genesis of general paralysis of the insane; and (2) the question of compensation. So long as we are agreed that injury can hasten or aggravate already existing general paralysis, then the victim is entitled to compensation, from which antecedent syphilis should not debar him.

(1) At the Northern and Midland Divisional Meeting, April 7th, 1904.

General Paralysis and Crime.

By JOHN BAKER, M.D., Deputy Superintendent, Broadmoor Criminal Lunatic Asylum.

BEFORE the invasion of established general paralysis there is a prodromal stage, which ranges within wide limits as to its scope and duration. The clinical manifestations are many and various, and are symptomatic of either a rapid, or of a slow and insidious disintegration of the intellectual, moral, and affective life. Of all the prodromata, failure and decay of the moral sense are the most important, and are exemplified by acts of omission and commission against law, order, and propriety. The disease attacks all classes, and as the friends cannot nicely discriminate the changes in character, and are apt to look upon them as temporary aberrations, the disturbance to the social fabric caused by these sporadic displays of moral perversion is not inconsiderable. The nature and extent of the disharmony and distress occasioned by these moral lapses depend largely on the social standing, occupation, and opportunities of the diseased individual, and desolate homes, widespread ruin, and unenviable publicity often follow in the train of the predominant imaginative conceptions. The larger ambition may lead to wild speculation, the bolder schemes to fraud. Sobriety is turned into drunkenness, and sexual excitement may result in rape and acts of indecency. If thwarted or opposed, destructiveness or violence may ensue, but in this direction serious consequences are comparatively seldom associated with the expansive prodromata. The budding paralytic of this type is rarely vindictive; although easily roused to anger, he is easily calmed.

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Being, in his own estimation, so superior mentally and physically to his fellow-men, he can afford to pity and forgive.

Instead, however, of overweening vanity, there may be despondency, worry, and a gloomy forecast. This condition of emotional depression may increase and appear later as the melancholic or hypochondriacal form of general paralysis, undoubtedly the most important from a medico-legal point of view, as it is in the early period of this form of paretic dementia that the graver crimes seem to be committed. On the other hand, there are cases which pass into a state of facile, contented dementia without any marked degree of antecedent excitement or depression. This class is prone to commit petty acts of theft unaccompanied by any attempt at artifice or precaution.

Again, the invasion of the developed disease may be signalised by an acute attack of mental excitement or other form of mental disorder, or by a protracted period of persecutory delusional insanity. In these states of mental disorder homicidal offences may occur. Whatever the nature of the prodromata, in a general sense, they may be said to colour the later symptoms.

The literature on the connection between general paralysis and crime does not appear to be bulky. Dr. Sullivan, of Pentonville Prison, in an interesting article of recent date, has ably summarised the prevailing opinions on the subject, more especially those of foreign observers. I cannot profess to be able to add much to the stock of knowledge already existing, but it may not be altogether unprofitable to place on record some of the more important cases in which serious crime has been committed by general paralytics in this country. Since the opening of this asylum forty-one years ago 62 cases have been admitted, *viz.* 54 men and 8 women, being 3 *per cent.* of the male admissions and 1·2 *per cent.* of the female admissions. The return of the Lunacy Commissioners for the years 1899 and 1900 indicates that the proportion amongst ordinary lunatics is 10·7 *per cent.* for males and 2·2 *per cent.* for females. The cases admitted into this asylum, either on reception, or after a shorter or longer period of detention, manifested the clinical symptoms, mental and physical, associated with the disease; and in all, with the exception of one man still living, the brain and membranes presented in greater or lesser degree the characteristic pathological lesions.

