cases of general paralysis and negative in all other cases of insanity examined, therefore its presence is a valuable addition to establish the diagnosis of general paralysis, but its absence does not negative that the case in question may be one of this disease.

(2) The proteid reaction, more or less marked, is present in all cases of general paralysis, and was obtained in sixteen out of seventy-seven cases of other psychoses, although the intensity of the reaction was much less marked. It must be concluded, therefore, that this reaction is not absolutely specific for general paralysis, and demonstrates that in other insanities chemical changes are present in the cerebro-spinal fluid.

The quantity of proteid in the spinal fluid is much increased in general paralysis compared with any other type of insanity.

(3) An increase of lymphocytes was found constantly present in general paralysis and in no other case of insanity examined; thus, according to these observations, the presence of a lymphocytosis is the most reliable sign of this disease.

(4) The substance reducing Fehling's solution, although varying in its power of reduction, was never absent in all cases of insanity examined.

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Certain Insane Conditions amongst the Criminal Classes.

By JAMES P. STURROCK, M.A., M.D., Medical Superintendent, Criminal Lunatic Asylum, Perth.

IT is not surprising that weakmindedness should be common amongst the habitual frequenters of prison, but the proportion of those who become certifiably insane is small. How very few are there of our ordinary asylum patients who come from the slums, or at least the criminal class. Is it that, in these less cultured individuals, crime and alcoholic excess take the place of insanity, each of them being a signpost marking

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distinct paths of degeneration, or does insanity exist, but is not recognisable as such? The unavoidable importance placed upon conduct in determining insanity amid the ordinary respectable conditions of life may prove misleading in the case of those in whom what is commonly called bad conduct is a normal condition. A distinguished alienist tells how he was once called to see a lady, and on being introduced to her she spat in his face. Without more ado he sat down and certified her. It may be that many amongst the criminal classes suffer from there being no possible obverse to this picture. I have seen men sent into an asylum suffering from delusions of long standing whose condition never caused their friends a serious thought till some Monday morning they refused to go to work, and before next pay-day they were certified. I have seen men sent to prison for habitual failure to support their wives or for neglect of their children where there seemed to be distinct mental enfeeblement, not certifiably obtrusive like a delusion, but in the particular circumstances as potent a factor in the lapse of conduct.

The actual relationship between mental enfeeblement and crime is always difficult to determine. Besides, we must be very careful in diagnosing mental enfeeblement amongst habitual offenders. A hurried conversation with an illiterate tramp may be very misleading, and a full appreciation of right and wrong may, and does develop quite apart from the intricacies of a Board school education. Apparently, as with drink, so with mental enfeeblement; in many cases, much to the detriment of statistics, putting aside the ordinary breaches of the peace due to drink, which cannot properly be called crime, the drunken man and the defective are, when bent on crime, more easily found out. Many cases of sexual crimes would be certifiable were it not so evident that nearly all the uncommon and revolting perversions become active, or at least prominent, under the influence of alcohol. It may be that we should not look for any complex symptoms in the insane criminal, and that the weak-minded should be as certifiable for care and treatment as the more highly organised individual who suffers from melancholia or paranoia.

Even though the conditions that have tended to dissociate the old-time relationship between the prison and the asylum have been more especially at work during the forty years since

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Bruce Thomson wrote that "12 *per cent.* of prisoners at Perth require special observation on account of mental disorder exclusive of those who become insane," we must expect to find a large number of mentally defective in prison. I wish here to draw attention to certain cases that emphasise to my mind the difficulties of determining the proper provision to be made for some of the mentally defective. The late Dr. Milsom Rhodes stated that 10 *per cent.* of prisoners are weakminded, and that almost all of those who violate the prison regulations belong to this category. I doubt if any prison official would agree entirely with the latter statement, but it is in this direction of resistance to discipline and intolerance of regulations that much mental enfeeblement is thrown into prominence. Much has been said of the effects of prison discipline and solitary confinement upon the degenerate mind. Solitary confinement is probably not good for any mind, but we must be cautious before we accept such a statement regarding order and discipline, as that the sane criminal respects the regulations, while the defective reveals himself by breaking them. We must not forget that in the great class in which defectives are to be looked for, cases of repeated breaches of the peace, common house-breaking, petty thefts, and assaults, we have individuals whose prospects and aims are of the lowest order, and who look forward to their liberation, not as the end of a period of deserved punishment, but as the regaining of that liberty which to them only means licence. That liberty, which so many troublesome habituals constantly talk about, is simply the craving to be at large to do as they please in contra-distinction to the liberty of the law-abiding subject, which is really a complex observance of the laws of custom and decency, and a studied adherence to the social order. Hence we must be careful not to place any undue pathological significance upon conduct during those repeated terms of imprisonment which, in a modern prison, are only irksome in that they are interruptions of this undisciplined freedom. In certain cases, however, this attitude, whether it be acquired or due to constitutional defect, leads to conduct of a more or less insane character.

