the most striking illustration of this progress was Professor Freud's technique for the discovery of the psycho-genesis of delusions. If the leading psychological authorities on the Continent and in America expressed their indebtedness to Freud and Jung, surely they might do so without demur. They had clung convulsively to the old method of case-taking—recording symptoms which nobody read, which he himself never read. Such phrases as "strange behaviour," "incoherent talk" did not throw much light on the individual's mental state. If the time given to those useless exercises were given to the new method of the men like Freud there would be better results. Finally, those newer psychological methods should be singularly applicable to a population gifted with the susceptibility and suggestibility of the Celtic temperament.

Note on Hereditary Insanity from a Practical Standpoint. By R. R. LEEPER, F.R.C.S.I., Medical Superintendent, St. Patrick's Hospital, Dublin.

AT this time and place it would be presumptuous of me and disrespectful to your knowledge and experience were I to claim any startling originality for this short paper.

During the past twenty-three years I have been in practice amongst the insane of this country, and I think that this experience entitles me to draw your attention to some facts which I have observed during my professional work. Although much that I have to say is well known to physicians engaged in the active treatment of insanity, I think that our knowledge is not turned to sufficient practical use in the education of the public mind and the framing of public thought to the betterment of the race, so as to prepare the way for the time when we must ultimately secure legislation on eugenical lines. Preventive legislation must be carried out if ever the mass of insanity due to marked hereditary defect is to be diminished.

Heredity, according to the statistics, plays as important a part in the production of insanity in Ireland as it does elsewhere. Alcoholism and all of the other factors sink into insignificance, in comparison with heredity, as causative agents; and let us remember that insanity produced by strongly marked hereditary influence is always the most incurable.

During past years I have had, as all of us have had, many cases which have recovered, some completely, some incompletely, and others in which recovery did not occur. The complete recoveries have all occurred in cases, as you would expect, which suffered from insanities caused by toxæmia, shocks, traumatisms, or the action of physical diseases upon

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the mind, and the insanities due to unsuitable environment and employments. The incomplete recoveries and the relapsing and incurable cases were, in my experience, entirely due to defective inheritance, or were cases in which a strong taint of insanity existed, undoubtedly due to the possession by the individual of that peculiarly neurotic constitution marked by the common characteristics of degenerate types—depressed or ill-developed crania, excessively mobile or sluggish and dilated pupils, and that peculiar mauve-tinted iris which I have so often seen in the neurotic, thin-faced and excitable personalities, restless and impulsive, with more or less purposeless existences, and in whom one expects to meet with attacks of insanity during the physiological epochs of their unstable lives.

It is useless for us to hide from ourselves the fact that the resources of medicine and surgery will ever be inadequate to restore to reason and full mental health those patients who suffer from an insanity due to profound hereditary influences. The wastrel or degenerate offspring of insane parents will ever be a burthen to himself and the State—another item on the scrap-heap of degenerate and decadent humanity to be cared for and protected through the ages of Christendom.

In measures for the prevention of the production of the unfit rests, therefore, our only hope in the attempt to lessen the numbers of the chronic insane amongst us.

We must set our faces against all systems and State organisations which tend to encourage the propagation of the degenerate, and the system of all others which tends to propagate insanity in Ireland is the unimproved and perpetually active Poor Law system.

Without Poor Law reform none of the elaborate recommendations of the recently drawn up Report on the Feeble-minded by the Royal Commission can be satisfactorily carried out. Hitherto the common knowledge of the potentialities of hereditary defect as a factor in the production of insanity was either openly disregarded or these were looked upon as a visitation from Providence, which man had no business to meddle with so long as the marriage licence was forthcoming, this licence apparently being regarded as a full justification for the production of a family of epileptics, imbeciles, or gross defectives of one kind or another.

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Ireland is a sexually moral country, if its morality is to be judged by the numbers of its illegitimate births. These illegitimate births occur as 3·6 *per cent.* in Ulster, Leinster 2·6 *per cent.*, Munster 2·5 *per cent.*, and Connaught has an illegitimate birth-rate of only 0·7 *per cent.* of her population.

A remarkable fact about these figures is that all these illegitimate births are recorded as having occurred in districts in which workhouses were situated. The majority of women, therefore, it is reasonable to suppose, who become the mothers of illegitimate children in Ireland are temporary inmates of the workhouses.

Again and again we hear the dismal wail of the ratepayers—What is the reason for this increase of the pauper insane population? The reason, in my opinion, is not far to seek. The ratepayer, the clergyman and the sociologist must awake to the obviously uncontrolled productive forces of insanity working for evil amongst us, if ever an appreciable diminution is to occur in the number of the chronically insane and his twin half-brethren, the chronic criminal and pauper.

