In three of Dr. Savage's cases there was a history of phthisis in the family. In one a history also of insanity. In Dr. Kelp's case neurotic taint existed, and there appears to have been phthisical trouble. In one of my cases there was organic lung-delicacy that will probably end in phthisis. In only one was there any hereditary history of phthisis. Hereditary tendency to insanity existed in one case. In none of the others was any special hereditary taint discovered.

On Epileptic Violence. By M. G. Echeverria, M.D. Late Physician-in-Chief to the Hospital for Epileptics and Paralytics, and to the City Asylum for the Insane, New York, etc.

The important clinical researches on Epilepsy during the last decade have contributed to afford a sound criterium for a correct discernment of the curious physical phenomena connected with this dreadful neurosis, in cases where it becomes of great moment, for a legal decision, to establish the positive grounds for a just estimate of the sanity or insanity of a culpable act committed by an epileptic. To the important bearing of the matter to be here briefly discussed, we have been fully alive for many years past, laying upon it particular stress, in the light in which we present it, as our contributions on the subject testify. There are, however, noteworthy points related to epileptic violence which stand out in great clearness, but have not as yet received a proper recognition, as it is evident from the doubts raised by the writer of an editorial article in the "Lancet," August 9, 1884, on the case of Joseph James Donnelly, who was sentenced to death for the murder of his sister and for severely wounding his mother, in a paroxysm of what may have been epileptic furor, and who has been respited during her Majesty's pleasure :—

There are, nevertheless, remarks the "Lancet," features in the case of Donnelly that do not really lend themselves to the presumption of his insanity. For example, while it is true, as pointed out by Doctor Cullingworth, that the sister and mother attacked were not at the time so obnoxious to him as was his father, it cannot be forgotten that the sister had just refused to get him some water to drink, and, for the moment at least, she may therefore have been the object of his special animosity. It is necessary to bear in mind that in the most clearly marked cases of epileptic mania, there is generally an entire absence of motive or cause of quarrel ! (*sic* in original.) The maniac,

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without preparation, instantly attacks the nearest person, though he be his dearest friend.

The judicious questioning of received opinions is the very source of scientific progress, but the assertions just quoted, and the strong categorical way in which they set forth the characteristic peculiarities of epileptic violence, are not justified by experience. The following examples from our own records, with those we present from different classical authors, grouped together, demonstrate the unreliable foundation of the preceding absolute principles, based, as we do not hesitate to declare, on evidence that frequently speaks in an opposite sense.

The history of Donnelly's case, certainly, must have satisfied the authorities of their duty of preventing the execution of a capital sentence. Be this as it may, the above-noticed remarks stand by themselves, not as representing an individual theory, but as an acknowledged medico-legal principle. We agree with its propounder that, all medical evidence being an expression of opinion, it is manifestly of the highest moment to determine among ourselves on what grounds and in what way our opinions are to be formed. For this reason, let us at once examine, guided by the positive data at our command, whether:

1st.—*The mental derangement attending the epileptic attacks precludes the existence of animosity in any post-epileptic act of violence.*

And, 2nd.—*If it is true that in the most clearly-marked cases of epileptic mania, there is generally an entire absence of motive or cause of quarrel.*

The first point finds itself intimately connected with that of premeditation, though we by no means suppose that violent ill-will or hatred and deliberation are equivalent feelings, notwithstanding their parallel occurrence and the readiness with which one is apt to merge into the other. It is so rare not to observe them jointly that we will consider animosity and premeditation as they may appear in mutual relation to acts of violence executed during the automatism of epilepsy. And we, intently, do not say of epileptic mania, because our standard authorities on psychological medicine have long since proclaimed that deliberation is not incompatible with insanity. Epilepsy is not a form of mental disease in the ordinary sense applied to the word mental, but as we were one of the first to establish it, in a communication read before the Association of Medical Superintendents of American Institutions for the

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Insane, in May, 1873,—it is a neurosis which does not exist in any of its forms without causing a more or less complete unconsciousness, an *essential element* in its pathogeny, that entails a loss of will and of emotional control, with defective judgment; effects which, though not always striking, are nevertheless potent factors of mental disorder, obviously manifest in epileptic mania and the larvated or mental attacks, as much as in the post-epileptic psychical stage that may last from a transient moment to several hours, or even days, and throughout which stage the epileptic acts automatically, in a seemingly rational manner, his actions varying from a simple, awkward, purposeless gesture to any kind of more elaborate designed movements.

The synthetic analysis of the psychical aspects of epilepsy plainly evinces that even when the highest nervous arrangements do not lose entirely their control over the lower ones, *i.e.*, when the epileptic does not run at the end of his fit into a frantic, furious mania, but acts unconsciously in a quiet, automatic manner, without the least judgment on the moral character of his conduct, he is then in a diametrically opposite condition to that of a sane man, for his actions are the outcome of a disease affecting his nervous centres, and so rendering him incapable of controlling his own conduct, or of knowing that the act he has perpetrated is wrong; and consequently in one word, he is irresponsible therefor. These are not abstract speculations, but legitimate deductions from well-defined cases, which we pass on to notice, beginning with a typical instance of how disappointment and irritation, experienced before the epileptic fit, did operate afterwards in a manner that vividly brought back in a delusional way the primitive ill-humour and anger to determine a violent aggressive act, blindly executed during the unconscious post-epileptic automatism—when the patient's voluntary activity was in abeyance, and the mind, without any spontaneity, remained open to all sorts of psycho-sensorial and psycho-motor phenomena.

A young lady, subject to fits of *petit mal* and *grand mal*, followed by temporary mental disturbance, having remained for several weeks free from either kind of fits, was seized with four successive paroxysms of *grand mal* within two hours, as she was about preparing herself to go to a theatrical *matinée*. She raved, as usual, after the fits, and had to be taken to bed. In the intervals of the attacks she insisted upon being dressed to go out, without making, however, in her exasperations, any attempt to get up, and her mother endeavoured to

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quiet her by kind promises and caresses. She became apparently calm, and asked for a glass of water, which was handed to her, and on holding it she said, "Darling mother, let us cease fighting; come, do sit by me in this chair;" but, as the unsuspicious mother sat down to gratify her daughter's wish, she gave her mother a violent blow with the glass on the forehead, wounding her severely, while exclaiming—"Now, now, I am satisfied; don't let me dress up and go to the theatre." Thereupon the girl continued in a state of mental excitement, which lasted until next day; but she did not preserve the slightest recollection of the above circumstance; its occurrence was even concealed from her, as she became deeply affected on noticing her mother's wound, and being told that she had inflicted it when labouring under one of her fits.

Nothing more strikingly shows the unconscious reproduction of the special animosity of the epileptic during the post-epileptic automatism than this example.

A female patient at the Hospital, subject to epileptic mania after her fits of *grand mal*, in order to have her diet changed, took to simulate her convulsive attacks during the House Physician's absence from the wards. Her imposture was soon detected, and from that moment she manifested an unconcealed animosity to the nurse. Her fits had been always followed by stupidity with silly laughing, lasting several hours, accompanied by homicidal impulses against any of the bystanders, up to the time of the discovery of her imposture, when it was noticed that she began to display her maniacal aggression chiefly against the nurse who reported her simulated fits, watching for every opportunity to follow her into isolated places to assault her, and would then become so furious that she had to be shut in a separate room until the maniacal attacks ended by a stertorous heavy sleep of several hours.

