grade; but they are all highly nervous, and require very careful training by teachers before they make very much progress.

Dr. MICKLE.—Dr. Beadles' statistics as to the frequency of insanity amongst the Jews are in accordance with those we already possess on the subject. Certain observers throughout Russia took a very accurate census years ago, and showed that although the Jews as a race suffered very much more from insanity and from nervous diseases than the other inhabitants, they had a much less percentage of general paralysis. That is in curious contrast with the very large percentage of general paralysis which appears to have occurred at Colney Hatch among the Jews drawn from London and the immediate environs. With regard to the large percentage of recoveries in Jewish patients, that may be easily accounted for. The moment a patient is better the relations desire his discharge, and there is a temptation to enter him as recovered. It is an absolute necessity among people who are highly neurotic that there should be a very large percentage of what may be summed together as periodical insanities, yielding returns of repeated recoveries. That accounts for the large recovery rate amongst the Jews, who are essentially marked by hereditary mental degeneration. Owing to the defective condition of the literature of the subject, I have only come to recognise these facts by being able to follow the cases during many years.

Dr. A. E. MACDONALD (New York).—Our experience in America is very much that which has been detailed. Our hospitals are largely occupied by Jews, and we can corroborate what has been stated by the reader of the paper as being in accordance with our own observations.

The PRESIDENT.—My experience at Darenth generally agrees with that of Dr. Shuttleworth, as there was a very small number of Jewish children there. But my more recent hospital experience has convinced me that nervous diseases, especially epilepsy, are very common among them. I have also seen a good many Polish Jews, who work in close rooms as tailors in London, and who suffer from neurasthenia or early stages of melancholia.

Alcoholic Homicide. By W. C. SULLIVAN, M.D., Deputy Medical Officer, H.M. Prison, Pentonville.

THE subject of alcoholic homicide has been so often and so ably treated in this and kindred societies, so fully discussed in the literature of mental pathology, that some explanation seems due from anyone who again invites your attention to this hackneyed theme.

In mitigation of censure I cannot allege that in the facts which I desire to bring before you there is any saving quality of freshness. I can but plead that as long as opinions on any question remain uncertain, and reflect their uncertainty in vague and arbitrary practice, a useful function may be served by bringing the old facts and the old arguments to the test of renewed debate. The problem of alcoholic homicide is in that position to-day, and thereby it holds a perpetual title to discussion. With that explanation I submit to you my paper;

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and if it succeeds, as I trust it will, in eliciting the matured views of those leaders in our specialty present at this meeting, my purpose will be attained and my presumption will be justified.

The standpoint of this inquiry is essentially clinical. It is based on a series of eighty observations, comprising thirty-six cases of homicide and forty-four cases of grave homicidal attempts, in which the criminal act could in some considerable measure be assigned to the influence of alcoholism. From the study of these observations it is proposed to sketch in outline the clinical type of alcoholic homicide, and further to trace through the characters of that type the connection between the intoxication and the act. To this end a detailed analysis of our figures would profit us little, for too many disturbing factors enter into the mechanism of homicide to admit of our bringing a mass of observations to such common denominators as a purely statistical method would demand. The occasional application of that method to the points where its use may be legitimate will be better made in the course of our discussion.

Now what are the characteristics of the homicide of alcoholism? To bring ourselves at once in contact with the actual we may take a concrete case, in which these characteristics are fairly exemplified.

Obs. 1.—K—, æt. 28, a sailor. Father mentally unstable, suffered from fits (of uncertain nature); paternal uncle died insane. Patient himself said to have had sunstroke. When sober appeared of normal feeling and intelligence; when intoxicated was violent. Drinking for about ten years at intervals determined by his occupation; convicted three times as drunk and disorderly, the first occasion six years before his crime.

On the evening of the eleventh day of a severe drinking bout was seen to go home with his wife, being apparently on boisterously affectionate terms with her. During the night killed her by cutting her throat with a razor as she lay in bed, and made an almost successful attempt to commit suicide with the same weapon. Professed to have no memory of the act, and could not at any subsequent time suggest a motive for it. While under treatment for his self-inflicted wound suffered from severe alcoholic symptoms, nervous and digestive.

