity. For him, erratic wills, simply because they were erratic, implied derangement in

and of themselves.^{8, 20} For Isaac Redfield, whose *Law of Wills* stood as the American standard for half a century, the same thing was ultimately true. Courts, he argued, were correct to judge the rationality of the will at stake in any given contest, and right to allow psychiatric testimony to undo any wills deemed unreasonable.¹⁷ By 1860, John J. Elwell, then the nation's leading authority on medical evidence in court, was able to state flatly that "no class of witnesses dispose by their testimony of larger amounts of money than alienists [what would now be called forensic psychiatrists]. The greatest fortunes ever collected together by financial ability, have been distributed by medical men upon the witness stand, in contests over the validity of wills. . . . The law books are full of illustrations of this fact."²¹ From the point of view of the emerging and transforming professions, forced to maneuver for themselves in the open market, these developments were too good to be true. Physicians interested in forensic psychiatry could earn extremely handsome fees as expert witnesses (the nineteenth century literature is full of innuendo about huge fees), while enjoying a sense of service, science, and justice. Lawyers could help living (and, of course, paying) clients overcome the dysfunctional whimsies of the dead, thereby advancing both themselves and the new market economy.

The most striking overall aspect of this whole phenomenon, however, was the paradoxically profound conservatism of the actual cases themselves. Time and again, the beneficiaries of the new doctrines were those persons who stood to

get less in a particular will than they would have gotten if the deceased had died intestate. In other words, these astonishingly radical new doctrines were being used in practice to sustain the pre-existing, deeply conservative, kin-based system of property transfer. A rational will was one that corresponded closely to what the state would have mandated anyway, one that recognized and maximized traditional familial responsibilities, one that did not squander assets on "causes" at the expense of lineal descendants. It was almost as though the American professions, consciously or unconsciously, had devised an extremely revolutionary method of guarding against potentially revolutionary outcomes.

Yet, as these new doctrines gained hold in American courts, two major problems began to surface, both of which provoked intense public discussion after the Civil War and forced changes by the end of the century. The first was a pervasive perception that the use of forensic psychiatry in will cases was encouraging frivolous and unfair "raids upon estates" by anyone who might lodge anything resembling a claim. It is simply impossible to make accurate estimates (even for subsamples) of the number of wills that were actually set aside on the grounds of unsound mind; but entering such challenges does appear to have become something of a fad in the United States during the middle decades of the nineteenth century. Certainly the public thought so, and numerous newspaper editorials all around the nation, as well as articles in learned journals and professional treatises, discussed the frequency and decried the upsurge of such

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actions. Responsible estimates attributed up to one-third of all civil litigation in state and local courts to will challenges, almost all of them based upon *post hoc* allegations of insanity. This perception was exacerbated by the fact that many jurisdictions, notably New York state, allowed the expenses of any contest to be drawn from the estate, thereby establishing an incentive, especially for the professionals involved, to go ahead and take a shot. If a case was at all reasonable, it probably paid opponents to buy off the challengers, since the challengers' efforts were prepaid anyway and they were quite likely to gain at least "half a loaf" if they actually went to court. The person who built the estate thus being depleted was in no position to protest.^{22, 23}

By the 1870s, articles in the American press were almost invariably hostile toward the increasingly common practice of diagnosing insanity after the fact. Much of what was being alleged in will cases was regarded as unseemly, unreasonable, and unjust. Relatives found the character of deceased paragons posthumously besmirched in glaringly public trials. Not surprisingly, forensic psychiatry itself began to be more and more openly excoriated, both in the nation's highest state courts and in public forums. *The Nation* put it this way in an 1883 article: "All men have peculiarities and eccentricities . . . Where the man is not alive to explain his acts, nothing is easier than to exaggerate, and distort, and color these until they wear a very dark look. Alienists [forensic psychiatrists] are called in to give their opinion on the case as presented by the side which employs them, and an

alienist retained in this way generally finds what he looks for."²² The public clearly did not want to think that elite professionals, in league with each other and the state, could alter their bequests after they were gone. As one wry commentator put it in *The American Journal of Politics* (which billed itself as a magazine for intelligent men and women who read and think on the vital questions of the times), "In ancient times the dying were expected to give [only] a small fee to the grim and silent ferryman who monopolized the transportation business of the River Styx. . . But now the man of means. . . is expected to contribute to a trio of Charons—to the three learned professions. It takes the united efforts of [all three, the doctor, the clergyman, and the lawyer] to secure him safe transit."²⁴