How far a smart feeling of resentment may become the immediate determining cause to develop not only the fit, but its evil moral consequences, is plainly illustrated in this case:—

A boy, sixteen years old, had nocturnal fits, induced, as his father suspected, by masturbation, though no proof existed to that effect. A physician had asserted that onanism always caused this kind of epilepsy; and on this assurance the father endeavoured to obtain a confession from the boy, who firmly denied the accusation, though he acknowledged that he had heard other boys at school speak about such a bad habit. This examination, made one Sunday morning, wounded the boy's feelings so deeply that he did not breakfast, but remaining in his room taciturn and sullen, had the first diurnal paroxysm. This sad result carried to the father's mind the conviction that he had detected the real cause of the disease. From that day, whenever the boy was questioned on this point by his father or by

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any physician, as we had occasion to witness, his resentment became so extreme that he refused talking any more, and was seized, soon after, by an epileptic fit. He entreated his father not to hurt him any more with unfounded suspicions and investigations of this character, to which the father was deaf, until one morning, directly after an examination accompanied with severe reproaches, the boy was seized with a convulsive fit, and on recovering from it he shut himself in his room and hung himself, having several times before threatened to commit suicide if he continued to be unjustly thought guilty of a wicked habit he had never practised. No other cause, except the irritating indiscreet questions just noticed, ever induced a diurnal attack in this case, which had such a melancholy end a few months after we reported it, for the first time, in 1873, to show how the unnatural reflex excitability of the nervous centres in epilepsy may determine the extreme susceptibility which culminates in the onset of an epileptic paroxysm with all its singular psychical manifestations.

In the case of David Montgomery, a young epileptic, in the city of Rochester, New York, sentenced to death for killing his wife, a vile prostitute, on the morning of the 13th of November, 1870, jealousy was the feeling that prompted the crime, while he laboured under the influence of the post-epileptic automatism induced by a nocturnal fit, which had been preceded by several others during the previous days. Hereditary predisposition to insanity existed, in the highest degree, in David Montgomery's family. Notwithstanding the report of the Commissioners appointed by the Court to inquire into the mental condition of David Montgomery, declaring that he was tainted with a strong tendency to insanity, and that he had on different occasions exhibited epileptic attacks, chiefly of *petit mal*, followed by maniacal excitement with tendency to violence, and that by his demented looks he further bore evidence of a permanent epileptic condition, Montgomery was tried to gratify public clamour, and the jury found him guilty of murder in the first degree upon the groundless scientific assumption of the physician-witnesses called to prove his sanity by premeditation, among other evidences, for Montgomery said when arrested, while still unconscious, "that he waited five minutes to kill his wife because his temper got the upper hand of him." We were requested to examine into the mental condition of Montgomery while he was waiting for the execution of his sentence in the jail in Rochester, and we found plain evidence of his being then demented and actually suffering from long-standing nocturnal fits and *petit mal*. These facts were duly exposed to the Governor of the State, who appointed a Lunacy Commission, and upon their report corroborating our declaration, Montgomery was sent to the State Asylum for Insane Criminals at Auburn, thus narrowly escaping to forfeit his life, thanks to the earnest exertions of his learned and distinguished attorney, General H. Martindale.

We summarily notice this case because it exemplifies the

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feeling of jealousy—and no feeling can arouse greater delusions than jealousy, nor could any brain be more susceptible to its evil influence than that of an epileptic—the influence still persisting during the unconscious post-epileptic stage, when the faculties of the highest perceptive centres become obliterated by the explosion of the fit, and determining in an automatic manner the purposive execution of elaborate acts related to the permanence of the vivid, acute impression in the morbid brain. The irresponsible nature of this we fully demonstrated in the medico-legal examination we made of the certified copy of the physicians' testimony and other evidence connected with the trial of David Montgomery, to which the reader is referred for the full history of this most interesting case.*

When studying these subjective sensational phenomena during the psychical manifestations that may attend nocturnal epilepsy we illustrated them with the example of a girl who, immediately after being seized with a fit while preparing for herself a cup of tea, took a small kettle of boiling water and automatically poured the water, not into the cup, but over her fore-arm and leg, burning herself severely. There is no difference between the thought and any emotion or feeling of animosity that might take hold of the mind before the onset of the attack, and the same idea, or feeling, vividly renewed, with blind persistency, during the period of unconsciousness or automatism coincident with, or rather constituting of, the fit, when not prolonging it. Hughlings Jackson has particularly noticed this peculiarity connected with the post-epileptic automatism.†

A female at Broadmoor, tried for feloniously wounding, had for several years been subject to violent and slight fits. "The circumstances of her act of wounding were referable to one of the more violent attacks, as reports Dr. Orange. She rose up from her chair one morning with her baby in her arms and went to cut some bread for the older child. Having got the knife in her hand for this purpose, she had an epileptic seizure, and during the unconsciousness she cut her infant's hand clean off, and was found insensible by the neighbours. She had no recollection of the circumstances after getting possession of the knife. On two occasions, when in these attacks, she had fallen into the fire, and in one she had cut her own thumb."‡

* "Criminal Responsibility of Epileptics, as Illustrated by the Case of David Montgomery."—"American Journal of Insanity," Vol. xxix, January, 1873, p. 342 *et seq.*

† "West Riding Medical Reports," 1875, p. 118.

‡ "Broadmoor Lunatic Asylum Annual Reports," 1876, p. 53.

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In this latter instance, and in that of the girl who poured on herself the boiling water, it is the prior thought which occupied the mind at the moment of the explosion, or onset of the fit, and which persists to be unconsciously carried out during it, or during the post-epileptic automatic stage, in a more or less apparently rational manner. But there is still another class of cases in which we may equally observe any idea that may have possessed the patient's mind, or even a mental obsession of no ill-character, but capable of originating criminal acts of violence, suggested by the said obsession, though executed in an absurd, incongruous manner.

We have reported before the case of a lady subject to cerebral epilepsy, who, in one of her fits, entered the room of her infant daughter, and, passing the fingers of her right hand into the child's throat, would have suffocated her had not the nurse come to her rescue. The little girl was paraplegic, and unable to articulate a word. Electricity had been resorted to to arrest the wasting of the limbs, and so strongly possessed became the mother that it was going to cure and to make the child speak that she wanted to have the electrical applications repeated several times every day. When stopped by the nurse the mother pretended that she was transmitting her electricity into the girl's throat to make her speak and cure her paralysis, and became very mad and furious on being removed from her daughter's room.