This case is a good example of the automatic type of alcoholic homicide. As in the corresponding form of alcoholic

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suicide, there is an entire absence of apparent motive; the act is committed in a state of acute intoxication by a drunkard of some standing; no trace is left in the agent's memory; and finally, to show the identity in nature and origin of the two impulses, the murder is followed by a suicidal attempt. It is in the automatic form that alcoholic suicide finds its extreme and purest type; so is it with alcoholic homicide. Without violence to the facts, it would be easy to arrange our observations in such serial order as to show how by the gradual attenuation of its salient characters our typical instance could be brought into connection with all the clinical varieties of this form of alcoholic crime. Considerations of time and space, however, demand a less lengthy procedure; it must suffice, therefore, to illustrate this relation by indicating briefly the grading of tone in a few of the more essential characters of our type.

Let us first take the question of stimulus from the environment—the influence whose varying degree marks in a certain measure the connection of alcoholic homicide with homicide by the relatively normal non-intoxicated criminal. In our typical observation stimulus from without seemed entirely absent. From instances of this kind up to cases where the provocation is so nearly adequate that the act is hardly abnormal, one might form a chain of cases differing in the degree of apparent importance and relevancy of the extrinsic cause. In one observation, for instance, the alleged and only apparent motive for a homicidal attempt was the fact that the victim had neglected to prepare a meal with sufficient expedition: in numerous cases the plea in palliation of wife-murder was nothing more plausible than the woman's addiction to "nagging." At the other end of the series we should find a few instances where the alcoholic murderer was genuinely aggrieved by pecuniary injustice or marital infidelity, and where presumably the *rôle* of the intoxication in determining the act was relatively less significant.

In connection with this point of extrinsic stimulus we have also to bear in mind a consideration which, as we shall see later, is vitally important in the whole question of alcoholic action, viz. what may be termed the psycho-motor excitability of the alcoholic. As is well known, the motor tendency of the image is in certain phases of intoxication considerably exalted, and whether it comes as a suggestion from without, or is due to the

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influence of the earlier upon the successive stages of an act, it acquires a force out of proportion not only to the initial stimulus, but also to the primary emotional erythism of the subject. The second mode of agency—the influence of the earlier on the later stages of the act—would account for the transition often observable from the trivial inception to the ultimate excessive violence of aggression, and would also explain that exaggeration of fury which so frequently characterises the homicide of the alcoholic. Cases of external suggestion are less common, or at least less obvious. The following observation may perhaps be regarded as an instance of this influence, though the absence of corroborative evidence, and, assuming his veracity, the blurred condition of the culprit's memory, leave the point in doubt.

Obs. 2.—P—, æt. 31. No fixed occupation. Mother died of a "fit;" said to have been demented for some time before her death. A cousin on the maternal side idiotic; another committed suicide. A brother suffered from convulsions in childhood.

Prisoner was always idle and unstable; lost several engagements through drunkenness; drinking for over ten years before crime; was once convicted summarily for drunkenness. Had had rheumatic fever and syphilis, and suffered from mitral disease.

Three days before the crime, prisoner took a room in a brothel, and went on a steady drinking bout with one of the girls of the house. On the day of the crime, in the afternoon, he went out with this girl; having had some drink in a tavern they entered a cab, directing the driver to take them back to the brothel. On arriving there P— got out of the cab, and told the driver that he had killed the girl, that she had asked him to do so. She was stabbed to the heart with a penknife. P— could give no further account of the affair: the woman told him to stab her, and he obeyed, as one might in a dream.

A clearer instance of the same agency is given in a case recorded by Prosper Despine, where one of four drunkards, who were carousing together, suggested the hanging of the most intoxicated of the party—a suggestion promptly carried out, with results which only failed of being fatal through the accident of outside intervention.

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Let us now turn our attention to the state of consciousness at the moment of the crime. In our first cited observation there was, after the event, an absolute blank in the perpetrator's mind: next to instances of this sort are cases where memory is more or less blurred, where the act is vaguely remembered though not its motive, or where there is an apparent recollection of intent and motive but a total amnesia of the actual occurrence. Finally we reach those cases where the agent's consciousness is entirely lucid, and presents no break in continuity between the phases coincident with the act and the phases considerably anterior to it.

