(*c*) Aux Sociétés savantes, aux bibliothèques, aux Instituts et aux privés qui auront payé la même cotisation.

23. Les rapports et les mémoires seront publiés en allemand, anglais, français et italien. Les mémoires originaires seront publiés dans une des quatre langues, choisie par l'auteur; il en sera publié un résumé dans les autres langues. Les informations seront publiées dans les quatre langues.

24. Le Bureau nommera un *personnel rétribué* pour les travaux de l'Institut, pour la correspondence, la comptabilité, etc., et pour la publication du Bulletin. Ce Bureau aura sa résidence dans le Siège central de l'Institut.

Part I.—Original Articles.

Insanity as Disorder of Conduct. By CHARLES MERCIER, M.D., F.R.C.P.

IT is with considerable diffidence that I bring this subject before such an Association as this. I should have the same feeling were I to argue before the Mathematical Society for the merits of the Multiplication Table, or before the Astronomical Society in favour of the Law of Gravitation. It is a matter that I have regarded as an axiom for the last five and twenty years, and that I fondly thought was established as a fundamental doctrine of alienism. My astonishment was great therefore, when, at a recent meeting of the Education Committee of this Association, my proposal, that the doctrine should find expression in the syllabus of subjects for the diploma in Psychiatry did not find a single supporter. The experience carried me back to the early years of my membership of this Association, when I constantly found myself in a minority of one in advocating views which are now become commonplaces. It seems, therefore, necessary to bring the matter formally before you, and to argue it out; and here I am in the difficulty felt by everyone who tries to prove formally what seems to him self-evident. I believe that things that are equal to the same thing are equal to one another. I do not know whether any of the members present share this belief.

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If they believe that conduct is of no importance in insanity, the same cast of mind may very well cause them to believe that things that are equal to the same thing are greater than one another, or that two straight lines can enclose a space, or that things that are unsupported fly upwards. But if they do believe that things that are equal to the same thing are equal to one another, they would have considerable difficulty in giving a reason for the faith that is in them. If I question the truth of it, and ask what are the grounds of their belief, I think I should place them in a quandary. I am in a similar quandary in demonstrating that disorder of Conduct is the prime element in Insanity.

I think I am correctly stating the doctrine, that I fondly thought I had exploded five and twenty years ago, when I say that it regards Insanity and disorder of mind as convertible terms. Insanity is disorder of mind, and disorder of mind is Insanity. This I utterly, and totally, and strenuously deny. Nearly every day I see cases of disorder of mind that it would be an outrage, and worse, it would be a blunder, to call Insanity; and very often I see cases of Insanity in which disorder of mind is neglectable, and does not enter into the consideration of the case. Let me give a few instances. A man occupying a high position in the service of the State, the duties of which he performs with great ability, suffers acutely from claustrophobia. He dreads a railway journey, and finds it impossible to travel with the window shut. He always travels with a railway rug in straps, and in the hottest weather he covers his legs with the rug, to conceal the fact that he has strapped his legs together to prevent himself from making a sudden rush from the carriage. When he is in any small closed space he is in an unreasonable panic; but he is as far removed from insanity as you or I, for he knows as well as you or I that his panic is unreasonable. He can no more help feeling the panic in appropriate circumstances than you or I can help feeling drowsy during a Presidential address in this room. But—this is the point—his conduct has nothing abnormal in it. What he does is to take a reasonable, sane, judicious precaution against the consequences of his disorder, and in this sane conduct he proves his sanity in spite of the disorder of his mind.