Let us briefly consider the conditions of the law as regards Irish workhouses since their foundation. Lunatics were always retained there without any system of certification or classification until recent years, when some effort was made to send them to asylums. Each workhouse had and, so far as I know, has a clientele of feeble minded young women who are the mothers of one or more illegitimate children. These women were often themselves reared in the workhouse and came back there, as their mothers had done before them, as the mothers of illegitimate children, and I believe that these children are often, if not invariably, defective.

Immorality is bad, and this form of immorality, resulting in the production of a steady stream of degenerative humanity, is, indeed, specially deplorable. Again, there is the respectably married pauper, whose *home* is the workhouse, in which his wife is confined of a large family who go out of the workhouse so long as begging is profitable, and no longer. I have known of such a family consisting of five or six children come into the workhouse for a night or two for shelter and stay in the house a week, and the children are sent to the workhouse school, and then at the expiration of this short visit the parents demand their discharge. The workhouse clothes are cast off, the rags

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resumed, and the wandering mother and children, arrayed in all the paraphernalia of beggardom, go upon another journey of pillage and vagrancy, only to seek again the sheltering walls of the State-supported institution when begging does not pay any longer. I have known many families brought up under these conditions, and this system has existed for years, and still exists, and the ratepayers of to-day and to-morrow will continue to groan and sweat under the yolk of taxation for the care and support of the degenerates so long as this State-aided lunacy and pauper manufactory receives from the State and the ratepayers such solid, financial and moral support.

What is to be said of this system which leaves *even unrecognised* the poor girl of feeble mind, one wholly unprotected? To allow such a one with neither parent nor guardian to become the mother of illegitimate children—a sad victim to the tyranny of her hereditary defective organisation, with no moral sense to control her or State protection for her infirmity—is a scandal to the legislature of our country. Small wonder that the toll of the mentally dead is long, and that the brains of children numbed or warped in workhouse atmospheres of insanity, crime and pauperism, should in later years so often be numbered amongst the criminally insane inmates of the wards of the district or criminal asylums.

Poor Law reform is a necessity to any attempt to limit the number of the unfit. We all know that.

The science of eugenics has a great field for its educational literature, for although its principles are generally recognised, these principles are considered singularly inapplicable by interested people to their own individual cases.

I have read somewhere that when Napoleon was upbraided by Josephine for immorality, he replied "Morality applies to the common people; it does not apply to Napoleon"; and so in like manner people are inclined to think that eugenics is a very admirable and sensible science, but has no application whatsoever to their own individual lives.

How often is our advice asked by people of hereditary predisposition to insanity who are about to be married, and how often is our advice acted upon? What help does the State render us in endeavouring to educate men's minds to the dangers of the propagation of the degenerate from even known and proved defective parents? And when will legislation

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aid us in encouraging a race feeling in contra-distinction to mere haphazard propagation, which for the sake of self-gratification sets at naught all science, reason, and physiological law?

Dr. Mott says the days of social surgery are not yet come. In asexualisation of the defective we have an obvious remedy, but fraught with many considerations, and so far as I can see the sterilisation of the degenerate would be only justifiable by our present knowledge in the grossest and most profound classes of degenerate persons who were wholly unassailable to reason and educational influences, or sexually perverted. At present liberty is absolute, and the results of this liberty disastrous to the attempts to limit the number of the hereditary insane.

Whether in the scalpel of the surgeon we hold the means of severing this Gordian knot in dealing with this eugenical problem must be left to the future to decide.

In conclusion, I would wish to quote an extract from that quaint collection of erudition, Burton's *Anatomy of Melancholy*, which deals with the causation of insanity from hereditary defect: "So many several ways are we plagued and punished for our fathers' defaults; insomuch that (as Fernelius truly saith) 'it is the greatest part of our felicity to be well born; and it were happy for human kind, if only such parents, as are sound of body and mind, should be suffered to marry.'

"Heretofore, in Scotland (saith Boëthius), if any were visited with the falling sickness, madness, gout, leprosie, or any such dangerous disease, which was likely to be propagated from the father to the son, he was instantly gelded; a woman kept from all company of men; and if by chance, having some such disease, she were found to be with child, she with her brood were buried alive; and this was done for the common good, lest the whole nation should be injured or corrupted. A severe doom you will say and not to be used amongst Christians, yet more to be looked into than it is. For now, by our too much facility in this kind, in giving way for all to marry that will, too much liberty and indulgence in tolerating all sorts, there is a vast confusion of hereditary diseases, no family secure, no man almost free from some grevious infirmity or other."