The following cases illustrate, I hope, what I mean: No. 1 was at school till he was twelve, but was always amongst bad companions. His mother died at his birth; his father was a heavy drinker, and used, he says, to tie him to a chest and beat

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him till he was black and blue. He spent some years on a training ship and was discharged from the navy for stealing. At eighteen he was a known thief. He has on several occasions assaulted policemen, prison warders and others. His own words best describe his condition when he drinks: "If you see me drunk you are better to keep out of my way." Previous to his present sentence he made his sister support him while he loafed about amongst his old companions because he could only get work at ten shillings a week, and that "would only pay his board." He is a good worker in prison, probably because otherwise his gratuity suffers, and one day, while working in a gallery, he had a dispute with a fellow prisoner. Had they been at large they would no doubt have fought to a finish and probably been good friends, but a warder, to quell the disturbance, had of necessity to send both to their cells. No. 1 immediately broke every pane of glass in his window. His reason was that the other prisoner was in the wrong and there was no use being locked up for nothing. He continued to behave violently for days, once attempting suicide, and finally, setting fire to his mattress, was found in a state of terror shouting for help, after which he did well to the end of his sentence. The suicidal attempt was of that peculiar kind that one meets with on occasion amongst imbeciles in asylums, more the result of peevish resentment than of mental depression, and apparently conceived by a childish process of reasoning to pay off some grievance. He tied his neckerchief in a single knot round his neck and lay quiet holding the ends till he heard the step of the warder coming to inspect him, and then pulled them as tightly as he could. He showed none of the ordinary signs of mental enfeeblement, and in his most destructive and violent moods I could always get him to desist and sit up to converse quietly with me. His conversation always showed a permanent undercurrent of irritation as if he felt that, whatever he did, the whole world was against him. He never, however, had any of the constant suspicion of warders and officials which some others show, and which seems to be just a further stage of this irritable mental resistiveness. He says he does not sleep soundly in prison but he has no complaints of this when he is doing well. He broke up his cell three days after his last admission, again as a protest against a regulation, and said it was partly because he had not slept for three nights for think-

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ing of being caught, probably because he knew he was likely to get a convict sentence this time. This man appears to differ only in the intensity of the reaction from many cases of simple bad temper in the face of discipline, and in judging of the sanity of his acts, we must keep in mind the level at which his whole career has been carried on.

No. 2, with a similar history, attempted suicide by drowning at the age of ten because his father had thrashed him for misconduct. He was one day sent to his cell, after being twice cautioned by a warder for speaking to his neighbour in the workshed. Some few hours later he attempted to hang himself just at a time when he must have known from experience and the noise in the gallery that his cell-door was about to be opened by a warder to put in his food. Placed in an observation cell, he unfastened from his bed over a score of screw-nails and swallowed them. In hospital, where he was for some weeks under constant observation, he obtained a small iron knob from his night-stool and swallowed that, showing his disposition at the same time by telling me that he got it at the infirmary, where he was X-rayed, through the warders leaving him unwatched for a little—a statement which was proved to be quite false. He seemed astonished that he recovered, as he knew a companion who once swallowed one nail by mistake and died. His reason for his conduct was that he was no good in the world, but this statement was expressed in a peevish, resistive, somewhat insolent manner, and far from showing the depression to be looked for in ordinary melancholia. He thoroughly enjoyed himself in hospital, reading amusing and exciting literature, while he continued to threaten further attempts when he got out. He is still in prison, free from observation, contented and most industrious when he is given some task that touches his vanity, such as collecting and arranging the work of the other prisoners. He is ready to do anything cunning or smart, particularly if it involves some display of bravado. Yet it would be difficult, I think, for anyone to define any mental enfeeblement in him, much as one feels it is there.