Closely bound up with this point is the question of so-called "motive," taking that word in its narrower popular sense. Considering, for simplicity's sake, only cases of purely alcoholic origin, *i. e.* those in which the part of environmental influence is trivial, we find the fact of motive apparently clear in most conscious homicides. The alcoholic who has a more or less definite delusion of his wife's infidelity, and who murders her in a condition of fairly lucid consciousness, explains his act as the result of his belief. But another drunkard, who has not developed such delusions, may do a precisely similar act in an automatic phase, and will be quite at a loss to assign a motive for it. Now in cases of this latter sort it sometimes happens that though the alcoholic acted automatically, and though he had no delusion before or soon after his crime, he develops later ideas which, had he entertained them at the moment of his act, would have been held to constitute his motive. For instance, in two cases of our series the prisoners, who had committed their offences in a state of obscured consciousness manifested some time subsequent to their incarceration, ideas, in one case of poisoning, in the other of marital infidelity, whereby in a confused fashion they retrospectively justified their actions. Facts of this nature are very significant of the real relation of the alcoholism to the act.

In determining the condition of consciousness which accompanies the act, the chronicity of the intoxication would appear to be a factor of special importance: this is so at least to the extent that, while in all cases the homicidal tendency implies a certain chronicity in the poisoning, this degree is notably more considerable in conscious deliberate homicide; the converse does not hold true, for even in very late stages

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of the intoxication we may encounter automatic homicide. For instance, in one of our cases the murderer, who committed his crime in a state of automatism, was over eighty years of age, and his drinking habits dated from early manhood.

We have said that in all cases a certain chronicity of intoxication is requisite. This is conspicuously evident in regard of individuals who were primarily of relatively normal organisation. In such subjects the development of homicidal impulses is invariably related to an advanced stage of alcoholism. But the rule needs qualification in the case of individuals in whom there exists initially some degree of mental instability, hereditary or acquired. There may then be a very precocious development of impulsive automatism. In one or two instances, indeed, in our series the appearance of this condition was so very early in the alcoholic career that the *rôle* of the intoxication was largely overshadowed by that of the primary mental disorder. Cases of this kind form the transition to insane homicide independent of alcoholism.

Another feature of alcoholic homicide which we have indicated is its association with suicidal impulse. This character is closely connected with the factor of environmental stimulus. That is to say, in cases where the homicidal act is in any important degree determined by influences from the environment, there is far less likelihood of an accompanying suicidal tendency than there is in cases where the aggressive impulse is of mainly intrinsic origin. This consideration applies both to cases where the external stimulus is of a kind naturally to provoke the emotion of anger, and to cases where, as in Despine's observation and in our own Obs. No. 2, there is merely a direct suggestion of the act, initially at least without angry emotion. Where, on the other hand, the environmental factor is insignificant, the coincidence of suicidal impulse is frequent. In our series the association of the impulses was noted in fifteen instances, all being cases where the extrinsic influences were slight or apparently absent. In automatic cases the impulse to suicide is evidenced by an actual attempt; in conscious and deliberate cases either by an attempt or by elaborate preparations, as in the following observation.

Obs. 3.—L—, æt. 46. No occupation; well educated and

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of independent means. A brother, weak-minded epileptic; nothing else notable in the family history.

L— drunkard from about the age of twenty. Owing to his suspicion and threats his wife was obliged to leave him, and arrangements were made for the payment to her of a separate allowance. L— continued drinking, and after a time professed to be dissatisfied with the financial conditions of the separation. An interview was appointed at the office of the wife's solicitor; L— arrived with a revolver, locked the door, and shot at his wife and the solicitor. It was found that before repairing to the interview L— had visited an undertaker, and had made detailed arrangements for his own funeral.

The remaining points in alcoholic suicide, which are somewhat characteristic, concern the special expression of the impulse—the victim against whom it is directed, and the weapon by which it is executed. With regard to the former we may note that in the large majority of cases the victim is the wife or mistress of the murderer. This sexual relationship existed in twenty-four out of the thirty-six actual homicides in our series.