Some of you may say, erroneously as I think, but you may

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say that such a case as this is a borderline case—a little more and he would have stepped over the border and become insane —and that the disorder of mind, if it was not actual insanity, partook of the nature of insanity. I will therefore take another case, which will I think put the matter out of doubt. At the present time I have two patients who are affected by a most distressing form of giddiness. They feel as if the ground were constantly swaying about, like the deck of a ship at sea. They walk with uncertainty and difficulty. One of them has repeatedly fallen, owing to this apparent movement of the ground. The other feels it even when sitting down; and always holds on to the arms of her chair or to the table, or some other fixed object, for fear she should sway off her seat and fall. Now, giddiness, I beg leave to remind you, is a disorder of mind. It is an abnormal feeling. Oh! but, you say, it is due to some nerve lesion. It is an affection of the ocular muscles, or of the semi-circular canals. No doubt it is due to the messages sent to the cortex from the retina, or the ocular muscles, or the semi-circular canals, or elsewhere; but the giddiness itself is as distinct from the nerve lesion, or the molecular nerve current, as mind is distinct from matter. The giddiness is a feeling of giddiness. It is a misinterpretation of the relative positions and movements of surrounding objects, or of oneself with respect to surrounding objects; and interpretation and misinterpretation are purely mental processes. The disorder is, no doubt, founded on a physical lesion and the result of a physical lesion, and so, we believe, is insanity, but it is itself a disorder in the mind. No doubt the mind correctly interprets the sensations that are received, and it is the sensations that are erroneous; but again, sensations are mental, not material facts. The mind works correctly on the material presented to it, and this correct working keeps the disorder within the range of sanity. But the material presented is mental material, and this material is erroneous. It is mental disorder. If there are any who think that giddiness is a bodily disorder itself, apart from its foundations, I respectfully submit that until they recognise the limits of the mental and the physical—the distinction between mind and matter—they have no *locus standi* in this discussion.

Now take another case. Shortly after I was qualified, as I was sitting in my uncle's surgery reading for my next examina-

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tion, a man rushed in, took up a chair, and before I could say "knife," if I had wanted to say it—as a matter of fact it did not occur to me—but before I could have said "knife," he had smashed with the chair every pane of glass in the window, and lifted the chair to add my head to the general smash. I had never seen the man before, nor had he seen me to my knowledge. We were entire strangers. Under these circumstances, ought I to have examined into the state of my visitor's mind before forming an opinion on his sanity? Was I to find out whether he had a delusion, and whether that delusion so influenced his mind as to cause him to act otherwise than he would have acted if he had not had it? According to what I must now suppose to be the prevailing and orthodox view of insanity, I ought to have done so, but I did not. I went out of the room—I do not say hurriedly; I may have gone leisurely—I don't clearly remember. It was a long time ago. But I went. I went over to the police-station opposite, and told the sergeant on duty that there was a madman in the surgery. Was I justified in making this statement? As I understand the doctrine of insanity which I must suppose is prevalent, I was not. Insanity is disorder of mind, and I knew nothing whatever about this man's mind. For aught I knew he might have had the minds of Socrates and Aristotle, of Sir Isaac Newton and Herbert Spencer all rolled into one. But I did not concern myself about it. I rested my diagnosis of his insanity purely and solely on what I had seen him *do*—in fact, on his conduct, and in this I submit that I was justified.

Take yet another case. Some year or so ago I certified and sent to an asylum a gentleman in whom neither I, nor anyone else could detect the slightest intellectual disorder. In conversation, in argument, in astuteness, he appeared to be immaculately sane. I rested my opinion of his insanity entirely upon a long course of conduct, extending from the age of six down to the age of thirty. It took several sheets of foolscap to set forth all the facts indicating insanity that were communicated to me by others, and in all this narrative no reference whatever was made to his mind. The whole judgment was based on conduct and on conduct alone; and this certificate was accepted by the magistrate who made the order, and by the Commissioners who assented to his detention.

One case more, and this a brief one. I was once introduced

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to a lady, who immediately spat in my face. I sat down at once and certified that she was insane. I did not interchange a word with her. I knew nothing, and to this day I know nothing of the state of her mind. I regarded that as altogether beside the question, and I think so still.

Of course, when I say that insanity is disorder of conduct, I shall be understood to deny that disorder of mind exists in insanity, and I know by experience that it is very little use to combat this interpretation of my doctrine. It is due to myself to try, however. I proclaim, therefore, that disorder of mind is, as far as we know, always present in insanity—as far as we know, I say, for our knowledge of other people's minds is always more or less conjectural. But the point, the gravamen, the nucleus, the crux of the matter is this, that unless it is expressed in conduct, or unless it is a guide to the conduct that may be expected, the state of a person's mind does not matter a straw to the alienist. So long as a man's conduct is normal in all the relations of life, it does not matter a straw if his mind is as full of delusions as an egg is full of meat, or a beehive of bees, or a herring of bones. For aught you know to the contrary, my mind may be at the present moment swarming with delusions. For aught I know to the contrary, you may all be possessed with the most irrational and preposterous notions about what is to be expected, for instance, from Tariff Reform, or from the abolition of the House of Lords. But if, notwithstanding, he acts capably and with propriety in all the relations of life, then I say, it does not matter a straw whether a man's mind is disordered or not, he is for all practical purposes sane. He is not to be deprived of his liberty; he is not to be sequestered from the management of his estate; he is not to be deemed incapable of making a will or a contract, or from transacting other business; he is not to be held immune from punishment if he commits a crime. The question of his insanity does not arise.