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The following table shows the nature of the crimes and offences:

	Males.		Females.		Total.	
1. Crimes of violence against the person:						
(*a*) Homicidal offences:						
Murder	9				9	
Attempted murder	6				6	
(Aggravated assault)	1				1	
		16				16
(*b*) Sexual offences:						
Assault with intent to rape	3				3	
Carnally knowing	1				1	
		4				4
2. Offences against property:						
Arson	7				7	
Larceny, burglary, etc.	27		8		35	
		34		8		42
		54		8		62

In all the murder cases, and in all but two of the homicidal attempts, the patients were found insane, either before or at trial. The offences against property were, in the majority of instances, committed by habitual criminals, conviction followed, and the disease subsequently appeared during their incarceration in the convict prisons, whence they were transferred to Broadmoor. Apart from this class, the general paralytics who commit petty thefts are not sent to this asylum, but are dealt with otherwise, therefore no useful comparison can be instituted from the above figures as to the incidence of criminality among general paralytics as a whole. First in importance come the homicidal cases. To attempt a description of all would be tedious, and tend to overloading. It is, therefore, my intention to group them, as far as possible, according to their clinical features, at the same time indicating the period of the disease at which the criminal acts occurred; further, to outline in brief detail a few cases representative of the various groups, and to endeavour to trace the relationship of the criminality to the insanity.

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Invasion Period of Persecutory Delusional Insanity followed by Exaltation, Paresis, and Paralytic Dementia; three attempted murders in invasion stage.

CASE 1.—Law clerk, æt. 34, single, tried for feloniously shooting with intent to murder. Insane on arraignment. Delusions of persecution that persons followed him and exercised an injurious influence over him, poisoned his food, etc. On admission, restless, delusions as above, has dreadful sensations, feels he must injure someone. Later, hypochondriacal delusions appeared, *viz.* that his rectum is stitched up by persons who enter his room at night. Often shouts to be delivered from his enemies; at other times weeps, says he is dying, and sits with his hands in his pockets, in an attitude of deep dejection. Next came loss of weight, fibrillar tremor, embarrassed speech, and exalted ideas: says he is the son of God. Subsequently noisy and incoherent, becoming feebler in body and mind, with verbigeration, constantly repeating: "One hundred million pounds." Loss of control of sphincters, inability to swallow, and death six years after crime.

The other two cases included in this group were those of men who attempted to murder their wives, under the delusion that they were unfaithful, and were endeavouring to get rid of them by poisoning their food. The sequence of symptoms was somewhat similar, only the hypochondriacal delusions were absent, and persecutory delusions prominent. In one of the cases persecutory delusions alternated with the exalted ideas.

Were these cases of persecutory paranoia followed by general paralysis, or were they cases in which the somatic signs of the disease had lagged behind, only to show themselves indubitably at last? I incline to the belief that the latter view is the correct one. Mouravesik, discussing the question of the alteration in the type of general paralysis during late years, says he thinks that now the initial symptoms of the disease are more liable to be confounded with other forms of insanity, especially paranoia, while the special symptoms of the malady at a later date become more accentuated. In view of the cardinal fact that the disease is characterised by a progressive dementia, it is usually stated that the delusions, all along the line, are fickle and unsystematised, and that, when

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insanity of thought results in insanity of action, such action is ill-regulated, ill-directed, and not persisted in. Doubtless this is the case in the fully-developed disease, when the degeneration of the neurons has advanced, but it seems to me that, in the early stages, when the toxins have not progressed far in their deadly work, the delusions are sufficiently fixed and systematised as to cause resolute and purposive homicidal acts, not only in this variety, but also in the melancholic forms next to be considered. Dupré, in treating of self-accusation in the insane, states that in dementia of organic, senile, and paralytic origin, ideas of self-accusation are met with, such ideas being mobile, diffusive, incoherent, and contradictory, but sometimes, and especially in the early stages of general paralysis, they present a more permanent appearance.

Invasion Period of Delusional Melancholia, with Auditory Hallucinations, followed by Rapid Paralytic Dementia, without Exaltation; three murders in invasion stage.

CASE 1.—Soldier, with twenty-one years' service, æt. 41, married, history of syphilis, grandmother and sister insane. Tried for murder of child (son); insane on arraignment. Had been depressed for some time before crime, and had made one attempt at suicide. Heard a voice repeatedly urging him to kill the child, and finally obeyed by cutting its throat. On admission, a tall, heavily-built man, with dull, expressionless countenance, apathetic and melancholic. Later, restless, sleepless, incoherent, epileptiform convulsions, rapid paralytic dementia, loss of control of sphincters, loss of power of articulation and deglutition. Died seven months after crime.

