the rigidity be greater at the fingers than it is higher up the limb, then I should conclude that there was something more than melancholia. I entirely avoided discussing the question as to whether melancholia was a mere advance upon physiological melancholy. With regard to the movements of small joints in melancholia agitans, I think it quite agrees with the explanation which I have attempted to set forth, namely, that the finer movements are still at work, while the grosser movements are more or less paralysed and rigid. Rigidity is present in cases of melancholia agitans, for while the movements are going on in the fingers it will be noticed that there is sometimes a certain amount of rigidity in the movements of the shoulders and elbows. With regard to the constancy of the rigidity, as I have said before, in the very slight cases of melancholia it is extremely difficult to observe. I think if Dr. Mickle makes the observation in the same way that I have done he will find that rigidity almost constantly varies *co et par* with the severity of the melancholia.

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*Alcoholism and Suicidal Impulses.** By W. C. SULLIVAN, M.D., and Stewart Scholar, R.U.I., Deputy Medical Officer H.M. Prison, Liverpool.

THE important part played by alcoholism in the causation of suicide has been abundantly recognised by all observers of both these social phenomena; and so far as debate now touches the question, it is merely to deal with points of detail.

In the present slight contribution to one such detail of the subject I have endeavoured to show, by the analysis of a series of cases of alcoholism associated with suicidal tendencies, in what mode and under what special conditions the intoxication determines the development of these tendencies. For this purpose I have utilised, with the kind permission of my colleagues, the clinical records of 142 cases in which persons have been charged in the Liverpool police courts with attempting to commit suicide, and have been sent on remand to Walton prison, where they have been subject to medical observation. As the practice of so remanding prisoners charged with this offence is almost invariable, the figure named represents practically the total number of futile attempts at suicide in the city of Liverpool during the period of eighteen months covered by the records.

I shall first submit in detail the analysis of these cases, and subsequently discuss the inferences which they seem to suggest.

(*a*) *Proportion of cases due to alcoholism.*—Of the 142 cases, 64 (45·1 per cent.) were in males, 78 (54·9 per cent.) in

* Read at the General Meeting of the Medico-Psychological Association, February, 1898.

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females. Divided according to the influence of alcohol in their causation, they give this result:

	Males.	Females.	Total.
Non-alcoholic ...	10 (15·6 %)	... 22 (28·2 %)	... 32 (22·5 %)
Alcoholic	54 (84·4 %)	... 56 (71·8 %)	... 110 (77·5 %)

The proportion of non-alcoholic cases, if incorrect, errs on the side of excess, for I have reckoned in this category all those cases in which no positive evidences of the drink-habit were obtainable. In some of these cases an element of alcoholism was extremely probable, and even in the small number of instances where it could be definitely excluded in the individuals, it may have exercised an influence through the ancestry.* The two following observations are suggestive from this point of view.

(1) Female aged 21, domestic servant of good character, attempted suicide by poison; no distinct motive beyond momentary lack of work. Both parents in asylum, suffering from chronic alcoholic insanity.

(2) Female aged 19, hard-working girl of good character, attempted suicide by drowning; no cause assigned beyond depression, owing to quarrels between her parents. Father and mother confirmed drunkards.

(*b*) *Influence of alcohol in actual and in attempted suicides.*—We may probably regard 77·5 per cent. as a fairly correct estimate of the proportion of cases of attempted suicide to be attributed to alcoholism. Since we have no means of determining a corresponding local formula for the alcoholic influence in actual suicides, we are forced to fall back upon general estimates of the factors of suicidal ætiology. In different countries and with different observers these estimates show considerable variations. In England Mulhall† attributes to alcoholism about 12 per cent. of suicides; Brown puts the figure at 13·7 per cent. The statistics of Brierre de Boismont and of Lunier for France give somewhat similar results.‡ In extremely alcoholic countries the proportion is naturally higher; thus in Sweden, before the legislative restrictions of the drink traffic, the alcoholic contribution to suicide amounted (1851–5) to the enormous figure of 65·5 per cent.§

Even if we assume that the above-cited estimate of 12 per cent. for England is somewhat under the truth, there will

* Sollier, *Du Rôle de l'Hérédité dans l'Alcoolisme*, Paris, 1889.
† *Dict. of Statistics*, 1892.
‡ Quoted in Morselli, *Il Suicidio*, 1879.
§ Baer, *Der Alcoholismus*, 1878.