The other problem that exercised the American public after the Civil War was the seeming loss of individual testamentary power in the United States. More and more people began to express their mounting frustration with practices that seemed to be in such direct conflict with America's theoretical commitment to individual sovereignty. More and more citizens in the open throttle decades of the Gilded Age (1870 to 1890) wanted to believe that free-born Americans should have the right to do just about whatever they wanted to do with the capital goods they had acquired in the open market, even after they were dead. If they wanted to slight a traditional heir or benefit a favorite cause, they probably had good reasons for doing so, which had nothing to do with their sanity; and they should be allowed to do so, without having to rise

from the grave to defend their actions. An 1877 editorial in the *New York Times* was typical: "While [a] man lives his property is absolutely his. He may do what he pleases with it. But when he is dead, incapable of explanation or defense, his will, made when he was in full possession of his faculties, and disposing of his own gains, may be. . .set aside. . .by claimants [who never] added a penny to the testator's estate." Upbraiding the courts for sustaining what seemed to be a hangover from the era of English primogeniture, the *New York Times* asserted, "Public opinion is less and less on the side of those who set up a claim to share in an estate which they have not augmented. It is not popularly believed that a rich man's son or nephew has any legal or moral right to decide what shall be his share, if any, of the dead man's property. In other words, public opinion inclines to the proposition that a sane, intelligent man may, without question, make his own disposition of his own property."²⁵

By the 1880s, mounting public unrest began to produce specific reactions. Some of those reactions took the form of legislation, perhaps best epitomized by a law passed in Michigan in 1883, which allowed a testator to have himself or herself declared sane by a state judge at the time their will was signed. A formal hearing was held, with all potentially interested parties present, and the judge would certify the competence of the testator after hearing the terms of the will and discussing any objections that might be raised.^{26, 27} Another set of legislative interventions during the 1890s, especially in the key state of New York, largely

eliminated the older financial incentives to mount all and any challenges, however frivolous.²⁸ A final, and perhaps most important, reaction was a rather dramatic shift in the willingness of courts, after roughly 1890, to continue to allow wills to be broken on grounds of unsound mind. Indeed, even a cursory exploration of the key will decisions of that decade reveals a great many testaments being sustained that would almost certainly have been broken 40 years earlier.²⁹⁻³² The major treatises of the period confirmed the trend.

By the early twentieth century, forensic psychiatrists were at some pains to assure the general public that their own roles had been appropriately minimized in will cases. Judge Robert Grant³³ of the Boston Probate Court, a prolific and quasi-popular writer, assured Americans in a book published in 1919 that "notwithstanding the popular impression that the intention of testators is very easily frustrated," and notwithstanding "the sensational contests. . .in the newspapers" conveying the impression that "a great many wills are broken," and notwithstanding the fact that "the attacks of disappointed or greedy relatives are numerous," few wills were actually still being overridden in practice, especially on the formerly much-publicized grounds of mental incompetence. In the jurisdiction he knew best, Suffolk County (Boston, MA), "where predatory tendencies against testators are well developed," an average of less than one percent of wills were disallowed during the first decade of the twentieth century, and some of those were set aside on technicalities of law rather than

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unsound mind. Even adding in the number of wills compromised in court-sanctioned settlements, the total, according to Grant, was down to well under two percent.³³ This trend, incidentally, seems to have continued right through the late twentieth century; it was estimated in 1973 that about three percent of all wills were contested in the United States, and the number disallowed was less than half of one percent.³⁴ In other words, patterns now taken as given had finally emerged by the end of the nineteenth century.

By the final decades of the nineteenth century, many of the insecurities of the early republic had been surmounted. The nation had even survived the test of a civil war. Clearly the United States as a socio-political experiment had proved itself; it was succeeding. In fact, in material terms, it was succeeding beyond anybody's wildest dreams. So instead of employing the radical new techniques of forensic psychiatry to sustain age-old mechanisms of kin-based stability, American courts (and American professionals) were free to indulge the surging individualism, even the idiosyncrasies and exaggerated self-importance, of its separate sovereign citizens. With regard to wills, this swung forensic psychiatrists, in a sense, over to the other side by the end of the century, thereby placing them in the sociojurisprudential position they still occupy with respect to wills.

Several conclusions emerge from this brief historical overview. First, the professional field now known as forensic psychiatry had specific origins in the United States during the Republic's first half-century. A clear understanding of

those origins permits some valuable long-term perspectives on the social role of professional expertise. Second, like all of the other modern American professions, forensic psychiatry has been and remains part of an ongoing continuum of professional development. That process of development, in turn, has often been affected by much larger forces than meet the eye at any given time. Third, forensic psychiatry as a professional activity has been intimately interconnected with the historical circumstances of the nation itself. Probably more dramatically than either medicine or law separately, forensic psychiatry has been deeply embedded in and driven by its social contexts. Fourth, forensic psychiatry has always been taken very seriously in the United States. It was near the center of an almost invisible, but extremely important, early commitment to public health, and it played a major role in the hugely significant, but again all but invisible, processes whereby all wealth and property in the entire country passed regularly from generation to generation. Finally, the tensions and ambiguities associated with forensic psychiatry are long-standing indeed. Many of them reverberate back to the nineteenth century, when the professional patterns we live with today initially took shape. Those tensions and ambiguities remain important in the modern world partly because there is still a great deal at stake, including our sense of ourselves. Americans have understood at some intuitive level that forensic psychiatrists helped them confront in the past, and hence presumably will continue to help them wrestle in the present, with many of the nation's

most profound social and individual paradoxes.

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