CASE 2.—Traveller, æt. 57, widower. Murder of daughter, æt. 7 years—certified insane whilst awaiting trial. Always eccentric, sustained great business losses, became very depressed, heard voices telling him it would be better if he and all belonging to him were dead, afraid the child would grow up and lead a fast life, perhaps be killed by "Jack the Ripper," constant grinding noise in head for three months before crime. Police found him sitting by fireside in a dejected attitude, and the child lying in bed in the same room, with its throat cut. When charged, he said: "I cut the child's throat

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with a razor." On admission: very depressed, verbigeration, constantly repeating, "Oh, despair, despair; God will take care of me." Gait soon became feeble and tottering, dementia, epileptiform convulsions, and death, five months after crime.

CASE 3.—Collier, formerly soldier, æt. 36, married, history of syphilis and head injury. Murdered infant daughter—guilty, but insane. Had been discharged from an asylum several months previously. Borrowed a cobbler's knife from a neighbour, entered his own house, placed child across his knees, and cut its throat. Returned knife to neighbour immediately afterwards, remarking, "I have killed my daughter Laura." Hypochondriacal delusions on admission, followed by usual symptoms of general paralysis, without exaltation; dementia, epileptiform convulsions, and death fifteen months after crime.

Here are three determined murders. There is no attempt at evasion, no equivocation, no contradictory answers. An intense melancholia, accompanied by auditory hallucinations of a compelling character is followed (in two cases) by an intense and rapidly fatal form of general paralysis. A somewhat analogous case (non-homicidal) is related by Hobhouse, where the paralytic symptoms were preceded by a period of depression, lasting nine months, during which an attempt at suicide was made; the paralytic symptoms, when they did appear, made extraordinarily quick progress, the total duration of the illness being fourteen months. Voisin has observed that in these melancholic cases the disease is not suspected at first, but, when discovered, runs a rapid course. With regard to the hallucinations, Dr. Renè Semelaigne states that they are not so uncommon in general paralysis as some authors believe. In a case quoted by him they preceded all the characteristic symptoms.

Invasion Period of Melancholia, followed by Exaltation, Paresis, and Paralytic Dementia; three murders, and three attempted murders, in invasion stage; one murder in second stage of developed disease.

CASE 1.—Watch-case maker, æt. 29, tried for murder of infant son, acquitted on ground of insanity. Was an intelligent and skilful workman. For six months previous to crime had been in an unsettled and desponding state because of failure to

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accomplish his work; became very melancholic, cut the child's throat, and wandered aimlessly from home. On arrest, assigned as his reason for the crime that the child was better dead than starving. On admission, very depressed; shortly afterwards fibrillar tremor appeared, speech became affected, grandiose notions developed, referring to the building of tunnels, and the reorganisation of society. Further stage of restless noisy delirium, progress of paretic symptoms, and death, just over two years subsequent to crime.

Here is a skilled workman, the nature of whose occupation necessitated keen eyesight and delicate manipulation. Besides the pupillary anomalies, there are a number of intra- and extra-occular phenomena which are present with more or less frequency in the early stages of the disease. Again, the acquired accomplishments, which are requisite for the complicated association of cerebral innervation and muscular co-ordinated adaptation, are among the first to fail; add to these the waning of the reasoning faculty, resulting in a morbid and gloomy outlook with reference to the child's future, and we may assume that here is a case in which homicide was the direct outcome of the melancholia induced by the feelings of bodily weakness, which incapacitated him from earning his livelihood and contributing to the support of his family.

