Special Schools.

Schools for the blind and deaf	48
Schools for the physically defective	37
Schools for the mentally defective	78
Schools for tuberculous children	5
Day open-air schools	4
Residential open-air schools	3

Medical Inspection and Treatment.

Number of doctors (25 full-time, 64 part-time)	89
Children inspected in 1925	316,722
Ailments treated under the Council's scheme in 1925	254,000

Some Forensic Aspects of Epilepsy.(1) By W. Norwood East, M.D.Lond., M.P.C., Medical Inspector of H.M. Prisons, England and Wales.

A defence of insanity is frequently raised in answer to a serious criminal charge if the facts of the case clearly indicate the guilt of the accused. From time to time in such circumstances the jury are invited to exculpate the prisoner on the ground that the act was committed during a condition of epileptic automatism.

Crimes due to the epileptic psychoses are often so dramatic that there is, I believe, a tendency to consider they occur more frequently than is actually the case. The percentage of epileptics in prison at any time is small. Of 8,731 male prisoners, 39, or 0·4%, were considered to be genuine epileptics, and of 760 female prisoners, 5, or 0·6%. And the crime was not always due to the disease.

It is of some interest to note the fact that automatism is the epileptic state usually alleged to be responsible for a crime. The other mental conditions which occur associated with, or independent of, the fits are seldom said to be the cause. It appears to be a matter for conjecture whether one reason for this may be because automatism, if accepted, completely satisfies the requirements of the criminal law as regards irresponsibility, whereas other epileptic states may be more difficult to bring within the strict McNaughton ruling.

The convenience of this defence is obvious. A history of fits is usually forthcoming, and although these may be no more than the screaming fits of childhood, or fits of temper in later years, they are sometimes offered to the jury as evidence of epilepsy. Further, an astute offender, alert to any defence, will readily assent to a suggestion that he has experienced from time to time transitory periods of forgetfulness, which he then proceeds to magnify into temporary phases of oblivion. It may be extremely difficult to determine

(1) A paper read at the Annual Meeting held in London, July 16, 1926.

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whether or no the past history shows any evidence of epileptic disorder, without suggesting to the subject the trend of the inquiry and the probable answers which will serve his purpose. In fact in genuine cases a reliable history of convulsions or psychic equivalents may be difficult to obtain, whereas the malingerer may give a history which strongly suggests the disorder.

In certain cases the jury may receive little assistance from the witnesses of fact. They may be obliged to rely mainly upon the opinion of the expert witness, which often itself is founded upon suppositions, which are not necessarily accurate. There may be, indeed, no first-hand evidence whatever to put before the jury. And if the mental examination of the accused is negative the expert is obliged to base his opinion on the statements made to him, on the known facts of the case, and on a comparison of the same with automatic conduct associated with epilepsy. The first of these two are beyond the alienist's control for the most part; the latter is a matter for medical agreement. But not only is a criminal act sometimes assumed by the examiner to be due to epileptic automatism, but the epilepsy itself is taken for granted. A man killed a prostitute by cutting her throat; he then wrapped the body up and attempted to hide it. Later on in the same day he informed the police of what he had done. The details of the crime showed motive, premeditation, preparation, memory for the acts committed, and efforts at concealment. In spite of these facts a defence of epileptic automatism was raised upon a very indefinite history, which suggested that the accused had been subject to "fits" up to the age of 5 years. It was unsuccessful.

Disagreement is liable to arise in these cases between opposing experts. This should often be unnecessary, and it is in the hope that a discussion by the members of this Association will decide the main point upon which medical witnesses dispute, that I venture to bring before you certain cases of genuine and alleged epileptic automatism associated with crime.

I do so with less trepidation than I otherwise should as Lt.-Col. Lord has recently recorded the fact that on the whole his views on epilepsy have not changed much during his many years of psychiatric practice. And the point of view of the neurologist has been lately expressed by Dr. Farquhar Buzzard, who records his conviction that the last quarter of a century, although not devoid of praiseworthy efforts, has seen little light thrown on the pathogenesis of epilepsy.