Consonant with the impulsive nature of the crime, the weapons employed were generally articles of domestic use, or tools customary in the murderer's ordinary avocations.

We have completed our clinical sketch of alcoholic homicide: it remains to discuss the interpretation of the facts which we have observed, to investigate the mechanism lying behind them.

This portion of our inquiry I would preface by a quotation from the master analyst of the unconscious in mind.

"Every internal organ of the body," says Dr. Maudsley, "has independently of its indirect action upon the nervous system through changes in the composition of the blood, a specific action upon the brain through its intercommunicating nerve-fibres, the conscious result whereof is a certain modification of the mood or tone of mind. . . . . These organic effects of the physiological consensus of organs determine at bottom the play of the affective nature; its tone is the harmonic or discordant outcome of their complex interactions; the strength of the force which we develop as will and the emotional colour in which we see life have their foundation in them."

Now in the chronic intoxication by alcohol there is disorder

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of function throughout the economy; the organic sensations which are the core of the affective personality are altered in character; and there results a depressed emotional tone, which becomes more dominant as the higher cerebral functions dwindle, more stable as the visceral conditions from which it arises grow more fixed.

The clinical study of chronic alcoholism yields us this result; and, did our inquiry envisage any other of the chronic intoxications, its lesson would have been the same. Everywhere we should find that cerebral enfeeblement accompanied by general visceral disorder has as its psychic expression dementia with negative emotional tone, manifest in disorder of feeling, thought, and will.

Let me so far trespass on your patience as to recall briefly a few of these other varieties of the toxic temperament. In chronic lead-poisoning dementia and depression are the basis of the mental state: Tanquerel des Planches notes the extreme irritability of saturnine patients, the ease with which slight provocation inflames them to maniacal frenzy; their melancholic attacks with destructive and suicidal impulses, visual hallucinations, and following amnesia are exact counterparts of the delirium of alcohol. In chronic ptyalism the clinical picture is the same: summing up its action, Kussmaul says that mercury "invariably depresses the emotional tone, and renders the patient sad; it excites painful visual hallucinations, and sometimes leads to a true *raptus melancholicus*." In pellagrous poisoning the same symptoms are met with: Dr. Sorbets has emphasised the disposition to suicidal and homicidal acts which accompanies the dementia in the advanced stages of the disease; Roussel has pointed out the special character of the suicide of the pellagrous, its appearance of half-unconscious execution in a state of "torpeur intellectuelle." In the intoxication by bisulphide of carbon, again, there is the same evolution of dementia with apathy and depression; Delpech, in even the small series of cases which he has recorded, cites one instance of suicide and one of homicidal violence in subjects suffering from this poisoning in its chronic form.

Thus in all these intoxications we find an identity of organic disorder involving a corresponding identity of mental disorder. Chronic alcoholism is only a special instance of this relation, though of course deriving from the accident of its enormously

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preponderant prevalence a practical significance that cannot attach to the rarer poisons.

And as the dementia and depression which are the essential psychic results of this general visceral disorder are common to all these intoxications, so of necessity are also their expressions in action. In all of them we note the impulse to suicide, and to suicide under similar appearances; and in all we find the allied impulse to violence, to homicide.

The visceral disorders produced by the chronic intoxication involve, therefore, a special proneness to the development of those reflexes which underlie the emotion of anger. In lesser degree this undue readiness of reaction is shown in response to real environmental stimuli, and seems morbid only because it is disproportionate to its provoking cause. In more markedly toxic cases, where the organic factor is of greater potency, extrinsic stimulus may be insignificant, or may appear entirely absent. These are the observations which show in least equivocal form the relationship of the intoxication to the act. For clearness' sake we shall limit our view to cases of this nature, and amongst these to cases where initially the subjects were of relatively normal brain.