Subsequently, this lady, during her mental fits, would ask for the electric battery, and would want to apply it to the child, incessantly returning to this besieging idea in proof of how coherently the mental phenomena develop themselves in the evolution of the epileptic paroxysm, notwithstanding the abruptness of their display. The *epileptic echo*, which we have described as commonly conspicuous in epileptic insanity, and as striking also in the writings of the epileptic insane, certainly proceeds from the peculiar state of the brain we are now considering, since the *echo* consists in the repetition of the same phrase present in the patient's mind, or of the words suggested to him, due to an unconscious cerebral automatism. The phenomenon also takes place at the onset of the attack, as in the remarkable case of the printer observed by Dr. B. D. Eastman, Superintendent of the Worcester Lunatic Hospital.* This patient frequently had a fit while composing, which resulted in making *pie* of what he had in his stick. The proof published by Dr. Eastman is extremely interesting, for it shows the time that elapsed and the number of co-ordinate

* "American Journal of Insanity," October, 1873, p. 301.

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movements that were executed automatically before the patient became insensible, and last, though not least, the amount of deliberation that was necessarily required to execute the whole setting of the sentence preserved in the proof, which demonstrates beyond doubt how unwarranted it is to hold that the suddenness of the epileptic explosion renders impossible deliberation in any of the acts coincident therewith.

We would add that the mental obsession, or overwhelming idea, whether delusional or not, gives rise to hidden perverted feelings that may brood in the epileptic's mind until, by some external incitation, they are excited into mischief, as it is clearly brought out in this example of extreme medico-legal interest :—

A young man from Saratoga, with antecedents of insanity in his paternal family, and subject to fits of *petit mal* and *grand mal*, mostly nocturnal, showed a deep affection for his mother, who was the victim of the most cruel treatment on the part of the boy's father, a wretched dipsomaniac living separate from his wife. One day, during one of the unexpected dangerous visits of the father, the boy witnessed the brutal blows he struck, leaving extensive bruises on the chest of his defenceless mother. From that occasion not only did the son keenly experience a bitter resentment against his unnatural father, but it was besides observed, on different times, that his presence would at once induce a falling fit on the boy. This latter, on the eve of going abroad with one of his uncles, and unwilling to do it without securing a solemn promise that his forsaken mother would not be ill-treated in future by his father, came over to New York to have an interview with him to that effect. Fearing, however, the father's passion, and knowing that he was in the habit of going about always armed, the boy brought with him a revolver and went to his father's lodgings, during the evening, immediately after his arrival at New York. Not finding the father at home, he left him the name of the hotel where he put up, with a written request to visit him the next morning, which was promptly complied with by the father. Their interview, as related to us by the son himself when we examined him at the Tombs Prison a few days after the dreadful tragedy, was as follows, beginning by the circumstances preceding it the night previous :—

The boy, very fatigued from the railroad journey to New York, went early to bed, with a severe headache, and feeling very uneasy and agitated about his mother's fate. He distinctly remembered undressing himself to go to bed, and that long after, about three o'clock in the morning, he awoke and very much wondered at finding himself lying across the bed, with his boots, clothes, overcoat, and hat on, but unable to account for it in any way ; then, undressing himself a second time, he soon went to sleep soundly, until aroused, about seven o'clock in the morning, by the hotel servant to

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deliver him a message from his father who wished to see him. The son hurriedly dressed himself; sent word down for his father to come up, and waited, with the revolver in his trousers' pocket, ready to defend himself against any assault from his father. All that the boy recollected on seeing him enter the room was, that he came in with the right hand placed in the chest pocket of his coat, but of the subsequent events he had a very vague recollection. He fired five successive shots at his father, "with no will to stop his hand," which he felt descending "in jerks," at every shot. On running bewildered out of the room, with the revolver in his hand, he beheld, coming out from the room adjoining his, "a tall old man, with a long gray beard, who asked him: 'did the cap snap?'" and he returned to himself, choked by a feeling that stopped his breath, as he descended in great haste the stairs of the hotel to direct the clerk to telegraph to his mother that he had killed his father.

At the coroner's inquest, a letter written by the boy after his arrest was read, containing a declaration that he had killed his father in self-defence—a plea which was interposed before we discovered, upon medical examination, that the boy was subject to nocturnal epilepsy and to fits of *petit mal*, attended with post-paroxysmal unconscious attacks, as also the readiness of the convulsive fits to be induced by the father's presence, in addition to the facts already noticed, which were altogether incompatible with the declaration in the letter above alluded to, that the boy, as he informed us, wrote on his lawyer's dictation for the purpose of his defence, but, in reality, without any distinct recollection of what occurred to him, and chiefly basing his description of the catastrophe on what he heard about its details narrated immediately upon its occurrence, and at the coroner's inquest. The only witnesses of the terrible drama were the two who took part in it; one had his lips sealed by death, the other was the unconscious epileptic, whose recital, in reference to his feelings and the particulars of the event, so far as he was concerned, we have faithfully reproduced from a memorandum taken at the time of its sad occurrence in May, 1873.

These details bear the characteristic mark of the epileptic malady, too nicely delineated to have been feigned by the boy, who never suspected, any more than his desolate mother, his nocturnal attacks, nor the real significance of his strangeness and automatic conduct during the frequent fits of *petit mal*. I am not leaving our subject and straying into irrelevant speculations; for the interest of the boy's unpremeditated natural account of his conduct and feelings lies in the fact that it is applicable, with the same force, to the replies we usually hear from epileptics themselves, about the criminal or extravagant acts of which they are perpetrators, without the least judgment or knowledge as to their occurrence and

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character, until they are rendered cognizant of their inevitable explosion by the remarks of the bystanders, which they repeat as their own, and which causes the hasty though natural conclusion that epileptics are not the irresponsible unconscious offenders which, on the contrary, they truly are when acting under the influence of their fit. It is, finally, evident that in this most lamentable case there was, firstly: a fit in the middle of the night, that originated the automatic exertion required to put the clothes, boots, and hat on, with set purpose to go out, before the boy dropped down across the bed at the end of the fit—thus acting under the prepotent thought of the interview at hand with his father, of so great consequence to the welfare of the distressed mother, and which was the paramount idea of all the conceptions of his unstable, weary brain, until the very last moment he ceased to be awake after he retired that night, very exhausted, with a severe headache. And, secondly, on awakening out of sleep that ill-fated morning, he beholds his father, and is seized by a mental instead of a falling fit as it had happened before, but this time with greater readiness to such a discharge, as the instability of the nervous centres was greater after the night's rest, and, furthermore, because the result of the strife of the piercing emotions and ideas which disturbed his cerebral activity had to culminate into the explosion of the logical automatic acts sprung from the resentment and fear of the boy against his father, it being, in the last place, a convincing proof of the irresponsibility of the blind actor in this revolting drama, the delusional presence of "the tall old man, with a long gray beard, who asked, did the cap snap?" as he came out from the room adjoining that of the tragedy, where no such imaginary person was lodged, neither was at the time anybody standing outside of the room to witness, at the closure of the fit, the bewilderment of the boy on running down stairs. So much for what seems to us to be the medico-legal meaning of this extraordinary case.