No. 3 is a female inebriate. She has a long list of convictions for assaults, breach of the peace, etc., and is a very good example of the many cases of neuro-instability where reformation is not to be effected by curing an alcoholic craving. She

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lived a "cat-and-dog" life with her husband, whom she married at seventeen, even before she took to drink, and one glass of whisky sends her out looking for a fight. In her case the outbursts of resentment are not kindled by ordinary prison restrictions, for, in the State Reformatory, she has practically the freedom and treatment of an asylum, and the attention of a staff which, for patience and tact, cannot, I am sure, be excelled. Her own reason for her outbursts of wild fury is that of many of her type—continually increasing resentment at being confined three years for what she calls a "simple drunk." She is a highly strung, excitable woman, who as a rule works nervously hard. Though illiterate and of low upbringing and habits, she is remarkably tidy in person, somewhat vain and conceited, and seems to think herself much better than the other inmates. She applies repeatedly for liberation on licence. What is actually a determinate sentence becomes for her that fear of all the criminal class—an indeterminate one, because she sees other inmates having their sentences reduced by varying periods of conditional liberation. She becomes more and more nervous—sometimes applying to me for a sedative—sleepless and irritable. A refusal of her request for liberation or some trifling misunderstanding with an inmate or official is then sufficient to cause her to attack someone or go to her room and smash up. Sometimes, when she is known to be excitable and is perhaps being kept well in view, she will accuse the warders of suspecting her of stealing. She has repeated attacks of palpitation, sometimes with præcordial pain and great anxiety, but these never occur till her irritation is well on the way from some other cause. Isolation or solitary confinement has no part in the origin of these conditions, except the wider isolation from freedom, for this woman never exhibited conduct of this kind until she was first sent to a reformatory. When at liberty her irritability probably drives her to drink and expends itself more easily in her freer circumstances.

Another typical case, sulky and irritable, had been teetotal and well-behaved for six years, till her mother, against whose wishes she had married, visited her one day and reproved her for some trifling fault, when she at once went off and forthwith began her degraded career again.

Nos. 4 and 5 differ from the others chiefly in that they are in the lunatic department. No. 4, born of respectable working-

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class parents, drifted like the others into low company and dissolute habits as soon as he reached his teens. He served twelve sentences for housebreaking or assault and robbery, and had numerous reports in prison for insolence, refusal to work, etc. He stabbed a warder who had sent him to his cell for insolence. He said he felt he had been unjustly dealt with in being sent to his cell, and, seeing the knife, he used it in his anger without thinking of the consequences. He was afterwards removed to an asylum, certified as having delusions of persecution and suspicion, taking fits of passion without occasion of any sort, being uncontrollable and smashing his cell furniture and tearing his clothes. He was sentenced to H.M. pleasure, and since his admission he has had a constant succession of these outbursts. I cannot say that he has no occasion for them; every furious outburst has its starting-point in his misinterpretation, not necessarily insane, of discipline and order. When he breaks out his resentment lasts for days, he tears everything to pieces, and he has carried out destruction which would scarcely be credited. He will then pace his room all night shouting about being unjustly treated by the warder whose order was the cause of his resentment. These are not ordinary delusions of persecution. If I refuse to allow him free scope because he has lifted a knife from the table with which to attack the charge warder, I do not call it a delusion of persecution if he spends the night threatening to murder me because I do not give him justice. Every outburst is similar in origin to the following: He handed me a letter, after he had for some time persistently refused to exercise in the observation ward, preferring to remain in the corridor, in which he asked to be allowed to spend the afternoon in the large yard for the quiet privileged patients, telling me that if I did not grant his request and I wanted destruction he would give me my fill of it. With special arrangements his request was granted, and he was quite happy, seeking out for his companions men of his own habits. Then came the inevitable request to be allowed to stay on while the garden workers played bowls and half the staff were at tea. He was told this also would be granted as much as possible, but on the day he made the request he was kindly asked to go to the ward for a little as the staff was short. Five minutes afterwards the warder went to bring him back, but he was already threatening and began at once to tear