For us it is conduct, and conduct alone, that matters. What we are to investigate, and what we are to treat, is not what is going on in a man's mind, but the way he behaves. One of the elementary lessons that I give to my elementary class, is that the facts indicating insanity that they are to put into a certificate are to be facts, and facts observed by themselves; and this excludes all the states and processes of mind of every sort, kind and

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description. That a person has a delusion may be a fact, but if it be, it is a fact that cannot be observed by anyone else. What a person thinks, or feels, or knows, or believes, or wills, or desires, or hopes, or fears ; whether he is joyous, or miserable, or apprehensive, or suspicious, or exalted, or confident, or hopeful, or despairing, is for ever beyond our direct observation. We cannot observe what is passing in another man's mind. We can only infer it from what he says, and what he does, and how he looks ; and these are all phases of conduct. They are not states of mind. If a man tells me he is the Emperor of the Universe or that he is the Awful of Awfuls, does he thereby enable me to see into his mind and observe what he thinks or feels ? No ; all that I can observe is that he says so. Whether he really thinks so, or feels so, I cannot observe. I may infer from other circumstances, from his looks, acts and demeanour, that he is speaking the truth ; but he may be lying merely, and whether he is truthful, or whether he is lying, I can no more observe what is passing in his mind than I can observe what is on the other side of the moon. I apologise for inflicting these truisms upon you ; I should never have done so if I had not been driven to it, but it is impossible to insist too strongly that all the knowledge we have of the minds of other people is conjectural, and is inferred from conduct. And when we have that knowledge of another person's mind, it is of no value, it is of no consequence, it is of no importance, except as it indicates what his conduct is likely to be. In any case, if we take mind into consideration, we must infer it from conduct ; and from mind we infer back to conduct. Why not take conduct, which, and which alone, is open to direct observation, and rest our judgment of sanity directly upon that ?

Another whole class of corroboratory facts, if corroboration were needed, is found in observation of post-epileptic automatism. I have seen persons in post-epileptic automatism so behave as to pass muster as normal persons. No one who was present, except myself, had any reason to suppose that they were other than normal sane persons, so perfectly did the automatic conduct mimic normal conduct. Yet, as far as it is possible to judge, these persons were mere automata without any mind at all at the time. Suppose this state to be prolonged, as there is some reason to think it has been prolonged, for days, months, or years, what reason, what excuse, what occasion, should we

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have for pronouncing such persons insane? Supposing that they went about their business, bought and sold, married and were given in marriage, performed all their duties to themselves, their families and society, in a normal manner, what is it to a bystander whether they have minds or not? It would never occur to any onlooker to raise the question. They would go to their graves with the reputation of having been sane all their lives, and yet they would have had no more mind than a Jacquard loom, which can do things as intelligent as a human being.

Our interest in other human beings lies in what they say and do; and not in what they feel and think, except in as far as their feelings and thoughts are a guide, or an index, to what they may say and do. If they say and do insane things, they are insane, whatever the state of their minds may be. If they do not say or do anything insane, the question of their insanity does not arise. It never occurs to us to raise the question.

In a conversation I had the other day with one of the members of the Education Committee who voted against me on the occasion in question, I learnt that he made no distinction whatever between mind and conduct; and in the provisional syllabus that has been distributed, you will find that some phases of Conduct are included under Psychology. It is difficult to treat this opinion with respect. I have a great respect for the gentleman himself, but if I am asked to treat this opinion with respect, you must excuse me. I will consent to regard Conduct as a branch of Psychology when you show me how to equate the smell of lavender with the Houses of Parliament, or when you can propel a battleship by a feeling of consternation. The universe of matter and motion lies on one side of a gulf, and the universe of mind lies on the other. The gulf is bottomless, and its width and length stretch to infinity. When we can jump from the earth to the pole-star, and from the pole-star to the Southern Cross, then perhaps we may go into training for the far more difficult task of equating the movements of matter with the processes of mind.