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yet remain a very marked contrast with our figures, suggesting that the proportion of cases due to alcoholism is considerably higher in the category of unsuccessful than in that of actual suicides. Such a result is not surprising, in view of the fact that nearly 80 per cent. of the attempts by alcoholics were made in a state of actual drunkenness, when the power of more elaborate co-ordination was to a large extent in abeyance, and where, moreover, the accompanying symptoms of the alcoholic condition would probably draw attention to the actions of the individual. Moreover in a certain number of cases reckoned at attempts at suicide the self-destructive impulse aborts, owing either to the development of a profounder degree of intoxication or to some sensory impression, real or hallucinatory, diverting the attention. In several of our cases this is clearly seen.

(3) Female aged 40, chronic alcoholic; father, brother, and two sisters also drunkards. Found asleep on the bank of the canal; recollected being very drunk and going to the canal to drown herself, because the idea "came over her;" could not assign any other motive.

(4) Female aged 48, notorious drunkard. Found at the dock with her boots off, talking to the water; was drunk, and could recall nothing of the incidents, but had expressed the intention of suicide. Probably prevented from following the impulse by some auditory hallucination referred to the water.

(5) Female aged 34, chronic drunkard; made an attempt on her life three months previous to present attempt. Went to the dock, took off her clothes, and put them into the water; was very drunk at the time; remembered having the idea of suicide, and going to the dock to drown herself; could not explain her subsequent conduct.

(*c*) *Frequency of suicidal attempts compared with assaults as results of alcoholism.*—If we assume, according to our observations, that 77·5 per cent. of cases of attempted suicide in this city are due to alcoholism, then of the 117 such cases recorded in Liverpool for the year 1896, 90 would be assigned to this cause.

In the same year 6146 persons were apprehended in a state of drunkenness, which in 712 cases was associated with violence against the person, thus giving a proportion of 7·91 cases of assault for 1 case of suicidal tendency; or, expressed in percentages of the number of drunken persons arrested, in 12·4 per cent. the intoxication was associated with acts of

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violence, in 1·4 per cent. with suicidal tendencies. It is to be noted that this proportion is arrived at by the analysis of statistics regarding drunkenness, and not alcoholism; in statistics dealing with alcoholism suicidal attempts reach a much higher proportion.*

(*d*) *Sexual incidence.*—Of the 110 cases of attempted suicide which were due to alcoholism, 49 per cent. occurred in men, 51 per cent. in women. This predominance of females is in striking contrast with the facts of sexual incidence observed in connection with actual suicides. Thus in Morselli's statistics the maximum proportion of women suicides in any series of years for England and Wales is 28·2 per cent., the maximum in any European country 28·8 per cent. Comparison with local statistics of actual suicides shows conformity with the general law; thus in 1896 the proportion of women amongst suicides was 33 per cent. The fact that this proportion is a little in excess of the average figures for the country doubtless depends in part on the local prevalence of the drink habit. As we have seen that alcoholism is the overwhelmingly predominant cause of futile attempts at suicide, it is not surprising to find that the analysis of the total number of attempted suicides in the last five years shows that 50 per cent. of the attempts were made by women, a sexual preponderance similar to that which we have observed in considering our alcoholic cases.†

(*e*) *Condition at the time of the attempt.*—Classified according to their alcoholic condition at the moment of the attempt, our 110 cases divide thus:

		Males.	Females.
Sober		16	7
Drunk	Memory retained	17	16
	Amnesia	21	33

According to these figures 79·1 per cent. of the attempts were made in a state of actual drunkenness. Our figures are too scanty to allow any other inferences; but it is interesting to observe the progression of the numbers, especially in the case of women, when classed as in this table, according to the three conditions of sobriety, drunkenness with and drunkenness without memory,—conditions which, in their relation to suicide, may possibly correspond with degrees of

* Serré, in observations on 1500 cases of alcoholic insanity at Ville Evrard Asylum, noted suicidal tendencies in 12·86 per cent., assaults in 14·46 per cent. (*Th. de Paris*, 1896).