We start from the typically automatic homicide, where the crime is committed in a state of actual drunkenness, and the agent remembers nothing about it. Here the visceral disorders, transitory or permanent, which chronic intoxication has wrought in the drunkard have laid the foundation of a new affective nature, a new temperament prone to impulses of aggression. But this nascent temperament is still under the control of the higher centres; before it can dictate action without appeal it needs that these higher centres be paralysed by the added acute intoxication. Later on the disordered organic stimuli become more articulate, the memory of the act is clearer, though its motive be still obscure to the agent; it will be that a "something," he knows not what, "came over him." In a further stage an obscure motive may appear, some suspicion, perhaps, which in sober moments is, professedly at least, abandoned. And later still we come to those cases where the act is deferred until the vague organic intimations have been formulated in a definite delusion, crystallised in shapes determined by the antecedents of the individual, by the circumstances of the immediate environment, and perhaps, too,

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by some obscurely specific character in the visceral sensations, as when the dyspeptic drunkard suspects poison in his food, or the impotent drunkard distrusts the honour of his wife.

In cases of this kind the translation of morbid feeling into morbid thought is completed before the occurrence of the homicidal act, and thus the illusion is given that the delirious idea is the cause of the impulse. The true origin of the impulse, its immediate dependence on the disorder of cœnæsthesia is consequently better seen in the earlier automatic cases, and best of all, perhaps, in these instances to which we have referred, where, subsequent to the automatic execution of the crime, a continuance of the morbid travail which generated the impulse evolves a delirious idea of corresponding content. Thus in relation to the impulse the disorder of thought is of very secondary importance; it may never occur, or it may only appear long after the impulse. Its real significance is that it denotes a more profound disorganisation of the normal *ego*, a later period in the growth of the pathological temperament.

Beyond the delusion there is one more stage in the morbid process to mark the complete ascendency of the affective disorder in the mental life; governing action and governing thought it may at last extend its command to the senses of external reference, and evoke the relevant hallucination to justify its impulse, and to confirm its delusion. No observation in our series will so well illustrate this evolution as a case discussed some years ago in the JOURNAL from the medico-legal aspect by Dr. Savage, and more fully reported by Dr. Cassidy. I refer to the case of Baines, who was tried in 1886 for the murder of his wife. I may quote the facts in some detail, as they are a very epitome of the psychology of alcoholism.

Obs. 4.—David Baines, æt. 41, fish dealer. No definite evidence of hereditary taint; his long resistance to alcohol suggests a normally stable brain. His drinking habits dated back some twenty or twenty-five years, and within two or three years of his crime he had several attacks of delirium tremens; also, without actual delirium, he often suffered from hallucinations, tremors, and insomnia. Under the influence of drink he was wont of late to become extremely violent, and would manifest suspicions of his wife's fidelity; he would then

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accuse her, watch her movements, threaten, or even assault her; on two occasions when in this state he attempted to commit suicide. When sober he did not entertain, or at least did not express these ideas.

From June to Christmas day, the date of the murder, Baines drank very heavily. On Christmas Eve he had a violent quarrel with his wife; the wrangling lasted late into the night; Baines stayed up, walking about the house, talking to himself, and occasionally beating his head against the wall. Early on Christmas morning the woman went to a neighbour's house to ask the time. Baines, who had got possession of a knife and had sharpened it, followed her there and stabbed her fatally. Arrested immediately after he said: "It is all over last night's affair; I saw it with my own eyes; I did it deliberately over that." Thirty hours later he was hallucinated and delirious, his ideas referring to the murder of his wife and to his own bodily condition, "his inside was taken out, half of his penis was cut off."

Questioned subsequently regarding his crime, he stated that his wife, who constantly deceived him, brought a man to the house on Christmas Eve; he went to bed, leaving them together, and soon after, the door being partly open, he heard filthy conversation between them, and on looking out saw them having connection in the presence of the children. After this the woman and her paramour left the house separately. Baines slept for the rest of the night. Next morning, armed with a knife, he followed the woman to the neighbour's house; his intention was merely to frighten her, but at the last moment "something came over me, and I could not help doing it—I don't rightly know how it happened—I was not master of myself."