But where, it may be said, does all this lead to? It may or may not be an interesting academical disquisition, but what is its practical moment? It is this. If Insanity is a disorder of Conduct, surely Conduct is worth study. One heretical doctrine that I preached five and twenty years ago is now

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become orthodox. I then said, if Insanity is disorder of mind, surely it is incumbent on us to study that which in Insanity is disordered. We learn Physiology before we study Pathology, and surely, in Insanity also, the Science of the Normal should precede the Science of the Morbid. In that respect we are happily agreed. We are all Psychologists now, and I vainly imagined that this second doctrine, that I preached at the same time, was also accepted. But I have been rudely wakened from my dream. The Education Committee with unanimous voice has refused to erect Conduct into a separate branch of Study, or give it a separate heading in the Syllabus. It is to be content with two or three widely separted sub-headings of Psychology.

Well, gentlemen, whether Conduct is worth study or not is a question that I hope to hear debated this afternoon, but whether any branch of Conduct can be included in Psychology does not admit of debate. If you included the construction of the steam engine in a syllabus of Counterpoint and Harmony, or if you included the drafting of Parliamentary Bills as a branch of Astronomy you would not go farther astray. The things are disparate in nature, and by no effort and by no artifice can they be brought together. The subject of Psychology is what goes on in the mind. The subject of Ethology, the Science of Conduct, is what men do and say. Doubtless, what we do and say expresses, with what accuracy we can compass, the thoughts and feelings we have in our minds; but what we do and say are no more thoughts than the ink-marks on the paper I am reading to you are thoughts.

My thesis is that Conduct is not only a proper subject of study for the alienist, but that it is *the* subject of study. It ranks in importance before all else, and should be studied by the alienist at least as systematically as mind, or as the anatomy of the brain. But again, it will be objected that there is no book on the subject—as if things had not to be studied outside of books before they can be put into books! We have the subject matter of the study constantly before us all our lives. in both its normal and its morbid aspects. All we have to do is to observe what goes on around us; and for books, every novel is a study of some phases of conduct, unless it is a so-called psychological novel, and that, I am glad to hear, is now out of fashion.

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I wonder whether the members of this Association realise the meaning and effect of regarding insanity as a disorder of mind, instead of primarily a disorder of conduct. Some part of the effect is seen in the proposed syllabus for post graduate instruction, which is now before the Association. In this we find that importance is attached to investigating the reaction time of our patients; we are to discover their æsthetic sentiments; we are to find out their ideation type; we are to test them with the ergograph; we are to inquire into the synthesis of their consciousness; we are to discover their faculty of space perception and time perception: but whether or not they can earn their living we need not inquire; whether they are drunkards, or profligates, or prodigals, are matters of no importance; we need no information about suicidal attempts. Whether our patient is a miser, or a spendthrift; whether he hoards rubbish or collects stamps; whether he is filthy in his habits, or maniacal in his fury; whether he adorns himself with tawdry ornaments, or tears up his clothing; whether he tries to murder his wife and children, or runs amok in the streets, shooting unoffending wayfarers, all these are to us, as alienists, matters of profound indifference. We need pay no attention to them. They are unworthy of our consideration. To teach students that persons in acute insanity are apt to commit suicide is of no importance whatever. What is of importance is that we should take their reaction time, and test them with the ergograph. That is what students are to be taught. Gentlemen, I submit that this doctrine is mediæval, crude and profoundly erroneous; and I submit, moreover, that no one who professes or pretends to hold it bases his practice upon it. You may pay it the lip service of saying that insanity is disorder of mind, but when you investigate your cases do you confine your investigation to the state of their thoughts and feelings, and pay no attention whatever to what they say or do? I am sure you do not. You have too much sense. But if conduct is to be investigated at all, is it not worth while to investigate it systematically? Can it be investigated systematically? Is there a science of Conduct? I say there is. It is not recognised. It is formulated in no book, but I have drawn up a syllabus on the subject which is my guide in lecturing to my students, who are taught that the study of Conduct is the primary and essential and fundamental study in Alienism, and

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such a syllabus should, I submit, appear in the syllabus of subjects required of candidates for degrees in Psychiatry.