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up, took to his bed and to his usual degraded habit of first breaking his night vessel and then defiling the floor. On one occasion he tore up everything because I would not let him have his melodeon in his room at night. When he quietened down it was returned to him during the day, but he dashed it through the roof-light, and threatened me for weeks because it could not be mended. He has, when excited, scratched his throat very slightly with a piece of iron wrenched from his door, and then thrust it through the inspection hole as a warder looked in with the intention of injuring the warder's eye. When he is quiet he is perfectly rational, pleasant and intelligent, and could he have a villa and six attendants prepared to humour him in everything I doubt if he would have many outbursts. It is interesting, in determining the exact significance of this man's conduct, to recall the nature of his crimes when at liberty. He is well known to the police as a lazy corner-boy of the worst type. A policeman had occasion to be constantly moving him and his companions from a certain entry in town. One day, after this man had been moved on several times, he secreted a piece of railing in the stair, and when the policeman next appeared and followed him into the entry he was savagely assaulted and injured with the weapon. This is the same reaction under different circumstances as when here, on his best behaviour, he one day lifted a dinner knife and hid it in the lavatory, saying afterwards he put it there for the charge warder if he could not manage him with his hands. I have a patient very similar in type, always suspicious of warders, but who has not yet broken out, sentenced to King's pleasure as being insane, whose crime consisted in following an elderly gentleman into a stair, garrotting him and stealing his purse. Such conduct, however, in these men should not influence the diagnosis of insanity, but it has a most important bearing upon their treatment.

No. 5 pled guilty to a murder charge and threatened to commit suicide if he were reprieved. His conduct is similar to that of No 4, except that he carries the degrading features of his outbursts further, which is not to be wondered at from his disposition. His character is low, his ordinary conduct cunning, but in its general sequence the latter reveals a constantly varying emotional condition and a peevish, childish determination, which, if it is not mental enfeeblement, is certainly the starting-

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point of his excited attacks. He can be trusted more than the last case, his excitement seldom taking the form of assaults and being easily anticipated, so that in general he is working in the garden or in the ward. At work he goes at high pressure, insists on hoeing three drills of potatoes for every one of the others, has bursts of religious pretensions varied with filthy language and most unchristian acts, and is invariably kind to helpless inmates. There is no trace of other intellectual enfeeblement about him, but the following incident shows something of his peculiar mental state. He is very fond of concerts and attends every one. Recently he was prepared with a bouquet of flowers for the lady who was giving an entertainment to which he had been eagerly looking forward. Unfortunately she did not at once notice him when she came in, and he was much downcast and left looking fit to cry. His disposition prompted him at once to write to the authorities complaining that the inmates' leisure time was being stolen from them to give concerts which no one ever wanted to attend. It would take too long to show by daily examples of this sort how much of this man's conduct is due to a mental twist of some kind. He tore up one day because he did not get his clothes at once in the morning, after having promised me to keep his bed for a day on account of a sore knee. When he is in one of his destructive, dirty moods he lies in bed reading his newspaper, laughs and discusses quite sanely with me the sporting news, all the while his walls are decorated with filth, and he tells me he does it all to fight me for his rights. For many months now he has been continually studied and humoured like a child in spite of repeated troublesome sane conduct, but he is not so well on the whole as he used to be for a long period after he had an outburst. The charge warder constantly assures me what I feel is quite true that the man would be better if he had a burst, just as if our treatment of him had the same effect on his emotional centres as bromide has upon the motor areas of many asylum epileptics. Dr. Macpherson, who has seen this man at his worst, says he has never seen conditions so closely resembling acute mania as these outbursts, and yet he could not characterise them as such. I am certain from close observations that there is no mental confusion present in any of these outbursts. This man often threatens suicide in an angry, resentful way, but he only once attempted it, running his

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head against the door in one of his tempers and desisting the moment he felt it sore. There seems little doubt that he was unfit for convict discipline, but there is a doubt as to whether, if he were at liberty now, his conduct would ever take a form that would suggest insanity. When he drinks he is said to be quite wild and erratic, impossible to please whatever attitude is adopted towards him.