We could keep on referring to instances from our own practice in which a pre-existing ill-feeling prompted the unconscious act of epileptic violence, to convince the reader that it commonly happens so, notwithstanding the prevailing contrary belief; but we will let Delasiauve speak, there being no higher authority on the subject. An epileptic, after murdering his mother, was acquitted by the Court, and committed to Bicêtre. "There was," says Delasiauve, "nothing unnatural in raising objections in this case, namely, that the murder had been perpetrated under a dominant jealous feeling, and even with

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an apparent motive, and that therefore it was fair to infer that, independently of the morbid excitement, it might have been prompted by a natural passion and become thereby punishable. This consideration, notwithstanding its weight, is far from carrying a decisive value. The instinctive perversions, consecutive to the epileptic fits, do not, as we have already seen, necessarily deprive the overt acts of epileptics of the marks of a voluntary determination. These patients are controlled, in the midst of their bewilderment, by an appreciable motive, which has for them a reality; but we should ask ourselves if in a state of sanity such a motive would arise, and, above all, if it would be predominant enough to upset the reason. Thus, the motive and premeditation which seem, under such circumstances, to have dictated the criminal act are by themselves insufficient to establish peremptorily the integrity of free-will, and consequently the proof of guilt."*

These teachings, which completely contradict the extreme views set forth by the "Lancet," were published about thirty years ago, and the long test of accuracy they have borne supports their truth. The facts already advanced are equally applicable to manifest how absolute and contrary to sound experience it is to assert, that: *in the most clearly marked cases of epileptic mania there is generally an entire absence of motive, or cause of quarrel.* We do not, indeed, put the case more strongly than strict truth warrants, if we declare that proofs in contradiction of these words are of daily occurrence, and fall under our hand at every page of the classical works on epilepsy. Not to appear too egotistic in this affirmation we forbear to bring forward any of our own examples, but cite well-known standard cases, which fully attest the obvious correctness of the principles we sustain. The two following instances are recorded by Devergie, who obtained them from Moreau de Tours.†

In 1841 Moreau de Tours had under his care at Bicêtre a young man from twenty-five to twenty-six, who had been condemned to death for murder, but whose sentence had been commuted to twenty years' imprisonment. He was epileptic from infancy, and had received an accomplished education. He came to Paris with a young woman whom he expected to marry, and whom he loved dearly, but becoming jealous of her harmless coquetry, quarrels arose between the lovers. One evening, after a long promenade, X —, who for two days had been feeling unwell and giddy, came into the hotel and

* "Traité de l'Épilepsie," Paris, 1854, p. 486.

† "Bulletin de l'Académie de Médecine," Vol. xxvi, 1861, p. 436.

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found his mistress sound asleep. Suddenly, he thought how unfortunate he would be if this young girl should prove false to him, and taking a pistol killed her. He immediately fell in an epileptic paroxysm, and was found in its struggles by the persons who hastened to the room.

A young man, aged 22, had suffered for five years from attacks called by the physician epileptic. "I am unwell," said he to Moreau de Tours, "every five or six weeks, having sometimes several attacks in one day. I have never noticed that this malady impaired my health until I was seized, a month ago, with fears of becoming insane, on the following account: I had a trifling disagreement with one of my friends, and two days after, having awoke all confused, the idea of this quarrel returned to my mind, and its recollection excited me to such an extreme that I conceived a feeling of hatred and revenge. Thereupon I rushed for a dagger, put it in my pocket, and hastened to my friend's lodgings with the design of murdering him. Fortunately, I had scarcely pulled the door bell when I dropped down in one of the fiercest paroxysms I ever had, my friend being the very first to come to my assistance."

Devergie concludes from these two remarkable examples that it is never during these seizures, but in their intervals, that criminal ideas are conceived by epileptics, and always in cases of confirmed epilepsy. Most assuredly, it is in genuine epilepsy that these psychical phenomena generally spring up; but the forcible illustrations cited by Devergie obviously demonstrate that the mental disorder, the irresistible impulse, may also be the immediate precursor of the epileptic seizure, forming its initial part. These examples exhibit the excessive irritability that foretells the paroxysm, and in no less significant manner corroborate what we have stated in regard to the perverted feelings that may precede and originate the fit, as much as the automatic misdeeds that may be its sequel; and last, though not least, that *there is not*, generally, an entire absence of motive or cause of quarrel in cases of epileptic mania.

Boileau de Castelnau reports a case worthy of being kept in mind whenever we are called upon to determine the limits of the responsibility of epileptics.*

John Paul J—, and Charles F—, both convicts in the Central Prison of Nimes, had for a long time lived on bad terms with each other. On several occasions, and notably the 23rd or 24th of June, 1850, they were engaged in a passionate quarrel, during which

* "De l'Épilepsie dans ses Rapports avec l'Aliénation Mentale." Paris, 1852, p. 36.

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John Paul addressed bitter and even injurious reproaches to Charles; but, up to that time, they had not gone beyond a mutual exchange of words, more or less foul or insulting. The 29th of June, during the forenoon, a new quarrel on some insignificant subject broke out between the two convicts, *after which Charles was seized with an epileptic fit*, to which he was subject. During the fit Charles, seeing John Paul laugh, thought that he made a jest of his disease, and the belief tended not only to exacerbate the irritation left on his mind by the previous quarrels, but also to fill up the measure of his resentment. Thinking that the knife he possessed was not suitable to carry out the plans of revenge he contemplated, he exchanged it for another belonging to an Arab, who was also a prisoner. Shortly after this exchange the accused was seen twice sharpening the blade of his knife with the file he had borrowed from another Arab. It was then about three o'clock in the afternoon. Towards five or half-past five o'clock, John Paul saw the accused advancing towards him, and noticed that he kept his hand in his bosom, where he seemed to handle some object. Charles, on coming up to him, asked why he made a jest of his disease, and as John Paul returned a negative reply he proposed to him to fight. John Paul refused doing so, saying that he did not want to fight a man like him, adding, *that he excused him on account of his disease.* After these words, John Paul was about turning to go away when Charles suddenly rushed upon him, and drawing the knife from his bosom, rapidly inflicted *six stabs* on him. The most dangerous one was inflicted in the region of the heart; the mammary artery having been wounded, the first diagnosis of the physician was that the wound would probably prove fatal, a prediction which was not, however, realized.

Boileau de Castelnau thus concludes his analysis of the case: "From the facts reported, Charles exhibited the characteristics of a derangement of the intellectual and affective faculties, induced by epilepsy, the attacks of which were frequent and of long standing. In one word, one cannot avoid this dilemma: either Charles had been impressed in an unnaturally morbid manner by the insults of his antagonist, insults which induced an epileptic fit, during which he was again no less unnaturally influenced by the laugh of the same antagonist, both circumstances driving him to a wicked vengeance and making him (Charles) act the part of a madman; or again, Charles was impressed normally, but the consequence of his feelings were the acts of an insane man—*cæteris consentibus*, the loss of moral liberty, is incontestable. He had no motive to kill John and to slay him by such a number of stabs." The Court, on the demand of the defence, and the extenuating circumstances admitted by the jury,

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lessened by two degrees the sentence, and Charles was condemned to six years' imprisonment. Boileau de Castelnau remarks that the conviction was obtained upon subsidiary circumstances connected with Charles' antecendents, it being manifest that the Court and jury were convinced, if not of the moral irresponsibility, at least of the want of control of his free will at the moment Charles perpetrated the crime. Strange conviction, for it acknowledges free will, to admit in the next breath the incapacity to control it, which rendered the man, in our opinion, entirely irresponsible, while it is also fair to presume that the culpable antecedents, which so much weighed to condemn Charles, were, in all probability, of an epileptic character, not ascertained by the Court.