† In the five years 1892–6 there were 548 such cases evenly divided between the sexes. I am indebted for these figures to the courtesy of the Head Constable of the City of Liverpool.

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chronicity in alcoholism. Of the 16 cases in which alcoholism in men determined suicidal tendencies without immediately antecedent excess, in 10 instances the suicidal attempt was associated with a state of subacute alcoholic insanity with its characteristic delusions and hallucinations. None of the 7 cases amongst women presented these symptoms.

(*f*) *Age.*—Classing our cases according to age, we get this result:

	Males.	Females.
15—25	10	15
25—35	22	20
35—45	12	12
45—55	9	6
Over 55	4	3

Thus the decade 25—35 shows a very decided maximum, more decided in the males than in the females, in whom the preceding decade is also well represented. In contrast with this result, the maximum period for male suicides in England (Morselli) is the decade 45—55, for females 35—45. The significance of this fact will be discussed later.

(*g*) *Chronicity of alcoholism.*—In a large majority of the cases the patients gave a history of alcoholic excess extending over a considerable period prior to the suicidal attempt; taking an average of their statements, the duration of this pre-suicidal stage would be from five to seven years; in only three cases was the alleged time less than one year, and in one of these cases outside evidence and the presence of well-marked symptoms proved the alcoholic habit to be one of old standing. I give a summary of the notes of the two other exceptional cases:

(6) Female aged 23, domestic servant. Attempted suicide by strangulation while drunk. No memory of the act. States that she began to drink six months ago, taking chiefly whisky. Denies hereditary taint; defective intelligence; facial asymmetry; internal strabismus. On admission suffering from acute gastritis with hæmatemesis; had visual hallucinations for a few nights. This patient made a precisely similar attempt seven months later.

(7) Female aged 18, domestic servant. Attempted suicide by throwing herself into the dock. No memory of the act committed immediately after she had taken a large quantity of raw spirit; no domestic or other troubles; states that she had never previously taken any alcoholic liquor. Intelligent, physically healthy; no evidence of alcoholism, no hereditary taint.

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I have not encountered any other case in which suicidal impulses have developed quite early in the alcoholic history under the immediate influence of an acute intoxication. This fact is the more curious seeing that cheap whiskey, rich in amylic alcohol, is the principal intoxicating agent in the population from which our cases are drawn.

Except in determining approximately the duration of the drinking habit, the testimony of the alcoholic, even when given in good faith, is practically valueless, and we are accordingly forced to rely upon another class of evidence, namely, the symptoms of chronic intoxication.

All our cases, with the single exception to which I have referred above, presented in marked degree a number of such symptoms, variously combined,—ovarian irritation, gastric catarrh, tremor, hallucinations of sight, nightmare, insomnia, cramps, and hyperæsthesia of the calf muscles, amblyopia, colour scotoma, cutaneous hyperæsthesia of the lower extremities.

With regard to the majority of these symptoms, their relation to alcoholism is sufficiently established to leave no doubt of their diagnostic value. A word of explanation is, however, required in reference to the ovarian irritation; by that is indicated a symptom similar to the "ovarie" in hysteria;* there is pain, spontaneous and on pressure, in the iliac region on one or both sides, with corresponding pain under the breasts, and on vaginal examination the ovaries may frequently be found enlarged and tender. This symptom is, no doubt, of common occurrence from other causes; but when it is encountered in the absence of hysteria, anæmia, and local disorders of the genital organs, when even to the observation of the patient its development and aggravation are influenced by her drinking habits, and when, above all, it disappears or decreases with abstinence from drink, we are fairly entitled to regard it as an effect of alcoholism, which we know to be in fact among the most potent causes of chronic ovaritis (Matthews Duncan). This symptom, which is present in most of our chronic drunkards, its severity corresponding with the chronicity of the poisoning, was found in nearly all the suicidal alcoholics whom I examined.