It is a noteworthy fact that in the six cases of murder committed in the melancholic stage of the disease, the offspring was the victim in every instance. The feelings of bodily weakness, the gloomy affective tone, the sacrifice of children, are similarly seen in the lactational melancholia of nursing women, but in them suicidal feelings are invariably associated with the homicidal promptings, whereas the suicidal intent is rare in the melancholic variety of general paralysis. Perhaps in these cases, which are subsequently followed by exaltation, the latent, but soon to be developed, egotism prevents the expression of any tendency to self-destruction. I am cognisant of only one doubtful case of general paralysis following lactational melancholia, but amongst the sequelæ maniacal attacks are not uncommon, and there are cases in the asylum now in which this form of melancholia has been succeeded by a chronic insanity with delusions of grandeur. Campbell Clark relates one case. The woman passed through a brief period of melancholia during lactation. She threatened to commit

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suicide, and also threatened to take the lives of her children. In a few weeks she became demented, restless and destructive. Pupils showed inequality, speech became affected, hemiplegia followed, and death took place one year after she became insane. The characteristic pathological appearances were noted *post mortem.*

CASE 2.—Chairmaker, æt. 56, widower, history of syphilis and drink. Out of work for nine months, during which time was hypochondriacal and despondent. Shortly afterwards, admitted into an asylum with embarrassed speech and exalted ideas. Paretic symptoms soon developed. Early one morning, some months after admission, he left his bed, picked up a chair, and began to beat a fellow patient who was very ill at the time, and who died almost immediately after. A coroner's jury returned a verdict of wilful murder—not tried. Transferred to Broadmoor. On reception, a feeble old man, with syphilitic skin eruption and unequal pupils ; grinds teeth, rambles incoherently, and resists being meddled with. Sometimes refuses food, saying it is poisoned. Later became quite helpless, demented, and paralysed. Died two years after admission.

This is one of those rare accidents which sometimes happen in asylums. The unfortunate occurrence seems to have taken place in the period which marks the transition from the first to the second stage of the established disease. There may be a steady drifting into dementia, the mental state being that of complacent self-satisfaction ; or there may be a morose, sullen, irascible, testy condition, the patients resenting any interference, and ready to show malevolence, as far as their physical condition permits. Sullivan quotes a similar case, recorded by Max Simon, where a general paralytic in the advanced stage, annoyed by the groans of the patient next to him, crawled out of bed, and beat out the disturber's brains with a wooden shoe.

Of the remaining cases, one man with a history of head injury, who had been drinking heavily before the crime, murdered a woman in the delirous excitement ushering in the first stage. Another made an aggravated assault on a stranger in the period of exaltation ; his delusions were of a fighting nature—he had won fourteen Victoria Crosses, and had killed thousands of men. The last, with a history of syphilis and drink, killed his seven-year-old son, shortly after the develop-

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ment of locomotor ataxia. His sight began to fail, he could not follow his occupation, and believing the child would starve, he cut its throat, having premeditated the crime for some time. Symptoms of general paralysis appeared eight years later, and proved rapidly fatal.

In the vast majority of cases of general paralysis optimism is the predominant feature of the mental symptoms, but in a small minority, estimated by Clouston at 3—4 *per cent.*, and by Stewart, of Glamorgan Asylum, at 5—6 *per cent.*, depression prevails. The melancholia has been attributed to various causes, but principally to the existence of visceral disease or disorder. Clouston states that nearly all his melancholic cases were tubercular subjects, and this observation has been confirmed by MacDonald in the *American Journal of Insanity*. Tubercle was found in 35 *per cent.* of the Broadmoor melancholic cases, as compared with 14 *per cent.* in the expansive and facile demented types. From the foregoing record of homicidal cases, it will be seen that a gloomy affective tone was almost invariably present, which was either limited to the invasion period, or existed throughout, or alternated with expansive symptoms in the later stages.