We could not overlook the example cited by Dejœghère, in which the motive and the premeditation are fitly set forth, in a case that, on another hand, remains as a painful record of the punishment of a furious madman, not only unjust but unmerciful in its infliction :—

Rœgiers, aged 30, of strong constitution, was the son of healthy parents. When seven years old he was seized, upon a sudden fright, with an epileptic fit, soon followed by several others, chiefly nocturnal, increasing every time in intensity and duration, until lastly degenerating into a true rage. Rœgiers had a fight with a man named B—. Judged by the Court of Courtrai he was condemned to a few months' imprisonment. Rœgiers protested his innocence as to the charge brought against him. Furthermore, on leaving the Court he shook hands with B—, assuring him that he entertained no grudge against him, since he could not be held accountable for the wrong decision of the Court. However, it is this very man B— whom he after intends to kill, and to this effect Rœgiers was seen on the day of the murder steadily sharpening his knife for several hours on a grindstone, and repeating incessantly, "I shall know how to have you." He then goes out, in broad daylight, holding his knife, runs to B—, who lives in a very populous quarter, and boldly enters his house. But B—, on beholding Rœgiers coming with a knife, escapes through a back door. Rœgiers chases him, stabs B—'s sister, who endeavoured to defend him, and, finally, overtakes him and rushes upon his victim like a tiger. He inflicts upon him a deep wound in the neck, and plunges his nails in it to tear it asunder. A great crowd hastened to the spot, but the most daring were afraid of going to the rescue of the unfortunate B—. It was not until Rœgiers fell down that they took hold of him, and bound him with cords to a wheelbarrow. To every question put to any detail concerning his horrible crime, Rœgiers gave always this answer, "Since you make me aware of it, sir, I must needs believe it, but I completely ignore it."

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The physician who examined on the mental condition of Rœgiers declared that he enjoyed full possession of his reason. Rœgiers was condemned to death, but the sentence was commuted to penal servitude for life, and the exposing for one hour. While suffering this last punishment he was seized with such violent convulsions that the executioner was obliged to place him in a chair, where he had the greatest difficulty to secure him.*

This determination beyond recall of the Court of Courtrai to carry out its sentence to the end, has a fitting parallel in Massachusetts.

The case happened in Boston, the Metropolis of New England, about fifteen years ago, and the victim of such cold execution of the law was again a wretched young epileptic, subject to diurnal and nocturnal fits, during which latter he would go up the roof of his house, dance in the most dangerous positions and accomplish unconsciously such other no less risky feats, which caused his neighbours to call them "dare-devilment." One evening this lad, under the influence of a fit, ran after his sweetheart into the street and took her life with a bread-knife he carried home, and of which crime he always protested to have no recollection whatever. Dr. Clement A. Walker, Superintendent of the Lunatic Hospital, Boston, endeavoured, unsuccessfully, to satisfy the jury that the boy was an epileptic, and that the homicidal act of violence had been the outcome of epileptic insanity. Consequently, he was convicted of manslaughter and sentenced to prison; but while the Judge was uttering the sentence, he fell into a violent fit, so violent that several officers—and he was a lad not much over fourteen—failed to control him. A physician was sent for, who etherized him, and he was taken back to jail. This physician testified that he thought the fit was feigned, and did not see any good evidence why it was not. About one week after the prisoner was called for sentence again, when he was brought in by one door, walked through the Court, and taken out by another door. It was ordered by the Court that the prisoner should be sentenced while thus walking through, lest he might be seized with another fit, which exploded twenty-four hours after confinement in prison.

In this singular case it became a question whether the execution of the law should be carried out in spite of everything, cheating as it were the epileptic malady from its attacks by the strategy of walking the boy across the Court while sentence was pronounced, in utter disregard of the statutory provision by which the prisoner must stand before the judge and jury to hear his sentence, as well as of every humane

* "Annales de Médicine," Belges, 1843. Quoted in "La Folie Devant les Tribunaux," par Legrand du Saulle. Paris, 1864, p. 422.

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sentiment of commiseration to which the violent convulsions experienced by the boy in Court so strongly appealed, and which the Judge did not believe to have been simulated, as was demonstrated by the unprecedented and illegal proceeding he authorized in order to prevent the recurrence of a fit.

Reverting to our inquiry—what are the facts, and what evidence can be adduced to sustain the absolute assertions here discussed, which are so discordant with a great number of well-established standard cases?

Doctors Lasègue, Touzelin, and Legrand du Saulle had to report on the mental condition of a financial agent, whose wife asked for a separation *à mensa et toro*, as he was subject to fits, with every appearance of larvated epilepsy, during which he would accomplish the most extravagant dangerous acts, in an unconscious manner, with an uncontrollable tendency to wander about without aim and with complete amnesia after such strange attacks. In one of them he automatically started on a journey to Marseilles; and, on another occasion, he went off to Bombay.* He was violent, easily inflamed by anger, eccentric, and incessantly planning means of vengeance against his wife, who finally determined not to receive him in her house. One day, in November, 1875, this larvated epileptic, accompanied by a young son who had remained very much attached to him, called on his wife, and as she persisted in her decision not to receive him, and so expressed it to him from inside the house, without opening the door, he, in reply, signified to her his determination to commit suicide if she did not yield to his entreaties to let him in; and, as the door continued notwithstanding closed, he then and there killed himself. But this was not all, for immediately after the son also blew out his brains with the same revolver used by his inanimate father, this fearful catastrophe being the closing scene of a case that exhibits the distinctive traits of psychical epilepsy.

Henry Thouviot was declared by Doctors Bergeron, Blanche, and Lasègue as subject to impulsive insanity, with previous epileptiform accidents, though not being epileptic at the time of the murder for which he was arrested; but, after Thouviot's close examination at Bicêtre, it was recognized by Falret, Legrand du Saulle, and Berthier that he had several diurnal and nocturnal fits, and that

* Legrand du Saulle, from whose work "Etude Médico-Légale sur les Épileptiques," Paris, 1877, we take the chief points in this and the two following instances, as regards the psychical phenomena just related, as facts unprecedented in science, although we had pointed out such singular automatic acts as peculiar to *cerebral*, or *psychical*, epilepsy, and recorded in 1873, three instances of unconscious travelling while the patient was in this state, in our communication on Epileptic Insanity, distinctly establishing unconsciousness as the essential characteristic element of every manifestation of genuine epilepsy. Sardieu has also reported the case of a carpenter, who was epileptic, and travelled sixty leagues from home, returning from this long journey entirely ignorant why he had undertaken it.