This remarkable case is an almost diagrammatic illustration of the genesis of alcoholic homicide. As the psychical counterpart of the organic disorders consequent on twenty years of intoxication, the affective personality is altered, the emotional tone is depressed; the suicidal impulses are immediate expressions of this morbid change; gradually the influence extends to ideation, and disorder of feeling evokes correspondent disorder of thought, taking the form of delusions of marital infidelity; these ideas and the disposition to react in the direction they indicate become more prominent with

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temporary aggravation of the alcoholism ; later on, exacerbation of morbid feeling calls up the visual hallucination of the wife's adultery, and the homicidal impulse issues in action. And as it were to give still more unequivocal indication of the essential condition underlying these various phases, we have in the subsequent hallucinatory attack, with its delusions of visceral and, most notably, of genital mutilation, a final emphasising of this *leit motif* of vitiated organic feeling.

With this case we may fitly close our review of alcoholic homicide. Everywhere we have found behind the divergencies of clinical appearance the same unity of organic causation. On the bodily side diffused visceral disorder reacting on an enfeebled brain, on the mental side an altered, a depressed, affective personality—that is the formula of the toxic temperament.

This temperament has as its immediate expression the destructive impulse—suicidal or homicidal,—which issues in action sometimes with and sometimes without a corresponding disorder of ideation. When such disorder does exist, its relation to the act is merely through dependence on a common cause in vitiated organic sensation. And in the case of the delusion this dependence is more remote ; it is, in a certain measure, an inference, presenting some analogy with the *ex post facto* explanations which epileptics and hypnotics sometimes offer of their automatic acts ; or, to invoke a larger fact, it may be compared with the normal tendency of our consciousness to assign to our actions "motives" which may differ widely from the real organic determinants of the will. Indeed, in the insane drunkard the commentary of consciousness on the motives of conduct is in some ways nearer to the truth, in that it at least draws its inspiration more directly from the same visceral source whence arose the impulse it would interpret ; its explanation is not merely reasoned from the occurrences of a less immediately relevant environment.

We rest, then, in the conclusion that in the phenomena which we have studied the fundamental factor is the disorder of organic sensation ; that disorder generates morbid action and morbid thought ; but action is the first-begotten, thought is a later and feebler offspring.

The excessive length of this paper will be my sufficient excuse for omitting the discussion of the practical aspect of

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the question,—the legal responsibility of the alcoholic. I confine myself, therefore, to simply indicating that the clinical facts of alcoholic homicide are an excellent illustration of the futility of standards of so-called responsibility which would professedly judge action solely by reference to the agent's consciousness.

DISCUSSION.

At the Annual Meeting of the Medico-Psycholygical Association, London, 1900.

Dr. CLOUSTON.—We have to face a great difficulty with regard to alcoholic homicide. A man commits murder when he is drunk, and the crime is thereby aggravated; he commits murder whilst labouring under alcoholic insanity, and is consequently held irresponsible. I have always thought that there was a close relationship between alcoholic homicide, mania, and convulsions. It is merely an accident that one man when drunk will stab his wife, another will have a short attack of mania, and another will have convulsions. The result is due merely to what particular organic system the toxic agent acts upon. I can recall three similar cases to those mentioned by Dr. Sullivan. There is no doubt whatever that there are some cases where alcoholic homicide may be put down to a reversion to the savage condition of our ancestry.

The Influence of Psychoses on Nervous Glycosurias. By DAVID BLAIR, M.A., M.D., County Asylum, Lancaster.

The rarity of glycosuria among the insane.—When one observes how frequently nervous influences can be regarded as predisposing factors in glycosuria, one naturally expects in communities of the insane to find the condition common. Yet I think the asylum medical officer who follows the routine habit of making a careful examination for sugar in the urine of every case with which he is entrusted, is rarely rewarded for his trouble. The frequency with which it does occur is differently stated by different individuals. But with one exception, the percentages of the insane who suffer from this dystrophy would appear to vary in different asylums from about five to two.

Apart from insanity, various circumstances influence the prevalence of the affection. It is far more common among the higher than the lower classes. Dr. Hale White found sugar in the urine of 4 per cent. of the inmates of Bethlem, but in only 2·6 per cent at the Surrey County Asylum.

The condition is much more commonly observed in men than in women. Kleen gives three males to one female, while

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