Wherein lies the mental defect in these cases? The term "explosive" I think well expresses the condition in that it is not so much the conduct after an outburst that constitutes the defect—that varies very much with the disposition and ordinary habits—but rather the mental instability which is so easily kindled into uncontrollable impulse. I have not seen any periodicity about these attacks; frequent they may be, but in view of the history of the outbursts in these cases which typify the group, no periodicity need be looked for. I do not think the term "explosive" need be restricted to cases of destructive habits or violence but have included the suicidal case No. 2 as I consider the underlying mental state to be similar in all of them. Very many cases of homicidal impulse now in the lunatic departments at Perth show, after recovery, this same disposition without perhaps the baser accompaniments. Mental resistiveness, childish petulance, aggravated jealousy, dispositions that will not brook contradiction are so common in otherwise recovered puerperal cases as to throw much light upon the undercurrent of their impulsive acts, though when we meet these same characteristics in the ordinary prisoner we may overlook them in face of the more evident criminal propensities.

It may be argued that these are simply cases of ungovernable temper in persons of bad habits and criminal instincts, that the treatment they need is not mental care but rigid discipline and moral training. I might, however, point out that the theory of congenital mental defect is supported by the early age at which all of them began to show perverted habits amid varying grades of home circumstances and example, and by the fact that, with few exceptions, the cases I have met have had reformatory training without result. It may even be said that some of the men are merely hooligans fostered by the modern humane treatment in prison and out of it. True it is that the prison punishments now inflict no bodily pain, and that to an

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ordinary habitual a day's bread and water and the complex administrative machinery with which the ignorant offender finds himself in conflict after a simple offence seem in some cases to act as mere irritants. But corporal punishment is not likely to affect the least defective of these. The condition is not a recent creation; in former days they were less scientifically known as "prison breakers," and from all accounts they were far more numerous than they are to-day. Fifty years ago one notorious case who was seen in consultation by a mental specialist and pronounced of perfectly sound mind used to "bring her head against the wall with a sickening series of cracks and wrench up the flooring of her dark cell, battering away with the planks at the door till the whole prison seemed to be coming down."

In another group of cases this same mental resistiveness, with its resulting irritability, appears in association with peculiar illusions and ideas of suspicion and persecution directed against prison officials and referred to the prisoners' surroundings. Here we touch upon the possible effects of solitary confinement producing insane ideas by the introspection which it favours. I do not here refer, however, to those cases that approximate to paranoia, but to certain forms where the insane ideas are of a very fleeting and changing type, and seem to have a causal connection with the mental irritability awakened in defective cases by prison restrictions.

The simplest form is shown in a prisoner, a young man who has led a career of crime since he was twelve. Although he talks intelligently enough for his education, and has a ready speech, as befits his occasional occupation of a street flower-seller, most experienced people would say there is some enfeeblement about him. He broke his dinner-dishes one day because his soup was "poisoned." He said he knew it was tampered with because of the bad taste in his mouth, and I am sure that at the time he believed it. He suffers from a slight chronic dyspepsia, and his breath is always foul. He has only made this complaint twice, and on both occasions he was at the time under report for an offence against the regulations. The connection between his irritation against the warders, his mental enfeeblement, dyspepsia, ideas of poisoning and dish-breaking is not difficult to make. Though he has no complaints of such a nature at any other time, he still insists that on both

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these occasions something was put in his food. In conditions such as this we must remember the part that ignorance plays in the causation of the many absurd ideas that prisoners express regarding warders and others. I had a woman under observation who was illiterate and ignorant, but not, in my opinion, at all defective. In the middle of the night she rang the bell; the matron who visited her found her sitting on the edge of her bed, having almost certainly jumped up in a nightmare. She insisted till the day she went away that she was pulled out of her bed, for she wakened in a fright to find herself sitting up.