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he had been an epileptic for a long time. Thouviot suffered from fits of giddiness, with lividity of the face, dull noises in the ears, and irresistible wandering, without object, about the streets. At other times he experienced a propensity to kill somebody, and was then irritable, angry, emotional, prompt to any act of violence, and incapable of being at rest. Feeling in this condition on the 11th of June, 1874, he leaves his place of occupation, buys a cheap knife, and after dinner wanders at random about the streets, until he met with a prostitute, and goes to pass the night with her. The next morning, after dressing and partaking of some coffee with his hostess, he attentively watches her, with the knife drawn from his pocket held in his hand, reflecting, whether he had not come across an easy victim; but he is suddenly overcome by the thought that he may be judged as a thief, or slayer of girls, and goes away. He again returns to rove about the streets and boulevards, with the knife open in his pocket, until two o'clock in the afternoon, when he entered a restaurant, in Rue Cujas, where he mechanically asked for something to eat, and, while waiting for it, he writes a letter stating that his fate was to go either to the bagnio or die on the scaffold; that he is about committing a crime he cannot avoid, and that he does not know whether to kill the lady at the counter or the servant girl, who, at last, fell his victim as she served him with the dishes he had ordered. Arrested on the spot, Thouviot seemed calm and lucid, and throughout five months that he remained at Mazas under observation, he did not exhibit any apparent sign of epilepsy or insanity. Once he attempted to commit suicide, but was prevented by his companions. In 1869, being at Hâvre, working as a cook, he fell unconscious in the furnace, and narrowly escaped being burnt to death. He came, then, to Paris, and there he felt a strong inclination to murder the servant girl in the milk shop, where he was employed. "I fixed it so," said he, "that she had to go down the cellar, at least seven or eight times, without power to decide myself; I did not dislike her, for we were on friendly terms together. Lastly, I started away, like a madman, and remained absent from the shop about five days, living on a few *sous* I happened to carry with me, and sleeping anywhere in the open-air."

In the celebrated case of Count Gustave Chorinski, we find him subject to violent fits of motiveless anger and aggression, accomplishing periodically against his family or any of the bystanders the most extraordinary eccentrical acts of violence, exchanging senseless compromising letters with his mistress about the murder of the Countess, as also wanting altogether of free-will in the participation in her poisoning, besides other psychical phenomena pointed out by Morel, as signs of paralytic epilepsy, of which disease Chorinski died eighteen months after his imprisonment, within the time prognosticated by Morel, and with every anatomico-pathological evidence of paralytic epilepsy confirmed by the autopsy.

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Dagonet cited at the International Congress of Mental Science, held in Paris, in 1878, the case of an epileptic, who in one of his fits of blind fury murdered a keeper, and severely wounded another, at the Asylum at Marseilles, and who, when returned to consciousness, had a dim recollection of his furious acts of violence against the keepers, but, however, remembered distinctly that the latter had ill-treated the patient under their charge, which drove him to the outburst of fierce violence during his maniacal excitement that lasted for nearly three months.

In the case of the epileptic who murdered Dr. Geoffroy, the Superintendent of the Lunatic Asylum at Avignon, and whose fits were preceded by a feeling, or *dream*, as he called it, starting from the stomach to reach the brain, the execution of the murder took place under the following deliberate well-planned manner. The patient, who heard, for several days, voices from a secret society telling him that "if he did not kill the physician, he would be unhappy for the rest of his days;" went early to the Asylum workshop, waited for Dr. Geoffroy in the vestibule between the shop and the doctor's cabinet, and as the doctor delayed his visit, he became impatient, and calling on the director, he inquired after the chief physician, pretending to be ill. He was then informed that the doctor had just arrived, and was visiting the wards. He thereupon went to wait at the door of the doctor's office, alone, in the position of a man suffering from a hurt, leaning on the left leg with the right hand concealed under his vest. He addressed himself to Dr. Geoffroy, without changing his position. The doctor, without mistrust, approached, and no sooner had he stooped to examine the cause of ailment than he firmly surrounded the doctor's chest with his left arm, and quickly stabbed him in the left side of the chest with a pair of shears, the blades of which he had fixed in a cross way by tying them firmly with a pocket-handkerchief. He subsequently became furious, and the doctor died an hour and a half after.

"Premeditation," as Dr. Laurent says in his interesting report of the case, "could not be denied here; but it would be impossible to admit any power of judgment. The struggle which took place within himself, and which the patient committed to nobody (a silence that may be ascribed to the natural pride and high ideas he entertained of himself), had no more witness beyond an unsound reason incapable of reaching impartial decisions. The moral conscience being deranged, every resistance on its part to the most evil impulses was rendered impossible, and within the space of a few hours this lesion originated, to persist for a certain time and disappear, and to recur thereafter at intervals of variable length. Subsequently, this murderer would feel remorse and regret for the physician whom he loved and killed; while under morbid influences, he

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would be, on the contrary, controlled by homicidal impulses, and would approve of the crime he had committed. What a lesson does this dreadful event teach to specialists, to medical witnesses who are to guide the judgment of the courts, and to magistrates called upon to pronounce on the motives of the most extraordinary deeds." *

Who would deny deliberation in the case reported by E. Pivion, of a female epileptic at the Salpêtrière, who, in one of her nocturnal fits, gets up from bed, goes to the kitchen to look for a knife, and returns to try to mutilate her husband, who was lying in bed with her, and who had to struggle desperately and to call for assistance to save him from such terrible assault?

We could yet present an endless list of classical cases to demonstrate how carelessly rather than falsely those not practically acquainted with the distinctive psychical phenomena of the epileptic neurosis, by looking at them in an isolated detached manner, attribute to every symptomatic mental episode of the disease a significance which it has not. Dr. Clouston, whose eminently practical sound teaching on mental disorders is universally acknowledged, pointedly reports about an epileptic, that: "On no less than two occasions did the attendant find that, while in the irritable state, he had stolen another person's stocking; had, when he was out walking, put a stone in the toe of the stocking, and twisted up the leg of it, and made an instrument with which, on one occasion, he stood ready to fell an attendant, and on another occasion had intended to fell myself, and that he carried about this stocking at the one time for several days; at the other, I have reason to suppose, for at least a week. After he came to himself, and the epileptic irritability passed away, he brought out the stocking, and told the attendant and myself. Now, if that man had committed murder, most unquestionably it would have been a planned and premeditated murder, as much as if he had been no epileptic at all, and yet the whole thing was owing to the epilepsy, and of course he could not be held responsible." †

There was at the Asylum a German sailor, who became epileptic upon a fracture of the skull. His fits were always attended by the fiercest paroxysms of furor we have ever witnessed, and preceded by a stage of sullenness and unpro-

† "Journal of Mental Science," April, 1877, Vol. xxiii, p. 142.

* Baillarger, "Archives Cliniques des Maladies Mentales et Nerveuses," Tome i, p. 222.