(*h*) *Heredity.*—The existence of insanity (certified) in immediate relatives was ascertained in four of the 54 males who enter into our statistics, and in three of the 56 females: these numbers are probably below the facts, as in the special

* Charcot, *Leçons sur les Mal. du Syst. Nerv.*, Paris, 1877.

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circumstances there would be an obvious interest in concealing an insane taint. Two of our male cases and three of our female cases were the subjects of epilepsy antecedent to their alcoholism.

Our cases were not all examined as to the existence of an alcoholic heredity; but, so far as the observations go, they show such a taint in at least one half. None of our cases were dipsomaniacs.

(*i*) *Previous attempts.*—In the cases of three males and six females previous suicidal attempts were recorded—in one case three such attempts, in another two. The interval of time between the attempts varied from twenty-one years to three months.

(*j*) *Mode of attempt.*—Classified according to the method employed to carry out the impulse, our cases give this result:

	Males.	Females.
Drowning	11	25
Poison	11	14
Hanging	6	4
Strangulation	3	7
Cut throat	21	5
Other means	2	1

These numbers are obviously too small to base any conclusions upon.

After this brief examination of our cases it remains to inquire how far the results obtained serve in any measure to explain the psychological process which issues in the suicidal impulse.

From this point of view, the fact of highest importance is the almost constant relation between the development of the impulse and the chronicity of the alcoholic poisoning.

In chronic alcoholism the special and constant psychical condition is a dementia, variable in degree according to the intensity of the poisoning and the antecedent level of mental development. But this dementia does not in the majority of instances present itself in the pure form, as a progressive diminution of the functional activity of the brain; it is coloured by a variety of symptoms of a more active kind in the intellectual and affective spheres.

In the production of these secondary symptoms a large part is to be referred to the extra-cerebral influences of the poison. Obviously lesions of the digestive and circulatory systems interfere in some measure with the nutrition of the brain, and in this manner reinforce the direct effect of

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alcohol upon that organ. But apart from this mode of action there is another, from the psychological point of view more important. The more or less generalised disorder of function, which alcohol tends to produce in the entire economy, has as its psychical counterpart a profound alteration of the "ego." In the cerebral representations of the body which form the basis of the personality, the vaguely felt pleasurable nerve currents of normal function are replaced by more or less defined sensations of strongly negative tone, expressive of disordered action. The influence of these visceral states upon thought and feeling becomes proportionally greater as the brain grows more enfeebled and the higher forms of mental life disappear.*

There is, of course, in this psychic change nothing peculiar to alcoholism: all the intoxications which cause diffused organic troubles at the same time that they degrade mental function have a similar tendency to produce melancholic alterations of the personality; in morphinomania,† in lead poisoning, in pellagra,‡ the typical psychic condition is one of depression.

It is, however, in alcoholism that the reaction of the somatic disorders on the emotional and ideational life is seen most clearly and most frequently. Extreme instances are furnished by cases of typical alcoholic insanities; it is enough to cite the delusions of poisoning associated with gastric troubles, the delusions of electrical persecutions associated with involuntary motor discharges, the delusions of recent muscular actions in the immobilised victims of multiple neuritis, &c.

In the earlier stages of alcoholism, when the mental change does not yet amount to actual insanity, the alteration of the personality is seen more on the affective side, in the suspicious, irritable, gloomy character which is distinctive of the chronic toper. At the root of this disposition lie the same organic troubles that in higher degree determine the delirious thoughts and acts of the alcoholic lunatic; the changed

* Cp. similar process in dreams determined by morbid organic sensations. Ribot, *Maladies de la Personnalité*, 1897, p. 27; Maury, *Le Sommeil et les Rêves*, 1862, p. 75.

† Ziehen, *Psychiatrie*, Berlin, 1894.

‡ It is interesting to note that this disease, in which, if the dominant lesions are nervous, they are yet extra-cerebral, is associated with strong suicidal tendencies. Morselli, *op. cit.*, p. 398, estimates that in the decade 1866–76, 30 per cent. of suicides from mental disease, or about 16·5 per cent. of all suicides in Italy, were due to pellagra.