Even when a crime is clearly due to automatic action it remains necessary to pursue the matter still further, and decide which of the three most important causes of automatism seen in the

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criminal courts—alcohol, epilepsy or hysteria—are responsible for it. Alcoholic automatic crime usually presents no difficulties of diagnosis. But major crime associated with hysterical automatism is, I believe, uncommon. It does, however, seem important to differentiate it from epileptic automatism lest matters of dispute arise in court between opposing experts if one regards the case as hysterical and the other epileptic. This was brought home to my mind in considering the evidence I should give in the following case: A youth aged 21 was charged with attempting to murder his sweetheart and with attempting to commit suicide. He had never had any serious illness, and had never shown any indications of epilepsy, somnambulism or automatism. He was able to swim, and a year before when swimming for the first time in the sea, on approaching a yacht at anchor, suddenly found that he was unable to use his legs. He was rowed home. He fancied he saw his dead mother in his room one day soon after her death and collapsed. He acted strangely a short time before the crime. He sent a bogus telephone message to his sweetheart, which purported to come from a hospital, informing her that he had been admitted seriously injured. When the girl arrived with her father at the hospital she discovered she had been hoaxed. Soon after he sent another bogus message stating that her mother, who was in a mental hospital, was very ill. He accompanied the girl by train to the bedside; on arrival she found her father already there and her mother in her usual health. On another occasion the girl was asked by a messenger to meet the accused in a certain street and to come alone. She went with her father. The accused, on seeing them, ran away; he was followed and caught. He then became excited and alleged he had been robbed of a considerable sum of money. This was fictitious. Some poison was found in his pocket on this day. He did not go to work on the day of the crime, saying he felt ill on account of a bad dream he had the previous night. He spent the morning happily with the girl. Returning in the afternoon he found she had gone to lie down. He talked with her sisters for some time, and when left alone went up to the girl's room, and she awoke as he entered. He said nothing, but attacked her with a razor and then cut his own throat, and held his head out of the window, letting the blood fall on the pavement below until he collapsed. His wound was a serious one. The girl could give me no reason for the attack. She said that she and the youth were very fond of each other, and never quarrelled, and that he had always treated her as a gentleman. The accused gave no reason for the offence, and always maintained he had no recollection of the affair. In many interviews the period of the amnesia never varied,

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and I regarded it as genuine. He was markedly suggestible. An area on his forearm brushed over with infusion of quassia in a rather ostentatious manner showed blunted tactile sensation when the subject was blindfolded, and a pin-prick which caused him to wince elsewhere was less effectively felt over the painted area. The accused throughout maintained that he was normal mentally. The crime appeared motiveless. It was accompanied by alien conduct of a theatrical type on the part of an emotional adolescent, who was attacked by a functional paralysis when swimming, and in whom partial anæsthesia and analgesia were readily produced by indirect suggestion. These indications of morbid functioning were accompanied by pathological lying and amnesia, and were attributed to hysteria. His counsel avoided a defence of insanity at his trial, but the judge called me, and I stated that I believed the youth's story, and that, assuming it were true, he would know neither the nature and quality of his act nor that it was wrong. The jury accepted this view.

Criminal conduct showing motive, premeditation or preparation, full memory of events connected therewith and efforts to evade arrest are inconsistent with epileptic automatism. But crimes may appear motiveless, although committed with good reason, and conversely an object may be suggested for an act which is in fact causeless. An epileptic suddenly finding himself in a compromising situation, the result of an automatic crime, may at first seek safety in flight until wiser counsels prevail. So that in these, as in all criminal cases, the whole available material must be scrutinized before arriving at a diagnosis. This was well shown in the following case. A woman who had been shopping returned home through a park, and noticed that the accused, a man, aged 27 years, rose from his seat as she passed him and followed her for a long distance, until she reached a quiet spot. He then overtook her and knocked her down with a blow from his fist, and when she screamed struck her with a knife. He then took something from her bag and ran away, either because he had effected his purpose or because he saw a police officer hurrying towards them. He was chased and was seen to throw something away as he ran, and the woman's purse, containing a considerable amount of money, was found at this spot. He attacked the police officer who came up to him with his knife, and he could not be overpowered until a second officer had used his truncheon. He did not speak at all until he was in hospital, whither he had been sent as a precautionary measure by a doctor who saw him. The accused was an epileptic who was out of employment at the time. He had been previously convicted for theft and assault. He alleged he had no recollection whatever

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of the offence, but certain statements that he made were known to be false. Nevertheless the fact was borne in mind that epileptics and insane subjects do make false assertions in their endeavours to evade culpability. But the offence appeared to be committed with a definite motive—robbery; to have been carried out with precautions—he did not attack the woman until they reached a secluded spot, and he attempted to escape and to conceal the fruits of his crime. His conduct consisted of a connected series of purposive actions, which could be associated with his normal personality. I did not consider the offence resulted from epileptic automatism or excitement, and he was not considered to be insane by the jury.