Sullivan states that the large majority of grave cases of violence depend on a primary homicidal impulse, and are related to more or less persistent states of emotional depression. The use of the word impulse, as applied to criminal acts generally, is, to say the least of it, unfortunate, meaning as it does mental force suddenly communicated, and as suddenly transformed into action. In those who perpetrate homicidal offences, the affective tone is gloomy in more than one form of mental disorder, but the part that impulse plays in these states of emotional depression is small, for when the thought of violence projects itself into the mind, it is rarely given effect to immediately, it grows with the growth of the insanity, and requires time to develop to its full intensity. In the cases previously recorded, we have seen that the homicidal acts were due to a gloomy forecast, morbid reasoning, persecutory delusions, and commanding hallucinations. Compelled acts depending on enforced ideas, are usually foreseen and feared, and sometimes instil horror into the patient's mind. In such cases there is a constant struggle between them and the volition, weakened though it may be. The quieter the patient,

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the more does the act resemble a sudden impulse, whereas it merely marks the breaking down of the barriers, the termination of the conflict, and the surrender of the will to the dominant idea, which now pervades the mind to the exclusion of everything else. At last insanity of thought results in insanity of action.

Sexual Offences.

Labourer, single, history of drink, convicted of rape, July, 1890, sentenced to nine years' penal servitude. Admitted to Broadmoor, May, 1892, with well-marked symptoms of general paralysis. A persistent masturbator. Died August, 1892, after epileptiform seizures.

Carrier, married, history of sunstroke and drink; short period of detention in an asylum two years prior to crime. Convicted of rape on his own daughter, æt. 18 years. Sentenced to five years' penal servitude, June, 1894. Admitted August, 1894, with developed general paralysis. Died January, 1896, æt. 39 years.

Decorator, single, history of drink; convicted of carnally knowing and abusing a girl. Sentenced to penal servitude for life, October, 1884. Admitted December, 1893, with established general paralysis. Died February, 1895, æt. 46.

Plasterer, formerly soldier, history of drink; tried for assault with attempt to commit a rape. Insane on arraignment. Admitted 1864, with mild, expansive type of the disease. In 1865, developed psycho-motor hallucinations with double personality. Declared there was a man inside him, whose head was set on his (patient's) head; that this man worked his tongue and legs, making him say and do many things against his inclination; that the man talked with his tongue and removed his arms and legs during the night, restoring them in the morning. Further progress of case was slow progressive dementia, epileptiform convulsions, and death, early in 1869.

The first three men were convicted and sent to prison, consequently the history of the initiatory symptoms is imperfectly known, but it is obvious that numbers one and two were suffering from the disease when the crime was committed. In all there is a history of intemperance. Marandon de Montyel states that alcohol, of all causes, apparently is most

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frequently responsible for alterations in the genital sense, more especially in the direction of increase. The interest of the last case, apart from the association of the crime with the insanity, lies in the presence of that very rare condition, psycho-motor hallucination with double personality, or, as Pickett prefers to call it, accessory personality. There is a delusional idea of possession, and consequently a feeling of substituted or re-duplicated personality. As the hallucinations assume the shape of language formulated by another, or of strange ideas abnormal to the patient's own train of thought, he believes that another personality speaks inside him and directs his thoughts and will. A similar hallucination appeared in one of the larceny cases, but in this instance "the other man" ate all the patient's food.

Offences against Property.

Arson.—The average age of the seven general paralytics who indulged in fire-raising was 38 years on admission. One is still alive. Five were found insane at trial; two were convicted, but both were admitted a few months afterwards, suffering from the disease. All belonged to the exalted type, and all denied the offence except one, who stated that he set fire to a hay-rick in order to clear the stack-yard. This pretence of innocence is very characteristic of sane fire-raisers; it is very rarely that they can be induced to confess. Their invariable answer to all queries directed to their connection with the offence is, "I don't know."