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nature is the expression of general somatic disorder reflected in an enfeebled brain.

It is in this stage of the alcoholic evolution, with distinct physical signs of the intoxication, that we find the large majority of our would-be suicides; a bout of drunkenness removes the last traces of the higher restraining functions, the "ego" is reduced to the mass of sensations of negative tone, and the conditions for the development of the suicidal impulse are realised.

In a large proportion of cases, as we have seen, there is complete amnesia of the act, and even considerable difficulty on the part of the individual to understand how he came to entertain the suicidal idea. In other cases, though the memory of the act is vague, the suicide can recall a state of consciousness preceding the attempt, when he felt in an undefined manner that life was a weariness to him, or that some precise misfortune made existence insupportable. The misfortune which depressed feeling seizes upon in these cases is frequently remote, and even to the alcoholic's dull sense of proportion preposterously trivial: one individual, a chronic drunkard of eight years' standing, tried to hang himself because he had failed to sell five shillings' worth of race cards; another, a woman of fifteen years' alcoholism, attempted suicide because she was "low-spirited" owing to the death of her mother, which occurred several years previously, and the memory of which never preyed upon her unless she was drunk. These cases form a transition to the group where some external moral impression—a quarrel with a neighbour, a difficulty about money, &c.—determines the act in a state falling short of actual drunkenness; and last of all we reach the cases where the act occurs in the absence of all immediately antecedent excess, under the influence of the melancholia developed by the chronic intoxication.

Though the organic troubles determined by alcoholism in all these cases are generalised in character, and, indeed, owe to that fact a large part of their influence, yet it is natural to suppose that the mode and degree in which they react upon the psychic life may differ considerably in the case of different organs. As Maudsley observes, "it is conceivable that all the visceral organs have their several relations with modes of feeling, as definite and constant in character as the relations which the special senses have with modes of thought."*

* *Pathology of Mind*, 1895.

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We are not in a position to assign to the different viscera their relative degrees of action upon the psychic life. We know, however, that in the emotional sphere the generative functions exercise an influence, the importance of which it would be difficult to exaggerate. This fact—of familiar and universal recognition—touches very nearly our subject; for as the generative organs seem to have a peculiar susceptibility to alcoholic poisoning, it naturally suggests itself that disorder of their activities may be a large element in the negative emotional state in which the suicidal impulse takes its origin.

In the examination of our cases this idea finds support in several directions, and serves to explain some of the curious contrasts which we have noted between the general statistics of suicide, and our observations of the suicidal impulse in alcoholism. Thus the greater tendency of women alcoholics to suicide, contrary to the law of sexual incidence for suicides in general, is readily explained when we consider, on the one hand, the special liability of the ovaries to suffer in chronic drink poisoning; and, on the other hand, the predominant *rôle* of the generative function in women. The same influence of disordered sexual function would explain the marked contrast between our observations and the general statistics of suicide with regard to the period of life, showing the maximum development of the suicidal tendency. For our alcoholics of both sexes, as we have seen, that period is the decade twenty-five to thirty-five, while for the general mass of suicides it is a decade later in women, and two decades later in men. But this earlier age is precisely the period of intensest reproductive activity, when the sexual instinct exercises its greatest sway over the personality,—when, consequently, its disorder might be expected to react most potently upon the mental life. One further observation may be added in the same sense, though I have not yet examined a sufficient number of cases to justify my offering it as more than an impression. It is that the suicidal act very frequently coincides with or follows some process, physiological or morbid, which temporarily emphasises the sexual function. In several female alcoholics —I cannot yet give numerical expression to the proportion— the attempt was made during a menstrual period; in several others the suicidal tendency showed itself first at the menopause, which occurred, as is frequently the case in alcoholism, at a comparatively early age. In the male a corresponding mode of influence is less easy to determine; in some of our

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cases, however, the act may have been influenced by painful emotions associated with the recent development of impotence; in a few instances sexual excesses and acute venereal disease were noted. Lastly, as bearing closely upon the subject, may be cited the tendency to delusions and hallucinations of sexual content which characterises the alcoholic insanities in both sexes.