Probably most observers will agree that crime occurring during epileptic automatism usually occurs as an epileptic equivalent. At least this can be said—that no attack of major or minor epilepsy appears to be associated with it as a rule. It has been said that automatic action, if any, is always of the same type in the same case, and the late Sir Richard Muir used to relate the case of a man whom he thrice defended for indecent exposure. He was an epileptic and a strenuous brain-worker, and on each occasion the exhibitionism followed a period of unusual stress and was considered to be automatic. But there are many exceptions in criminal practice. A man cut his wife's throat with a razor one morning as she lay in bed. He said that he remembered leaving the bed to go to the lavatory, and the next thing he recollected was standing over his wife and finding her with a large wound in her throat, dead. He gave himself up to the police, and when I saw him eight hours after the crime his distress was obviously genuine. His family declared they all lived happily together and could suggest no motive for the crime, but they related a series of abnormal actions which the accused had performed and of which he retained no recollection. He had on one occasion thrown a handful of money, gold and silver, on the fire; an another occasion he suddenly, without speaking, threw the pet dog he was nursing through a window; he had driven the family out into the garden in their night attire. These and other similar acts, unprovoked and unconnected with preceding incidents, had occurred at intervals over a prolonged period, and were followed by amnesia and were considered to be epileptic.

Mercier laid stress upon the fact that post-epileptic action, usually, was of the nature of an habitual act or the caricature of such an act. An excellent example of this came under the observation of Dr. G. B. Griffiths, who was called for the defence at the trial of the case. An epileptic, a highly respectable man, devoted to his family, after a period of mental anxiety suddenly attacked his

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wife and two daughters with a coal-hammer. His wife died from her injuries. The accused stated that he was about to make her a cup of early morning tea, and whilst awaiting its preparation commenced to break up some coal with a hammer. He remembered hearing the kettle boil as he did this, and then he said "blood came from the coal." The next thing he remembered was one of his daughters standing at the front door with blood on her face saying that he had hit her. He rushed to the police station partly clothed and told them to go at once to his house, as he had killed his family. On arrival they found the three injured women in their beds. The accused was found guilty, but insane.

It would be, however, an easy matter to suggest that many crimes of violence and lust, in which the offender alleges amnesia, were caricatures of an habitual act. And it would be unsafe to unduly stress this point in the diagnosis of epileptic crime.

The outstanding feature of criminal conduct due to epileptic automatism is, of course, its dissociation from the personality and independence of his control. Savage, writing in the year 1896 on masked epilepsy, regarded the condition as rare; he said that he had only met with three cases, and that it was important, if the condition did exist, to recognize it fully, but that " it would be a very dangerous thing generally to allow a person accused of crime to plead epileptic 'unconsciousness.'" He considered the essentials were "loss of recollection of whole continuous periods of life, these being what might be called a double consciousness," and he regarded the condition as being closely allied to somnambulism. Mercier stated that " in automatism whatever acts the epileptic then does he retains not the slightest trace of recollection afterwards." Maudsley observed: "A remarkable circumstance which has occasionally been observed in connection with these incomplete attacks is that after the individual appears completely restored to himself, and speaks and acts as if he were so, the attack recurs, and when it has passed off and he is really himself he remembers nothing of what he said and did in the interval of seeming lucidity." F. J. G. Pietersen writes: " Undoubtedly the condition may be feigned by educated persons, but in such the complex acts will usually be found to be too purposive in character, a motive can usually be discovered to underlie the deed, and they will, on being closely questioned, betray their consciousness of the act itself." The *Dictionary of Psychological Medicine*, edited by Hack Tuke, states that in psychic or masked epilepsy there is complete forgetfulness of the circumstances of the attack. Jelliffe and White, in their *Diseases of the Nervous System*, state: "An attack of mental disturbance may take the place of the convulsion and thus become an

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epileptic equivalent. These attacks of *psychic epilepsy* frequently take the form of so-called *epileptic automatism* or *epileptic dream states.* In these conditions the patient may do almost anything, and when he comes to himself he has absolutely no recollection of what has happened." (4th Edition, p. 957.)

In the genuine examples of automatism to which I have referred, an entire absence of memory for the events connected with the crime was affirmed and accepted. I would add two further illustrations of this point: A temperate youth of 20 years, who was known to be subject to epileptic fits, stated that a fit commenced with a shaky feeling in the head, which extended to the back, and that he then became unconscious. He was charged with the murder of his wife, a girl about his own age, and to whom he had recently been married. The couple lived with the parents of the accused, who left them on the evening in question sitting amicably together outside the house, whilst they went to an entertainment. The accused and his wife were seen by a neighbour some time later to enter the house together, and not long after the youth rushed out and said his wife was dead. He then drank some spirits of salts from a bottle kept in the house for cleaning purposes. He was removed to hospital, and when handed over to the police in due course, said: "I don't know what made me do it; I haven't cried over it at all. I must have been in a fit when I did it. I have had fits ever since I was hit on the head when I was a boy." The girl's death was due to strangulation and there was no evidence of any struggle. The accused stated that when he and his wife went indoors they lay on the bed together, and he put his arm round her; he then felt the shaky feeling come on and he lost consciousness. On recovering himself he found his wife was dead. He showed slight mental dullness, and was apathetic concerning his wife's death and the possible consequence it might have to himself. His mental condition deteriorated appreciably during the two months he was awaiting trial. No motive was suggested for the crime and I believed the amnesia was epileptic and genuine. The jury accepted my opinion.