Discussion,

At the Quarterly Meeting held in London, May 24th, 1910.

Dr. Savage said it had given him great pleasure to listen to what he expected would be a treat. It was a great thing to encounter Dr. Mercier when he was in a destructive frame of mind. One could never feel quite sure whether he would not be extremely materialistic to-day, and immaterialistic to-morrow. But at all events he had provided food for thought. Dr. Savage assumed that all who were engaged in treating the insane did recognise the necessity of observing their conduct. Certain certificates which he had signed and which had been accepted had been very wide of the mark in regard to facts observed by himself. With regard to Dr. Mercier's remark that a man might be as mad as possible and yet his conduct be all right, he remembered getting a man removed from a public asylum, who had been there more than a year, and who had hallucinations of hearing of a most marked description. This patient said, "All the difference between you and me is, that you have a subjective thought which does not influence your conduct; I have an objective thought which does not influence my conduct either." But take the man who was in Bethlem Hospital; he had a suggestive consciousness which said, "Knock somebody down," and he did it. Both men had hallucinations of hearing; in one, conduct was not influenced; in the other, it was. The one, Dr. Savage considered, should not be treated as insane, the other should. He felt very grateful to Dr. Mercier for having so clearly pointed out the necessity of looking at insanity from the practical point of view, and not entirely from the scientific standpoint. He hoped that they were not going to exclude science, nor to go back to practically classifying by symptoms. Some would say that was the danger. One must fight against the attitude of regarding conduct alone as the criterion of a man's insanity, and one must investigate the process of reasoning on which the conduct was based.

Dr. W. H. B. Stoddart said he was very pleased to hear that he had gained the respect of so eminent a man as Dr. Mercier, but sorry to learn that his opinion did not meet with that respect. He agreed to a large extent with Dr. Mercier that conduct was a criterion of insanity (Dr. Mercier: *The* criterion). But the point was that he, Dr. Stoddart, regarded conduct as a part of mind, and that was where they parted company. It was a large subject to attack in a meeting of that kind. The difficulty was that it was necessary to draw the line between conduct and what Dr. Mercier regarded as mind. Conduct appeared to be something muscular; but he took it that one could not stop at the muscles and not enter the nervous system at all. Conduct must be some co-ordinated action, and as long as muscular action became co-ordinated it took one into the nervous system and inside the skull. It was very difficult to say where the study of conduct was to leave off and where the study of psychology was to begin. The only point on which he differed from Dr. Mercier was that he wished to include conduct in the study of psychology.

Dr. Steen remarked that Dr. Mercier stated that when conduct was disordered there was disorder of mind. He wished to ask whether the converse was true. When conduct was not disordered, was there no disorder of mind? He had in mind the case of a young girl, the history of whose past life would fill many pages of foolscap. She was certified as insane and sent to the City of London Asylum. She was a private patient. At the end of one month from admission she, of course, had to be certified to the Commissioners as insane. There had been no disorder of conduct during that month, but her certificate was written. At the end of a year she had again to be certified as insane, yet during that time there had been no disorder of conduct, and no other mental disorder that he could discover. He felt, and knew from her past history, that she was a moral imbecile, or was morally insane, and yet there was no disorder of conduct. What was the superintendent of an asylum to do with such a case as that if conduct was to be the only criterion?

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Dr. DRAPES said he thought that if Dr. Mercier had used the word "certifiable" before "insanity," his remarks would have been apt. But surely Dr. Mercier did not wish to press the point that there was no insanity except that which showed itself in conduct. One was taught that the mind consisted of three principal departments—intellect, emotion, and will; and that insanity might show itself as a disorder of any of those, or of all together. One was also taught that disorders of will revealed themselves in conduct. But did there not exist, underlying every action a man committed, whether he was sane or insane, a mental condition which prompted the act? If Dr. Mercier's views were carried out practically, he, Dr. Drapes, thought the occupation of the alienist would be gone, because the man in the street would be as good a judge whether a man was insane as would be a skilled psychologist. What the alienist had to do was to give some explanation of the man's conduct. That could only be done by reference to the man's mental condition as a whole.