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voked aggression. One afternoon this patient, during one of his maniacal fits, induced another demented and very mischievous epileptic to join him in a sly assault against one of the keepers, but both were immediately overpowered and secured, without their premeditated violent attempt having the dreadful results of this similar remarkable case related by Legrand du Saulle. *

"The 28th of January, 1868, in the afternoon, the soldier K— was committed, as a lunatic, to the Asylum at Marseilles. He was an epileptic, but unknown to be so in his regiment, and on admission suddenly declared that he would not work, threatening the keeper with his fist. On this account, he had to be transferred to the division for agitated patients, where he met with another epileptic, B—, relatively quiet, and without the strait-jacket. K—and B—confided to each other their respective griefs, and decided to revolt against any who should attempt to restrain them. Thereupon, each pulled out an iron bar from the window, and armed with it, started knocking down first one of the keepers, and then a second who came to his companion's help, fiercely crushing the skull of their cadavers. They then directed their steps towards the entrance of the Asylum, brandishing their iron bars, but finding the doors closed, they returned to search the pockets of the keepers for the keys, and with them passed out into an adjoining division, where they were at last disarmed, overpowered, and secured with the greatest danger to the officers of the Asylum."

Shortly after this horrible scene, K— declared himself very unhappy, cried desperately, pretended that he felt annoyed, that he suffered from stomach-ache, and wanted to see his mother; then he became again furious, uttering threats of death, and trying to assault the keepers who brought him his meals. He told the presiding magistrate and the *Juge d'Instruction* that he had seen flames before his eyes, that he heard voices speaking of murder, that he thought they were to kill him, that the keepers were truly dead, and that they would not resuscitate, as he saw their brains spattered on the floor. He did not exhibit the least regret or remorse.

As to B— he ran into a state of great prostration; he remembered receiving the iron bar from K—, but did not recollect what had happened afterwards, and learnt with the coolest indifference the cruel death of the attendants.

Dr. Yellowlees, while the relation of epilepsy to criminal responsibility was under discussion at the Medico-Psychological Association in February, 1877, remarked, in reference to a distinction made by Dr. Batty Tuke between epileptics and epileptic lunatics, and between the acts of violence done by the

* *Op. cit.*, p. 78.

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one and by the other: "I am not disposed to make that distinction so marked as he does. I think that any act of violence committed by an epileptic would be very much the same as an act of violence committed by an epileptic lunatic. I do not see that you can differentiate the two violences. If a man has epilepsy, a tendency to violence is one of the normal manifestations of the disease, whether he has shown former insanity or not. Dr. Tuke makes a remark which is generally true, that deliberation is not characteristic of epileptic violence. I do not know that he is justified in saying 'never.' As a rule, certainly, what he said is true, that epileptic violences are abrupt, sudden, reckless, and not planned; but I am not sure that an epileptic is never a scoundrel, and that he cannot plan mischief and carry it out just as others do."*

These remarks are very correct, except in saying that, *as a rule,* epileptic violences are abrupt, sudden, reckless, and not planned; for, as we have already demonstrated, there is a large proportion of cases in which deliberation and planning distinctly precede the outburst of epileptic violence. We cannot understand why such an absolute and inaccurate idea should be propounded, with so many facts to the contrary staring us in the face; to the overlooking of which facts, errors in diagnosis, and the unsatisfactory way in which medico-legal questions on epilepsy are dealt with, are most frequently due. Let the records of ordinary epilepsy or of epileptic insanity—for unquestionably, as Yellowlees truthfully asserts, there is no difference whatever in the impulsive explosions to which both aspects of the disease might give rise—let all these records, we repeat it, be attentively analyzed, and we shall be at once struck with the motive, the premeditation, and the planning disclosed in a large number of them; and, on carrying the inquiry into the frequent instances of *petit mal* in which the automatic impulsive act may be of no great consequence, without definite duration or form, or suddenly becoming abortive in its incomplete explosion, and springing from some real or delusional feeling or thought, we shall be convinced of the improper light under which the psychical derangements of epilepsy have been regarded in reference to the important point under consideration. Nothing illustrates better the manifestation of our latent animal instincts in the more or less purposive execution of the automatic acts related to the epileptic fits than a case described by Gowers, of a lad of sixteen, who, after failing in one of his fits, "in an attempt to bite an attendant's hand,

* "Journal of Mental Science," April, 1877, Vol. xxiii, p. 141.

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seized the corner of his pillow between his teeth, and throwing his head back, shook the pillow just as a dog shakes a rat, or as the lion shook Livingstone."*

Lasègue† is the only author, so far as we know, who has openly recognised the important bearing of the facts here maintained, for he declares that "the suddenness of the epileptic outbursts, less absolute than generally believed, does not exhibit the same degree of hesitancy nor the striking delay observed in the execution of insane acts from conscious impulses."‡ These impulses are the offspring of uncontrollable transient explosions, determined in their inception by the idea that hangs to the obsession, or again by a dread of committing the act suggested by the sensorial derangement. The act, as such, assumes somewhere and somehow, even in its most sudden instantaneous forms, a premeditated or planned aspect, which answers to its mode of successive elaboration, and leads most always to an unaccountable misdeed. Once the act is accomplished, the paroxysm, when not of an epileptic kind, ends ordinarily in a quick, sudden way, the patient regaining his natural intellectual activity, with a sufficient control and clearness to devise the means of evading the legal consequences of his culpable conduct. In one word, the distinction between the two kinds of sudden impulsive outbursts, so much alike at first glance, is, as pointed out by Lasègue, that while unconsciousness stands prominently as the characteristic distinctive of any act of violence perpetrated during the manifestations of the epileptic neurosis, consciousness is, on the contrary, never lost in fits of sudden impulsive insanity, which, though uncontrollable, scarcely ever show the overwhelming fascination of the epileptic fit, the patient being capable of recollecting the paroxysm in all its details, and quite as conscious of the impulse as of its coherent consecutive acts. In either instance, and this is of the utmost importance, and is generally overlooked, the original source of the transient fit is a morbid conception, whether impressed upon the sensorial regions of the brain by a precursory real emotion, or outer imitation, as in the two first of our cases and in those of the convict at Nimes, and of Rœgiers, &c., or by some subjective inner feeling, the offshoot from a delusional groundwork that brings forth the excitation of sensory motor processes concerned in the insane abrupt act

* "Epilepsy and other Chronic Convulsive Diseases." London, 1881, p. 140.
† "Du Délire par Accés, Extrait des Archives Générales de Médecine," Janvier," 1875.
‡ *Loco. cit.*, p. 17.