The following case was more striking. A single man of good character and temperate habits, charged with being on enclosed premises, was remanded for his mental condition to be inquired into. He gave a history of convulsive attacks after a head injury ten years before. He said that his mates knew when the fits were coming on and had told him that "he stood and studied." They then looked after him until the attack was over. His sister corroborated the history. She said the fits lasted about three minutes, and he had been under treatment at two hospitals for them. He was out

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of work at the time of the offence. He went through the open door of a house and picked up a baby placed in a perambulator inside the entrance, and walked upstairs with it in his arms. The mother, hearing the infant cry, came down and met the accused and tried to get her baby from him, but unsuccessfully. She became frightened and ran out for a policeman. On her return with the officer she met the accused coming out of the house without the baby, who was not injured at all. She said that he then seemed quite a different man. The accused stated that he remembered listening at an out-of-door meeting on unemployment in the street in which the house was situated; then came a complete blank until he found himself standing between two policemen outside the house. When under observation in the prison hospital ward he walked one afternoon to the door saying, "I'm coming, I'm coming," and appeared to an experienced officer to be quite unconscious of his surroundings. A medical colleague saw him almost immediately. He was conscious then but had no recollection of the occurrence, and the plantar reflexes gave an extensor response for a short time.

The main difficulty in forming an opinion upon the mental condition of an accused person arises from the insufficiency of facts available for the purpose. This was overcome in the cases to which I have referred. In the following case certain essential medical links in the chain of evidence were missing: A young man aged 21 years was charged with indecently assaulting a girl aged 8 years as she was wheeling a perambulator along the street. He came behind her, made some remark, and lifted up her clothes. The girl went to her home close by and told her father; he came out and approached the prisoner, who ran away. He was caught and said nothing, but when seen some time later by a detective stated that he felt ill. Still later at the police station he said, "I don't know half what I do or don't do lately; I am about done now." He was said by the police "to answer questions briefly and in a disinterested manner, and appeared to be in a state of oblivion and lacking in concentration." His sister called at the station and stated that he had been very depressed and that it was feared he might attempt suicide. He had been recognized as a somnambulist during childhood, and had had frequent lapses of memory in later years. On one occasion, after an acute illness, he was sitting on his bed and remembered nothing until he was found a mile away from the house, and other periods of automatism had occurred of which there was corroboration. He stated that on recovering from them he felt as if he "had been asleep in his clothes." He alleged that on the day of the offence he had no recollection of what occurred from leaving home at mid-day until he awoke next morning in the police-station. He

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was reported by his very respectable parents to have become depressed, irritable, morose, solitary and impulsive, and had shown much concern at his attacks of loss of consciousness. There was no history of any convulsive attacks. His accounts of the offence never varied, and this much could be accepted: creditable periods of automatism occurred in a somnambulistic subject whose psychotic disturbances were of the epileptic type. The offence might be regarded as the caricature of a sexual act. The attempt at escape appeared to indicate a conscious appreciation of the position in which he found himself, as did his statement that "he was about done now and did not know half what he did or did not do lately." The latter was, perhaps, at variance with his assertion that he recollected nothing from leaving home until he awoke next morning, and was inconsistent with unconscious automatism as it connected that condition with the conscious experience of his normal life. On balance the material appeared to indicate that, either the offence occurred during a period of automatism in a person who fled from the situation on becoming aware of it, and who exaggerated the length of the amnesia in an effort to excuse himself; or that the assault occurred in an epileptic who purposely endeavoured to deceive and shelter himself under his disease; or that it was due to a psychoneurosis.

I have brought these cases forward to illustrate epilepsy as it usually presents itself for consideration in the criminal courts, where facts are all-important and theories often at a discount. There would seem to be no doubt that epileptic furor may result in crime, which is remembered when the epileptic has become his ordinary self. But epileptic automatism is sometimes alleged in cases in which it is clear from the evidence that the accused had some recollection of the events connected with the crime, and medical evidence is sometimes brought forward in support of this view. My own experience is that the automatic acts are not remembered, and I derive support in this from the weighty authorities I have quoted. If the members of this Association confirm the views of Savage, Maudsley, Mercier, Pietersen, Jelliffe, White and others, an important forensic decision will have been reached which will be of value to many medical witnesses in criminal trials.

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