Dr. URQUHART said it was a real pleasure for him to come to London to find Dr. Mercier so happy in the sunshine that he could afford to go back twenty or thirty years in his life and to reproduce his old ideas, which were very familiar to alienists there. He feared that Dr. Mercier had that day rather mistaken his audience; he must have meant to address the Medico-Legal Society rather than the Medico-Psychological. Those who had to endure the rough and tumble of the Courts would highly value the direct and effective reasoning by which Dr. Mercier introduced and maintained his thesis. But the trouble was that it was not a doctor's paper, and it did not in any way set forth a physician's opinion. If insanity was merely disorder of conduct, then it was more of a legal than a medical question. Of course one had to address oneself to the legal question as well as to the medical one; but it was comparatively irrelevant to members of that Association what was the legal question in connection with insanity: the insanity which was a disease of the brain, or the brain affection caused by bodily disorder. Dr. Mercier resembled a man who gave a minute account of a disordered rheumatoid arthritic joint, without the slightest consideration of what preceded the condition. What was the reason of the disability of the joint in conduct? That was the question which alienists were still face to face with to-day. It was a medical question, and the question of all questions: What was it which led to the disorder of conduct? What terrible catastrophe had befallen the person? What was to be done to restore that person? Or, still more, what was to be done to prevent disorder of conduct, which was a late symptom, and one of secondary importance to the physician? He thought that their standpoint, to be effective, must command far more than Dr. Mercier said. He did not suspect what Dr. Mercier's thesis was until he produced it towards the end of his address; he did not know it was an attack upon an unfortunate syllabus. How difficult it was to write a synopsis for the Association. It had no personality about it; the whole work of a Committee was watered down to the meanest intelligence. Whenever a man serving on a Committee had a good idea and produced it with fatherly pride, it was of short-lived duration; he found he had talked too high or too low, too broad or too narrow, and the consequence was that the Association got something which was safe. Dr. Mercier had taken that course on the present occasion: he was the safe man talking to "mad doctors." But had he enlightened them as physicians? Did they know now more than they had learnt from Dr. Mercier himself twenty-five years ago? He did not think so.

Dr. DIXON said he wished to ask Dr. Mercier, if one was to regard insanity as merely a disorder of conduct, without any reference to the supposed state of the mind which led to that disordered conduct, how one was to provide accommodation for all the people in this country whose conduct was found to be disordered from day to day. At the present time it appeared that if the conduct was disordered, the policeman or some other guardian of the public came to the rescue of the community. But if all the people whose conduct was disordered were to be considered insane, he feared that the asylum accommodation, if they were to be incarcerated there, would have to be very much increased.

Dr. BEDFORD PIERCE desired to ask Dr. Mercier a question. He understood the thesis to be that there was no insanity without disorder of conduct. If that were true we could have no knowledge of insanity unless we discovered some disorder of conduct. How would Dr. Mercier speak of the person who was troubled with obsessions to murder? He knew a gentleman who came to the Retreat at York

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willingly because he wished to be kept there as a protection against himself; he was under the fear that he would murder his children. The conduct, in coming to that institution, was not insane; he was acting reasonably to prevent himself doing an evil. Unless the fact of speaking of such things was called conduct, he would have thought the man was insane although his conduct was correct.

Dr. LANGDON DOWN said conduct was the text by which the mind was read. It was necessary to go through the process from conduct to mind, and from mind back again to conduct, because without that connecting link there was no reason why one act should be succeeded by any other similar act. Therefore it would be wrong to infer future conduct from past, unless one had that basis, that there was a connection between conduct and mind, and between mind and conduct again. It was as if Dr. Mercier were to say they were to read the text which would be seen in the book when it came to be printed, and that the mental condition of the writer was an inference which did not matter. The text was studied with the view to inferring the mental condition. The mental and the physical formed one series of events, and although philosophically one could not connect them up, it was a mistake to neglect the connection in practical psychiatry. Surely the analogy which the author laid before the meeting was incorrect in the case in which he called giddiness a disorder of mind. The mind of that patient, for all the observer knew, might be correctly reacting on the impulses submitted to it; just as Dr. Mercier had held that the man who tied his legs together in a railway train was not showing disordered conduct, because his conduct was reacting correctly in interpreting his feelings.