These prisoners are all right when at liberty and amongst people and rules they understand, and the man whose soup was "poisoned" is not likely to be certified out of prison, apart from his slight enfeeblement.

Transient delusional states are common. There is a case of homicide, while insane, now practically well, except that at very long intervals, and always after not sleeping well for a night, he excitedly tells me in the morning that the night patrol, while going his rounds, was kicking up the gravel as he passed beneath his window just to annoy him. He may be perfectly well afterwards for months, except for an irritable display of temper, but with no trace of suspicion or delusion against anyone till this neurasthenic crisis recurs.

The most difficult and interesting cases are in the convict prison. Those that I have investigated show invariably the following sequence: the breaking of some regulation, a report to the Governor, and perhaps a mild punishment—the worst is deprivation of good conduct marks, as that prolongs the sentence—smashing up of cell furniture or windows, and then a referring of the whole incident to some persecution practised upon them. The origin of these ideas of suspicion is very doubtful. Most of the cases seem undoubtedly enfeebled mentally. In many instances there are merely constantly reiterated grumblings superimposed upon ignorance and mental defect and not amounting to delusions. In some cases the ideas are nothing more than degenerate romance, reminding one very much of cases met with in ordinary life, where some highly improbable personal incident is often related and embellished by an individual so that he appears to believe it, though none of his audience ever do. There is also ample evidence to prove that the ideas are borrowed by one convict from another. There is

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nothing mystical about the delusions. If a prisoner has been reported by a warder, his food has been "tampered with" by that warder. There is a constant air of suspicion about most prisoners which is not necessarily insane but very much the result of their own habits. So that it is not difficult for a mentally defective convict to evolve absurd ideas out of trifling acts of observation and discipline which a warder has to exercise under a strict and silent penal system.

I have at present under observation a convict who began to steal at the age of ten, has been out of and in prisons ever since, and has served long sentences at Peterhead. There is no doubt that he is mildly imbecile, but he has had an extraordinary career. He has a most powerful imagination; he will keep me listening for hours to accounts of his treatment in Peterhead, interspersed with impossible tales of his life out of prison which make me certain that the whole thing is degenerate romance. He has been for some months under my care, and probably because of the relaxation of the discipline and the granting of almost every addition to his diet in reason there is no delusion forthcoming regarding his treatment here. He will give the exact dates for years back of the occasions when gas was blown into his cell, poison or some medicine from the doctor was put into his food, etc. He tells tales of detectives watching him when at liberty—which they no doubt did—embellished into something very like certain forms of juvenile literature and the most extraordinary stories of hospitals he has been in, not delusions, but absolutely impossible romances, concerning the conduct of the staff from the doctors downwards. His character since he first entered a prison is that of an incorrigible chatterbox, and it is no wonder that he was continually in trouble at Peterhead. If he was asking extra coffee for supper and was refused he would, on the first occasion of punishment, say he was getting a "tampered" supper. Similarly with many other cases. Mental enfeeblement, ignorance, resentment to discipline, vicious tendencies, and anti-social habits and ideas are the foundation of these quasi-delusional states, which are of a fleeting nature, are not accompanied by true hallucinations, and are more or less evident according to the behaviour of the prisoner and the amount of indulgence that is given him on account of his defect. The last case well illustrates the difficulties of providing suitable treatment for such defectives under

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any circumstances. Under the slightest pressure of disciplined restrictions he is constantly, and is likely always to be, at war, while his disposition and habits lead him to take such advantage of every allowance and indulgence made for his mental deficiency as to render order an absurdity if these privileges are to be carried to the fullest extent necessary to please and keep him quiet under detention.

One outstanding fact is that these ideas disappear entirely when the sentence is ended. The circumstances are altered to the prisoner's entire satisfaction, and in his normal surroundings mental enfeeblement of itself is not obtrusive. I do not think that any of the cases I have seen had any thought of malingering insanity. That is a highly intellectual process, I think—quite above the level of the prisoners in whom these delusional states are found. I have learned from old prisoners in asylums that they would much rather have a sentence and be done with it than be certified. It is the grievance of many King's pleasure cases who are detained for ordinary crimes of which they have been acquitted on the grounds of insanity.