The above quotation is a remarkable pronouncement of the

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principles of eugenics of the seventeenth century, and must make us think we are not so advanced as we might appear, for others have evidently tilled fields of thought which are regarded as of more modern cultivation. We can at all times work for and hope for the apotheosis of all mental abnormality, and this paper, though it contains little that is new or original, does deal with a subject which must ever be before us in considering the practical problems of psychiatry.

Discussion,

At the Annual Meeting held in Dublin July 14th, 1911.

Dr. John Macpherson said he had listened with great pleasure to Dr. Leeper's paper, which had the distinction of differing from many other papers on eugenics in that the author gave the results of his own observations. The Royal Commission on the Feeble-Minded had dealt very fully with the matter. In the medical evidence which was set before them one found that the opinions of the different schools were so contradictory that the Commission were compelled to take a middle course, and practically to lay aside the medical evidence altogether. There was one body of opinion who held strongly that positive eugenics, which was what Dr. Leeper called "social surgery," could be put into force at once. And the larger body of evidence, and he thought the more influential, was given to the effect that mental degeneracy and abnormalities of all kinds, including imbecility and idiocy, arose as sports, as variations, and would occur in the purest race, however carefully one might eradicate abnormalities and pay attention to breeding. That being so, it was considered futile to attempt anything in the way of positive eugenics. As a purely theoretical idea, he leaned to that view himself. He said that for the following reason: As Dr. Leeper pointed out, persons of a very low intelligence and very little self-control propagated their kind—illicitly or legitimately. But supposing one were to remove all those people out of the category of those who were allowed to propagate their kind, one had to consider what the effect of their removal would be upon the race. Would it, after all, have a very material effect? Would it be so important as to justify the proceeding? Then one had to remember that the great danger of the propagation of mental degeneracy came from people whom nobody could say were likely to, or might, produce degenerate offspring. For instance, they all knew that very capable and able citizens, both men and women, had children who turned out to be very degenerate indeed, so degenerate that if positive eugenics were in force there would be no question of dealing with them. But one could not go to a man in a good useful position, one who had a strong mind and a healthy body, and say to him, "Sir, you manifest symptoms which, in our opinion, lead us to suppose that you must be set aside from the main stem of your race." He thought one would be met there with a tremendous difficulty, therefore if one could not go back to those latent progenitors of degeneracy, he thought the application of positive eugenics to the small ultimate class who did produce degenerates would not effect the cure which was desired.

Dr. Fletcher Beach said he held very strongly that Dr. Leeper's view was correct. There were cases no doubt in which it was impossible to know that a particular person would produce a degenerate child, but when one saw the kind of cases which Dr. Leeper referred to, feeble-minded mothers going into the workhouse again and again to be delivered of their defective children, not once but many times, one concluded that some arrangement should be made for keeping that person in some institution so that she could not go on producing such children. He was quite aware that one argument which was used was that those who advocated such a policy were interfering with the liberty of the subject. But he, the speaker, contended that the liberty of the subject at present produced large numbers of defectives who went into workhouses, into prisons, and into inebriate

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institutions. Sir Horatio Donkin told him that, in his prison experience, he found large numbers of the criminals there were weak-minded people. In addition it was known that there were large numbers in workhouses throughout the country who occupied the lunatic or imbecile wards of those workhouses. Also, inebriate institutions were filled with such cases. An important question was their expense to the rates. His contention was that if such people were put into institutions or colonies there would eventually be very few people to put into workhouses or prisons, and there would not be nearly so many in inebriate institutions, so that eventually the rates would not be any heavier than they were at present.