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automatically accomplished and elaborated in both cases in a coherent, logical manner, which necessarily involves a more or less considerable degree of deliberation. Let us notice, however, that, Lasègue, in setting forth the exact diagnostic distinction between the two insane fits of violence here considered, in open contradiction with his own assertions, cursorily remarks that, "the epileptic strikes without motive; he kills for the sake of killing, and does not seem to have been even mastered by the thought of doing mischief;"* this is indeed an unqualified declaration we are at a loss to reconcile with the preceding accurate and sagacious observations of the eminent French alienist. Finally, even in somnambulism, as shown by Krafft Ebing, we may find that the unconscious state does not exclude premeditation in some of the acts of violence accomplished during such psychical condition.†

The foregoing are not exaggerated speculations, but the only legitimate conclusions to which we are led by an unbiassed synthetic study of the psychical symptoms of epilepsy. It is true that we cannot disclose in every instance the hidden source of the reflex sudden explosion; but this should never be a reason to disregard so completely their involuntary nature, nor to look upon the morbid irritability of epileptics as no plea of excuse for the reckless acts to which it might give rise. This question has nothing to do with sentiment; the psychologist taking his stand on material facts, which he can grasp, is capable of appreciating the conditions that underlie the functional disturbances of the cerebral centres, and of estimating the influence of every agency that comes into play in the complex processes involved in the evolution of those several actions which constitute the substratum of our mental existence, *i.e.*, in our consciousness arising from every sensorial impression on the brain, and intimately linked with volition, as it is potentially affected by every change in the exceedingly complicated and delicate functioning of the whole nervous system. We cannot get outside of these material facts, and by dissociating them, and taking strict account of every positive and negative physical element correlative with every defect or loss of consciousness, we may, without fear of upsetting old popular prejudices, demonstrate to every practical mind that, whether over-increased or lost, the functional activity of the sensori-motor cerebral arrangements in epilepsy is brought into operation by

* *Op. cit.*, p. 15.

† "Recherches sur la Folie Passagère," Trans. by Dr Doumic, in "Annales Médico-Psychologiques." Paris, 1870, 3e, série, Tome iii, p. 218.

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ordinary influences and processes which cease to be healthy, because they become uncontrolled, or completely lost, upon exhaustion of some or the whole of the said arrangements consequent on the epileptic discharge. Whereas, any epileptic who by reason of his mental infirmity is prevented from controlling his own conduct, is not responsible for what he does, nor could he be considered with proper capacity to judge that the act which he proposes to do is wrong; such being essentially, (as justly laid down by Mr. Justice Stephen) the only true criteria of criminal responsibility. Beyond this clear point, it will be idle to engage ourselves in further disquisition, not within the scope of this paper.

But why should we attempt to make the old garment cover the new fact, and why disregard the fact that the highly unstable state of the nervous arrangements renders them useless for normal functioning, as Hughlings Jackson teaches us; or, putting it in the forcible terms expressed by Delasiauve when discussing the case of the young student at the seminary of Hix, who stabbed another student while asleep, and who had two convulsive fits of a suspicious nature during the very year of the homicidal attempt, which he premeditated for ten or twelve hours—"It is certain," goes on to say the eminent French author, "that on passing by an epileptic we elbow one who might be an assassin, and that epilepsy, through the fancies more or less delusional that it originates, furnishes a considerable share of the crimes reported by the daily press and ascribed to mental alienation."*

It is precisely by studying the silent manner in which the irritability of the nervous centres induces the characteristic outbursts of the disease, that we can come to a correct appreciation of its singular psychological aspects, and to understand from clinical observation the inhibitory phenomena that take place in the highest centres from modifications in the energy to increase and to control their resistance, which underlie the unconscious automatic acts that may precede or follow the fit, when not by themselves constituting the whole conspicuous signs of the psychical manifestation of the epileptic disease.

The chief difficulty in the study of epilepsy is to arrive at the diagnosis of the so-called slight fits, which are often so imperceptible in their outward physical symptoms, that the attack may possibly pass unnoticed even to those who might be looking at the epileptic. These slight fits, again, are commonly

* "Journal de Médecine Mentale," Tome ix, p. 245.

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overlooked, because they are reduced, on frequent occasions, to sudden outbursts of ill-temper, or of violent irritability, in individuals who look otherwise in fair health. No doubt that, if instead of simply becoming irritable and quarrelsome in these fits of *petit mal*, the epileptic were seized with wild maniacal excitement along with those symptoms, the case would then be considered as carrying in itself the requisite sign to render the irresponsible nature of any unlawful act originating from such epileptic seizure obvious. But, how could we, on the other hand, detect the arbitrary distinctive pathogenetic elements between the two kinds of cases? where would be the proof that in the first the patient suffers from a different disease, or from no cerebral disease, and is besides possessed of the self-control, lost in the second case, to overcome the outburst of ill-temper or violence, which stands as the unmasked exponent of the paroxysmal discharge in some part of the brain, *i.e.*, the fit of *petit mal*, whose consequences may nevertheless prove worst to the mind, for it is acknowledged that the amount of outward spasmodic manifestation is not in relation to the real gravity of the epileptic fit. These recognised facts suffice to demonstrate why it should be unjustifiable to reject as a plea of excuse for wrong-doing the irascibility of epilepsy, which is altogether distinct in every respect from that caused by gout, or the peevishness characteristic of one stage and form of phthisis, and that which accompanies certain of the physiological processes and changes in life, for none of them exhibits the unconsciousness that comes attached, in more or less degree, to the psychical disorders produced by epilepsy.

To dispose of this matter we could not better express our opinion than by repeating with Falret—"We cannot, indeed, according to our idea, deprive a whole class of persons, whose disease has already entailed upon them so many misfortunes, of the exercise of their civil rights, and this, when experience has shown that, notwithstanding changes of character and temporary weakness of mind, these persons may enjoy in the interparoxysmal periods long intervals of reason. We think, therefore that, generally speaking, in a doubtful case, one ought to incline the scale in favour of validity of action whenever the point is discussed in civil cases, whereas it should be inclined in favour of irresponsibility in criminal cases."*

We now come to the close of our remarks on the subject of epileptic violence, which has been specially analysed by few

* "De l'Etat Mental des Epileptiques." Paris, 1861, p. 85.

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physicians, and by none, so far as we are aware, in the light in which we have presented it. The matter affords a wide field for speculations, as generally all inquiries are directed to the nature of the act of violence itself, not looking beneath it right down into its cause, for which reason little attention is bestowed either upon the prominent immediate relations between the sudden outburst and the unappreciated psychical state of the epileptic which occasioned it, or on the amount of mental defect or unconsciousness as related to the perverted feelings which originate the fit with all its inevitable sequels. We have endeavoured to avoid such oversights in our inquiries, and we believe that sufficient proofs have been adduced, gathered from the clinical records of classical authors, and from those of our long careful study of epilepsy, to warrant the following conclusions:—

There is no essential difference between the automatic sudden impulses which occur after an ordinary fit of epilepsy and those committed by an epileptic lunatic during a frantic paroxysm. In either case the psychical condition that underlies the act is the same; in both instances the violence is automatic.

Sudden impulsive acts related to the psychical manifestations of epilepsy very often evince in their automatic execution a coherent planned purpose, and a deliberation which can be disclosed even in the co-ordinate intellectual operations during the development of the fit, and in those instances that might, at first glance, appear motiveless; while the outburst or unconscious violence is again by no means so abrupt and instantaneous to render, as hitherto generally thought, deliberation impossible.

The irascible outbursts of epileptics are frequently the psychical exponent of unobserved fits of *petit mal*, that may easily culminate in criminal catastrophes, and, therefore, present a clinical and medico-legal value of the utmost importance.

Epileptics cannot be held responsible for any act of violence perpetrated during their unconscious automatism, which they have no power to control, nor capacity to judge.

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