The only radical treatment for these cases would be the approximation as far as possible of their conditions during detention to those they enjoy at liberty, and the difficulties of that treatment are self-evident. Association in place of solitary confinement must be looked at not only in the light of history on the state of matters that prevailed before the long-sought-for solitary system was instituted, but also with a complete knowledge of the disposition and conduct of certain convicts, which are undoubtedly more serious matters than many people suppose. The methods of indulgence that must be employed to keep these outbursts under are not likely to cure the mental defect, and I have tried every form of drug for the explosive conditions without much good results. If the inherent defect, then, is an ineradicable quantity and these cases are unfit to be at large, which will not, I think, be doubted, whatever be the view taken of their mental condition, there are two extremes of treatment available. The most natural, or rather primitive, and the one that would probably commend itself to the prisoners, would be to remove all artificial restrictions and supervision, giving them the liberty they desire in a community cut off from the social system, so that they could indulge their primitive instincts, settle their difficulties in their own fashion,

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and on the principle of the survival of the fittest, probably evolve a better type. But that is not in accordance with modern standards. The other extreme is the expensive method of depriving them of their liberty, whether by an indeterminate sentence or a medical certificate matters not, and, as compensation, providing such extensive supervision as will ensure the safety of the public and at the same time afford the maximum amount of freedom. The ideal system would, of course, be to associate each individual with good companions, and whatever system be adopted for these defectives it will be expensive in proportion to its success. The difficulties of treatment are evidenced by the experience of the State Inebriate Reformatory and Lunatic Department. In the latter the lunatic criminal is not yet very largely represented, but the treacherous combination of several semi-sane convicts would require, in a fully associated system, attendants possessed not only of patience that would be difficult to procure in any very large quantity, but of something more than "second-sight."

A difficult problem is the ultimate disposal of such cases. Apart from the difficulty of deciding whether or not all these cases are to be put under restraint and undergo treatment entirely based upon the recognition of a mental defect, there is the substantial difficulty of obtaining a certificate of their insanity on their discharge from prison. It is remarkable how even a truly delusional prisoner can pull himself together as liberation approaches. I discharged lately a very rough, dangerous character, defective, ignorant, suspicious, and certifiably insane from his conduct during his short imprisonment for culpable homicide. On his liberation it was found impossible to get out of him, after the most careful examination, one single fact to justify a certificate of insanity. It may be that the next we hear of him will be another assault, when his history will probably be recalled and he will be sentenced to H.M. pleasure.

If a prisoner be certified insane while undergoing imprisonment, whether he finishes his sentence in the lunatic departments or not, his ultimate destination, if he does not recover, must be an asylum. No one will deny that whatever the provision made for him, it should be entirely free of prison *régime*. If the treatment of the cases I have mentioned is to be based upon mental defect it should also be of an asylum character

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in the first place, though discipline and even punishments of the better type—the deprivation or granting of privileges that tend to instil self-control and habits of work—must have a place. Whatever may have been the career of a prisoner it is only common humanity that his mental condition should receive proper treatment. There are obvious disadvantages to his being treated at first amongst the better-behaved inmates of an asylum, but there is no justice in keeping him in the vicinity of a prison whatever methods may have to be employed for his care and treatment. Many cases, though unfit to be at large on account of their vicious habits, become otherwise so well after a stay in an asylum that they cannot be detained, and they are no sooner out than the whole process begins its round again. Some of these are then, at the first offence, sent to the criminal lunatic department, There are obvious objections to this method. It intensifies all the conduct which in the inmate is associated with his attitude to prison, even although the treatment is purely asylum in character. The indefinite sentence, the association with, and conversation of, some of his fellow inmates all tend to discontent instead of submission to treatment. There are as good objections, too, to mixing up vicious defectives with the many respectable inmates in the State asylum as in an ordinary asylum. There is also the objection of the defective but mild offender to his being sent, and that for an indefinite period, to associate with homicidal cases. Legislation for the mentally defective who are not, according to law, certifiably insane, may make many of these questions clearer. When it does come, the mass of criminal defectives and their proper disposal in those comparatively unrestricted circumstances, which I believe will alone combine treatment, safety and contentment, will be a difficult problem indeed.