The PRESIDENT (Dr. DAWSON) said this was a subject to which he had devoted a good deal of thought, especially since the time when he investigated the condition of the City of Dublin from that point of view for the Royal Commission on the Feeble-Minded. He agreed with Dr. Macpherson that cases of weak-mindedness would arise sporadically *de novo*, as it were, from healthy parents. But, if he might be allowed to express himself strongly, it was futile to say that this touched the basis of the question at all. There was no doubt in his mind that what Dr. Leeper had put forward was absolutely true. In all workhouses, in all prisons, and in inebriate institutions, there were very many people who were weak-minded and who did propagate their species as soon as they got out. There were cases in which individual families had been inquired into, and it was found that large numbers of the feeble-minded were produced from a common stock. It had been discovered by the Eugenic Society that feeble-minded people produced rather larger numbers of children than did the sound-minded. Dr. Fletcher Beach had very accurately expressed his, Dr. Dawson's, views on the question, and that gentleman had drawn attention to the fact that not only were the inmates of workhouses and asylums, but also of the prisons, feeble-minded in a large proportion of cases. In the workhouse schools of the Dublin Unions, which were very large schools recruited from the workhouse population, he found about 7½ *per cent.* of the children defective, as against 1½ *per cent.* of the ordinary school-children of Dublin. In the prisons, as the result of a fairly exhaustive examination, he found about 12 *per cent.* of cases were feeble-minded, and the percentage of feeble-minded among those who were habitual inmates of prisons was very much higher than that. In the month during which he investigated Mountjoy Prison there were two defective women who came in four times each, that is to say they were committed to prison once a week regularly. Dr. Branthwaite, the Inspector of Inebriate Reformatories in England, said about 60 *per cent.* of inebriates in reformatories were feeble-minded. From the point of view of cost, it was obvious that those people threw an enormous expense on the ratepayers. Yet, although it sounded extravagant to shut up and keep under control for life people of that sort he believed it would be the cheapest thing in the end, and it would not require a very long time to eradicate mental defect, as had been recently shown by an interesting unintentional experiment in the North of Italy. Everyone who had read that charming book, Whymper's *Scrambles in the Alps*, would remember that the author spoke of the Valley of Aosta as teeming with cretins. When there two years ago he himself had seen no cretins, and was at a loss to understand the statement, and it was only recently that he discovered the history of that result. In former times the cretins used to be rather encouraged to marry one another, probably with the view of comforting them in their terrible condition. But a few years ago a religious order started an institution for them, with the result that last summer there were only two cretins in the whole valley. That change took place in a little more than forty years. If that were so, how long would it take to eradicate the bulk of the defectives who were now crowding the prisons, inebriate reformatories, workhouses, and asylums? He thought that in fifty years the complicated difficulties which arose in dealing with these people would have disappeared, and that the problem not only of the mentally defective, but of the criminal and inebriate, would become of rapidly decreasing importance for succeeding generations.

Dr. LEEPER, in reply, expressed his gratitute to the members present for the very kind way in which they had received his short and very indifferent paper. He felt very strongly on the subject, because for some years, earlier in his life, he had been connected with the Poor Law Service in Ireland, and while in that service he had convincing evidence day by day before his eyes of the absolute folly of

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allowing degenerate women to go on rearing children at the public expense, and, indeed, encouraging the practice by the Poor Law system as administered in Ireland. In fact, he looked upon the workhouses of Ireland as lunacy manufactories run by State aid. Medical men were upbraided, and told that their calling was of no use because they could not cure the insane, and the public asked how the number of the mentally afflicted could be accounted for. Physicians should enlighten the public on this grave matter, and should demonstrate to them that the remedy lay in their own hands. If they wished to reduce the number of chronically insane in the country, they must deal with the people who were producing them. And when the question had been dealt with in the way which the President and Dr. Fletcher Beach had put forward, there would be a large reduction in the number of the insane in Ireland.

Causes of Sudden Death in Epilepsy, and Some Points in the Treatment of Epilepsy.

By M. A. COLLINS, M.D., B.S.Lond., Medical Superintendent, Epileptic Colony, Ewell.

THE two subjects that I wish to bring to your notice to-day are sudden death during an epileptic fit, and the present treatment of confirmed epilepsy.

My attention was called to the first by a paper by Dr. Marchand in the *Gazette des Hôpitaux* recently. He quotes a statement of Rostan, who had charge of 500 epileptics at Saltpetrière, that apart from accident an epileptic fit never causes death. Dr. Marchand, however, has collected fifteen cases of sudden death during a fit, two of them in his own experience. In five of these death occurred from rupture of the heart or the aorta, in two from accidental obstruction of the respiratory apparatus by food, and in six by rupture of cerebral or meningeal vessels; twice congestion of the brain was found as a sole cause. In his own two cases, which were due to rupture of intercranial vessels, the ruptured vessels are said to have been quite healthy. I thought it would be of interest to compare his results with the experience at the Epileptic Colony at Epsom, which has been open for over seven years, and where, during last year, 30,000 fits are recorded. I felt that I should be quite safe in allowing that 200,000 fits have occurred, and I find ten cases recorded in which death has occurred during or almost immediately after a fit. The cause of death in two cases was choking from particles of food getting into the air-passages, one death was due to suffocation

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