Conclusion.—The inferences suggested by these observations may be summarised in the following propositions:

1. The suicidal impulse associated with alcoholism rarely appears until the intoxication has attained a certain chronicity.

2. In a very large majority of instances the chronic alcoholic makes the attempt during a bout of drunkenness; and in considerably more than one half of such cases there is amnesia of the act.

3. In the suicidal alcoholic the chronic intoxication expresses itself, on the one hand, by a variable degree of dementia; on the other, by generalised disorders of function —these disorders of function in viscera which furnish the organic basis of the personality determine a depressed emotional tone, from which the suicidal impulse takes its origin.

4. The generative organs, especially in women, are peculiarly susceptible to the alcoholic poison, and their disorders play a very important part in producing these emotional alterations of the personality which precede and determine the suicidal tendency.

Discussion.

Dr. YELLOWLEES said that the statistics on which Dr. Sullivan's conclusions were founded were exceptional as to district and at least somewhat contradicted his general impression as to the relationship between alcohol and suicide. He gathered that the 142 cases were from the police court in Liverpool, and represented attempts of suicide charged as such. One had to fall back on his own experience, and he confessed that the association between alcohol and suicide had never seemed to him so marked as the statistics given by Dr. Sullivan would make it, and some of his conclusions seemed to be rather too definitely deduced from that special, limited, and somewhat exceptional series of cases. He should say that suicide was not very often associated with alcohol, and that when a drunken person destroyed himself it often was because he did not know what he was doing. Many of those cases had no real suicidal impulse or intention, but simply did some stupid, drunken act, which happened to be a fatal one. Then there were other conditions very properly alluded to in the paper. For example, that many a suicide occurred during the menstrual period was a far wider fact than the paper indicated, and the fact that many of the suicides occurred at the climacteric period was also of wider significance than the paper made out. There was climacteric melancholia, which came on independently of any special and recent alcoholic indulgence; but he was in the habit of

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distinctly recognising as a type of this melancholia that was a kind of judgment on the individual for former abuse of alcohol, and which developed at that particular period of life. That was a form of insanity they were all more or less familiar with, and it was not to be attributed to the direct and immediate effect of alcohol. The paper was full of suggestions, and it would be a shame if, in a gathering like that, it were allowed to pass without discussion.

Dr. URQUHART said it was rather startling to hear from Dr. Yellowlees that alcoholism and suicide were not closely connected. When he received an alcoholic case it was present in his mind from the beginning that the person was likely to endeavour to do away with himself. It would never occur to him to modify the strict injunctions to the attendants in charge in respect of the care with which such person should be observed.

In answer to a member who desired to avail himself of Dr. Sullivan's large experience to ascertain whether the practice was to regard cases as insane or criminal in connection with attempts at suicide, Dr. SULLIVAN said the majority of them are discharged after a caution in the police court when the medical adviser testifies to the fact that the act has been simply an impulse of alcoholism, and not due to any permanently chronic insane condition. There is a certain small proportion who are alcoholic lunatics, and they are sent to the asylum, but certainly 90 per cent. are discharged in this manner, and are rarely prosecuted unless they offend again in the same way, in which case they are occasionally proceeded against.

Dr. JONES said they had had a most interesting paper, and he did not think from the prisoner's aspect they often got much of the psychological side. It struck him that amongst persons of both sexes coming into an asylum the most marked alcoholic cases occurred at or about the climacteric, the time at which other things, such as the effects of syphilis or influenza, made themselves manifest, an age when there seemed to be an easier disturbance of the physiological balance between waste and repair than at any other.

Dr. ADAIR said he would like to add a few remarks in support of Dr. Sullivan's paper in regard to Sheffield. The facts seemed to be borne out as regarded the patients they got from the district. Their experience there was that chronic alcoholics were more or less suicidal. At that asylum they always gave the nurses and attendants special instructions with regard to constant observation. As to the pathological conditions, "hobnail liver," &c., seemed to be particularly rare in that district, at all events.