Dr. RAYNER said that some years ago Dr. Mercier and he saw together a surgeon who had performed upon himself a most complex operation, involving elaborate insanity of conduct. Still, although the act, judged simply as an act, was absolutely insane, it was concluded that he might have his liberty, and so he was not sent to an asylum.

The PRESIDENT said he had but few remarks to offer on the paper. In conjunction with all present, he was much indebted to Dr. Mercier for his very racy and enlightening paper. He very closely associated himself with Dr. Mercier's rendering of the subject. The point of the paper was that Dr. Mercier took the legal consideration almost apart from the medical. He waived away with the hand at once the legal fiction of delusion as being the necessary proof of insanity; also he dismissed all other mental manifestations as proofs of insanity, and went at once, as a true neurological student, to objective phenomena, and examined the mental reflexes of conduct—if Dr. Mercier would allow the term—and in that case one found him so pre-eminently practical. He agreed that conduct should be taken very widely into consideration; but he had always found a stumbling-block in his way, and he would like it removed—namely, how to deal with crime. If one took disorders of conduct into consideration, then, as a speaker had already remarked, our asylums would soon be over full. If one took into consideration all forms of disordered conduct which embraced the criminal also he did not see how one could dissociate the two without going further back to mental phenomena and investigating for oneself, whether the act so performed was the result of what was usually called insanity, or was of a criminal nature. Possibly Dr. Mercier might be going further than himself in his definition of crime. But there was a line to be drawn, and it would often be most difficult to solve the question in the courts.

Dr. MERCIER, in reply, said that he could not understand anybody holding the opinions which Dr. Stoddart held on that subject. That gentleman said that conduct took one right up the nervous system into the skull. Dr. Stoddart said that the only point on which they differed was that one included conduct in psychology, whereas the other did not. That was only one of the points on which there was a difference between them; but it was quite true that it was the point upon which he laid stress. He had already given reasons why he did not include conduct in psychology. Therefore they must agree to differ. Dr. Steen had asked him if the converse was true. But it was not exactly the converse. He said that when conduct was disordered there was disorder of mind; and Dr. Steen asked whether when conduct was not disordered there was no disorder of mind. He tried to give many instances in which there had been no disorder of conduct, and yet plenty of disorder of mind. He could have reeled off such instances by the score and by the hundred. And that was his point, showing that there