Larceny, etc.—On admission all these cases were in a more or less advanced stage of the malady. The average age at death was 40 years. Eleven were of the exalted type, thirteen of the demented type, and two of the depressed type. In dealing with these cases a difficulty at once presents itself. The great majority, in fact all but three, had been convicted and sentenced to terms of penal servitude. Their antecedent history is for the most part unknown, except their penal record, *i.e.*, the record of their previous convictions, for they were all habitual criminals, and their acquisitive proclivities had extended over many years. Strictly speaking, therefore, these were cases of general paralysis occurring in habitual thieves, not theft occurring as a result of general paralysis. Thus in quoting and in drawing conclusions from prison lunacy statistics, care must be

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taken to keep this fact in view, otherwise fallacious deductions may be made. Of course, it can be argued that they had an invalid brain *ab ovo*; that they had a predisposition to the disease, their criminal tendencies being due to the instability of their mental and moral processes. Such an argument is difficult to refute, but we may cite the fact that the general paralytics form but 3 to 4 *per cent.* of the male insane convicts received into this asylum whose criminal bent and means of livelihood had taken the form of acquiring other people's property. Indeed, it is remarkable how seldom the disease is met with in the convict prisons, considering the loose and irregular life the average habitual criminal leads while at liberty. It would almost seem as if his terms of relegation to a disciplined life, with an uniform dietary and regular labour, acted rather as a safeguard than otherwise, for he is then kept from the evil effects of alcohol and the risks of syphilis. There is no opportunity of oscillating between the brothel and the public-house, which many of them do when not engaged in the labours of their specialty.

On the other hand, one of the first signs of the onset of the disease sometimes appears when a previously honest individual of blameless antecedents is arrested for theft. Such a man remains perfectly cool even when caught in the act, he is generally ready with some excuse, and views his position with perfect unconcern. He will appropriate, without discrimination, articles both useful and worthless. He does not, as a rule, acquire in the sense that he wishes to retain, for, if he steals freely, he bestows generously. In him the faculty of comparison is lost, and, with its disappearance, come absolute ideas; to wish for a thing is to have it, everything is his to take as he sees fit. The facile demented class, in whom grandiose notions and absolute ideas are not so obtrusively evident, are much addicted to petty theft. In many ways they resemble children. In the child the instinct of acquisitiveness is strongly developed, and forms one of the chief features of its mental activity. This characteristic, it may be assumed, would remain as a potent factor throughout life, were it not for the gradual building-up of certain higher and inhibitory intellectual and volitional processes, such as prudence, reflection, and a sense of moral duty, which go to make up that self-controlling capacity essential for the welfare and protection of society and the maintenance of

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law and order. Now what happens to these inhibitory mental processes in the ordinary general paralytic? The whole superstructure melts away in the inverse order of acquirement, the highest and latest developed disappearing first. In this process of dissolution we have a reversion to primitive modes of mental action, to the mental activity of childhood in fact, for general paralysis gives a replica of childhood with which no other form of insanity can compare. The parallelism is not confined to the acquisitiveness; for sometimes after birth the child is an incarnation of appetite which knows no restraint; children's lies are sometimes traceable to a natural tendency to secrete things, sometimes to a predominant imaginative power; selfishness is a characteristic trait. The comparison might be carried farther, but enough has been said for the purpose in view, as it is to the acquisitiveness that I wish more especially to direct attention, for, to this reversion to one of childhood's most active proclivities, I attribute, in great measure, the thieving propensities of the general paralytic. From a survey of the Broadmoor cases, we find that homicidal acts are chiefly associated with melancholic conditions and states of persecutory mental disorder; that these conditions invariably precede the onset of the physical symptoms but form part of the disease itself; that the mental phenemona, the delusions and hallucinations are not fickle and inconstant in character, but sufficiently fixed and systematised to cause resolute and purposive homicidal acts; that very frequently the offspring is the victim of the destroyer, and that, as a rule, the murder or attempted murder is not the result of impulse. That sexual offenders are influenced by alcohol, which stimulates the genital sense; and that the thieving propensities of the general paralytic may, in great measure, be ascribed to a reversion, by a process of dissolution, to the acquisitive tendencies, which form a prominent feature of the mental activity of childhood.

Discussion.