Dr. YELLOWLEES.—I don't want to be misunderstood. It is entirely true, as has been said, that acute alcoholic cases need care, and are anxious cases, but what I should like to hear definitely is this,—are these cases, as a rule, distinctly suicidal? Are suicidal attempts in such cases frequent? I have not found it so in asylums, and I should like very much to know what the experience of other men is who receive more of such cases than I do.

Dr. CROCHLEY CLAPHAM.—Are they suicidal on account of the alcohol, or because of the deprivation of it? You don't often find a hobnail liver. Well, a hobnail liver means a spirit drinker, but you get an alcoholic liver from beer drinking, which means an enlarged liver of quite a different character. But that does not indicate that there has not been any alcoholic indulgence.

Dr. STEWART said he generally divided the few cases he had into two classes. As a rule he found that an alcoholic suicide had hallucinations separate from melancholia. But after a short time they got better, and were not under supervision as suicides. They still had hallucinations, but such a case was very different from the ordinary melancholic who was always under supervision.

Dr. RAY said it would be interesting if they had a short analysis of the method adopted in attempting the act of suicide. A man walking alongside a river is seized by a sudden impulse to throw himself in, and did so without thinking of consequences; whereas an acute melancholiac would meditate for weeks until he got an opportunity of committing suicide.

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Dr. POWELL said he was of opinion that the vast majority of suicides were not really suicidal acts. Only last week he had a man in his charge who cut his throat in an alcoholic frenzy. A minute before he had not the slightest idea of doing anything of the kind, but he did it apparently not knowing what he was about. It was not an act of real suicide, although it was a suicidal attempt.

The PRESIDENT said his experience was that many cases of acute alcoholism were exceedingly suicidal, and many of them succeeded in destroying themselves in an alcoholic frenzy at home where there was a lack of supervision. That could be easily understood, because they laboured under such terrific hallucinations of sight and hearing that they were driven in sheer terror to do terrible things.

Dr. SULLIVAN, in replying, said Dr. Yellowlees seemed to think that the figures he had quoted were not sufficient for him to base the deductions which he had drawn. In his opinion, however, the percentages were markedly predominant, and therefore numerically sufficient to allow of the conclusions being drawn. Probably in reading the paper he did not express himself clearly, and Dr. Yellowlees had misunderstood him. The very cases he proposed to particularly treat of were those of alcoholic impulse unassociated with anything else. He had set aside all cases of pure accident. A very small proportion of the cases they saw under the circumstances mentioned were committed in the early stages of alcoholic delirium. Very few of the cases developed ordinary alcoholic instincts. Very few of the men had alcoholic hallucinations. There were those who had made suicidal attempts on a real impulse, and it was because he thought there must be some reason for the impulse that he thought the cases were worth analysing. In his opinion there must be some explanation for the fact that the impulse to a suicidal act rather than any other should develop, not on the first or second intoxication, but when the intoxication had lasted a considerable length of time. As for what had been said respecting the influence of the menstrual period upon the suicidal impulse, many of these people had passed through a great many menstrual periods before they made the suicidal act, and therefore, said Dr. Sullivan, I am entitled to my inference when any comparison is made between the chronicity of the alcoholic and the menstrual period, and their respective effects on the mind of the subject. He had treated the question of the alcoholic suicidal impulse as distinguished from other influences. He had pointed out the mode of attempt and the degree of deliberation, but the numbers are hardly sufficient to allow of any deduction. With reference to the physical signs found in alcoholics, they are signs of influence on the nervous system, and the ovarian sensation is to be regarded as a nervous affection. As to the hyperæsthesia of the muscles and the visionary effects, very few of our cases in asylums present these grossly morbid changes, and very few present marked signs of chronic cirrhosis.

Penal Servitude and Insanity. By A. R. DOUGLAS, Deputy Medical Officer, H.M. Prison, Portland, late Assistant Medical Officer, East Riding Asylum and Royal Albert Asylum, Lancaster.

IN this paper I propose to consider the questions which this subject involves, chiefly from observations I have made upon convicts in this prison.

One constantly reads and hears statements to the effect that individuals undergoing penal servitude are thereby prone to

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