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could be disorder of mind and yet no disorder of conduct. Dr. Steen brought forward a case of moral insanity, and said that that unfortunate young lady was the subject of moral insanity, but he could not, on the assumption that conduct was to be the sole criterion of insanity, give a continuation order, because he had not observed in her any insane conduct. If she evinced no insane conduct he did not see how she could be certified. If she was not insane in her conduct, then, for the alienist's purpose, she was not insane at all. But it was possible she might not be insane. And he thought it was almost certainly the case that the reason she did not appear to be insane was because Dr. Steen had given her such excellent care. But if she were relieved of that care she would probably evince her insanity once more. (Dr. Steen: "But what ought the superintendent to do?") Our judges invariably declined to answer hypothetical cases, and they were celebrated for their wisdom. Dr. Drapes spoke about disorder of will, and contended that such were the only disorders of mind which issued in conduct. He did not agree with that. He believed that disorders of all the subdivisions of mind might have their counterparts in disorders of conduct, not merely disorders of will. His friend, Dr. Urquhart, said the paper was not a doctor's paper, and that it should have been read before the Medico-Legal Society; that if insanity was merely a disorder of conduct, it was legal only. He did not follow Dr. Urquhart in that; he did not see why that view should be held. The paper was provoked by the extraordinnry and reprehensible conduct of the Education Committee, which refused to support him by a single vote when he desired to introduce the study of conduct as an element in the syllabus. He was not contending that there was no disorder of mind in insanity; he was not contending that conduct was the only thing disordered in insanity; what he was contending for was the systematic study of conduct, for its erection into its proper position as the primary but not the sole element in insanity. Dr. Urquhart had said that he (Dr. Mercier) was only saying over again what he said twenty-five years ago. That was true, but unfortunately, twenty-five years ago the seed fell on barren soil; apparently it was sown on stony ground, and had never fructified. Therefore, there was surely no harm in sowing again and expecting a better harvest at some future time. Still, he was glad to see that opinion had moved a little since those old days. He had been asked whether disordered conduct did not mean crime, and how one was to distinguish between disordered conduct which meant insanity, and disordered conduct which meant crime. It seemed to be assumed that if one regarded insanity as disorder of conduct, therefore one must include crime as insanity. He repudiated any such notion. That such a notion could be conceived showed that we had no proper conception of what disorder of conduct consisted in; and until conduct and disorders of it were systematically studied, such a mistake would continue to be made. He did not believe that anyone had upheld more than he had the doctrine of the unescapable responsibility of every person for his or her acts; and he had never regarded insanity and crime as convertible terms. Dr. Bedford Pierce had put a very difficult case to him, that of obsession to murder; and he asked the question whether such a person as he mentioned, who came to him and placed himself under care because he had an obsession to murder his children, was sane or insane. The answer he would give was, Look at the man's conduct; what did he do? He had that disorder in his mind; what was his conduct in consequence? His conduct was the sanest thing he could do, namely, putting himself under Dr. Pierce's care. What more sane thing could he have done? Surely he proved his sanity by his conduct. If instead of putting himself under care he had cut his children's throats, the situation would have been altogether different. It was Dr. Langdon Down who had placed his finger on what was apparently the weak point of the position. Of course, undue neglect of a study of conduct and its disorders had led him, Dr. Mercier, to place an amount of stress upon it which appeared to give it an exaggerated importance, to elevate it into too prominent a position. He repudiated any idea that he believed that mind should be altogether neglected. One must, and one did, argue from conduct back to mind, and from mind back again to conduct; and mind formed a bond of union, a link of association between conduct now and conduct following, and both must be studied. But the study of insanity was not complete when mind alone was studied; nor was it complete by the study of conduct alone. Insanity was only fully studied by the co-ordinated consideration of mind and conduct. Hitherto the study of insanity had been restricted too

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much to one of those aspects, to the neglect of a systematic study of conduct. He remembered the case which Dr. Rayner reminded him of, and it was a very astounding one. It was a case in which the man's conduct was extraordinarily disordered, but Dr. Rayner and he could not discover a disorder of mind. The surgeon was not certified; they agreed that he should not be, but that was not because his disorder was one of conduct and not of mind, but because they were both convinced that there was no prospect of a repetition of that disordered conduct. Dr. Rayner would doubtless bear him out in that. Had it been thought that there was reasonable ground for believing that such conduct was likely to be repeated, they would undoubtedly have certified him. (Dr. Rayner signified his assent.) His point was therefore proved. He had already met the President's objection that the acceptance of the idea that insanity was disorder of conduct would lead to confusion between insanity and crime. He was sure it would not. It was only because conduct had not been systematically studied that the confusion existed; and if conduct were studied as such, that confusion would not be increased, but, on the contrary, would be cleared up.

A Theory of the Toxic and Exhaustion Psychoses.

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MR. PRESIDENT AND GENTLEMEN,—I have had a little difficulty with my title, because the disease to which I want to refer is known under so many names. "Exhaustion psychosis" is one, and the same disease is also described as "post-febrile insanity," "acute confusional insanity" and "acute hallucinatory insanity"; while on the Continent, I think, psychiatrists are unanimous in applying to it the name "amentia." But "amentia" in this country has a different meaning, so that we cannot adopt that term here. Having, however, given you the list of names by which the condition is known, you will recognise the disease to which I refer.

It has several causes, but if you examine the cases you will find that they all have the same series of symptoms. It arises as the result of toxæmias of various kinds, mainly those following acute fevers. It is also caused by such poisons as alcohol, belladonna and hashish. We find the same disease following physical and mental exhaustion; one has seen it in men who have undergone severe physical strain: for instance, I saw one case in a man who had run a five mile race and won it. It also occurs after mental exhaustion. One sees it perhaps most commonly in people who have been working for examinations. Lastly, it may be the result of mental shock; one sees it in patients who have suddenly lost friends, and it comes on quite suddenly in some patients. For instance, I

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