Dr. Brayn.—Dr. Baker's paper opens new ground with regard to the connection of general paralysis with crime. In this asylum we have nothing like the experience of general paralysis that you have in most of your asylums, and this shows the rarity of the connection of general paralysis with serious offences. The larger proportion of the general paralytic cases here are admitted for offences against property, and not for offences against the person. I have no doubt that petty offences are common in the earlier stages of general paralysis, but we do not hear of them here because a man gets into an ordinary asylum. Probably there are more of such cases than statistics would show us in that respect. With

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regard to the cases which have been here for offences against property, these men have been criminals all their lives, and probably what has saved them from becoming insane is the care that is taken of them in prison, where they are compelled to live regular lives. The life of the habitual criminal outside, so far as I have been able to gather from them when they have come back to prison, is a series of orgies. There is also one remark I should like to make about homicidal impulses. The word "impulse" is so frequently used in what I think is a wrong sense, unless you take it that "imperative idea" or "imperative conception" is the same thing as "impulse." The idea has frequently been in their minds for a long time previously. Many cases come here for crimes supposed to have been committed from "impulse," but the patients have been thinking and brooding over the matter for a long time until they become controlled by their morbid ideas.

Dr. WEATHERLY.—We have all been intensely interested in Dr. Baker's paper. The thing that chiefly strikes me is that there is nothing essentially different in the class of crimes committed by these patients, from the class committed by those suffering from other forms of insanity. I was hoping we should hear that there was a class of crime that was committed more frequently by people whose after-history proved them to be general paralytics; but so far as I can gather from the paper, I cannot see that there is anything really definite in view of which we could say that such and such a crime would be more likely to occur in general paralysis. I agree with Dr. Baker in the use of the word "impulse." Medical men in giving evidence at trials often make wrong use of this word "impulse." It is most important to try and impress on the jury that it is not so much the impulse at the time, as the ideas which have been repeated in the man's mind, probably the result of some delusion, which at last overpower and master him.

Dr. MORRISON.—One would have thought, having regard to the pathology of the disease, that the crimes would be atypical in character. General paralysis is a very gross disease, and affects very large areas, and almost every centre may be affected in a very gross manner. I cannot gather why Dr. Weatherly should expect a type of crime. For my part, I should expect crime of any form and gross in character.

Dr. BAKER.—I cannot say that there is any particular type of crime characteristic of the disease, unless it is petty larceny, which is usually associated with the demented form. Assaults and acts of indecency may accompany the expansive prodromata, but the offenders are soon transferred to asylum custody. Homicide occurs in the melancholic variety, but as the melancholic cases are few homicidal acts are consequently rare.

Dr. BLATCHFORD.—Dr. Baker mentioned in his paper that one of the causes of the scarcity of general paralytics amongst criminal lunatics may be due to the regular life they are compelled to lead during a great part of their existence, but I thought that a more likely cause is that the criminal class is as a rule of a low type of development, and has not those complicated association neurons developed which characterise the more highly developed members of the community, and which are probably the first to suffer in general paralysis, and that added to the want of development of these higher nerve-cells and processes is the fact that the occupation of the ordinary criminal does not involve that stress and strain which Dr. Mott considers the exciting cause of the breakdown of nerve-cells, already predisposed by faulty heredity or disease.

Dr. MACDONALD.—I feel that I ought to say one word after having been told that this is the paper I "commanded." I am sure you will all thank me for having commanded it. I knew beforehand that it would be deserving of your closest attention, and that it would be sure to create an interesting discussion, and I must congratulate and thank Dr. Baker for this able contribution on a difficult subject. One remark which fell from Dr. Baker and from Dr. Brayn especially pleased me —I mean the strong expression of opinion as regards the use of the word "impulse." I cannot help saying that I most thoroughly agree with Dr. Brayn and Dr. Baker that this word has been abused; that many of the crimes said to be due to sudden impulses are, as they have said, well and carefully planned and long thought out. Therefore I am glad that I extracted this paper from Dr. Baker, and I am even more glad that I have had the pleasure of listening to this expression of opinion from the physicians at Broadmoor, which ought to make us think and weigh our words with care and deliberation.

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