Discussion,

At the Annual Meeting held in Edinburgh in July, 1910.

Dr. Dunlop desired to express his high appreciation of Dr. Sturrock's paper, which was of great interest to all. He had had ten or twelve years' experience of the class spoken of, and after a considerable acquaintance with the subject and hearing much evidence on the Commission to inquire as to the feeble-minded, he might be allowed to say a word. Dr. Sturrock's main conclusion was one which nobody could controvert; everybody who had been interested in the subject had arrived at the same conclusion. Those unfortunates of the class referred to, who went in and out of prison, required to be segregated, as they were not fit to be at liberty. Their conduct was dependent upon mental deficiency. The author had

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selected some very difficult cases, and he would like to say, by way of warning to others present, that some of the cases met with in prison, which were habitually in and out of prisons, were more exaggerated cases of insanity than Dr. Sturrock had given an idea of. For instance, one man, a paranoic, spent fourteen years in prison out of seventeen years; he imagined that there was a phantom running up and down and interfering with his getting work, and in order to procure something to eat he got into stables and stole clippings of horsehair, which he sold for a few pence. Among dements there were several instructive cases which he had known during the last ten years. One was that of a respectable woman who, unfortunately, became insane. She was treated three times for long periods in asylums, and then discharged in a condition fit for liberty if she had had friends and relatives to care for her. But she was not of the class who had anyone to care for her, and ever since then she had been spending her life in and out of prison—short sentences each time. Certainly her downfall dated from her discharge from the asylum. He mentioned that in order to show the great necessity of having some machinery for securing the care of the unfortunates who got into our prisons. But how that was to be brought about was a very difficult question. The Commission of which he had the honour to be a member, in its report advised that it should be the duty of county councils in England, or of the district lunacy boards in Scotland. His own opinion was that it was a matter for the State or the Crown to deal with. And more especially was this so in Scotland, which is only a small country, and the total number of such persons there was comparatively trifling; he believed there were not more than three hundred of them all told. If those were collected into one State asylum—in which the patients would be maintained at the local cost, otherwise it would be open to abuse—the whole matter would be satisfactorily dealt with. He had for years felt the necessity of something being done, and he thoroughly appreciated the paper in drawing further attention to that class.

Dr. PERCY SMITH said he had been very pleased to hear the paper, as he was familiar with the cases written about, being one of the Board of Visitors of the State Inebriate Reformatory at Aylesbury, where there were large numbers of persons of the type described, persons who probably had never in their lives exercised, or been capable, of self-control. They were irrelevant in conversation and were unable to accept an answer to anything as final. They were explosive, irritable, and often violent on the least occasion, when they would instantly seize wardresses by the hair. There were cases who had periodical outbursts of extreme fury with destructiveness. They were like cases of acute mania, but, as the author said, they were not confused at the time, but always knew exactly what they were doing. The outburst generally passed off in a short time and was usually due to some slight correctional, disciplinary measure. The practical difficulty was, that even with those who, by careful observation, were considered insane and certified and sent to asylums, the asylum people would not keep them. As Dr. Dunlop said, the patient was sent to the asylum a semi-criminal. After a short time he behaved well and went out, and his last stage was worse than his first. There was considerable difficulty at present in the State reformatory in that the London magistrates would not send the people there for sufficiently long periods. Three years kept them out of mischief and in fairly good health, but probably this period was not long enough. Many of the patients required re-detention, and that should be possible on the least relapse without any formality. The London magistrates were now largely reverting to the old practice of sending patients who were drunk and disorderly to Holloway for three days. But often they were back again in a week in the same condition. Whether detention in an inebriate reformatory did good or not, a sentence of three days, resulting in the prisoner being back again in a week, did no good at all. Probably some permanent seclusion from the community was necessary for many of the people under discussion.

Dr. ROBERT JONES said that as one of those who received the people under discussion he could support what had been said about them. They were most difficult people to control in a ward; they upset the discipline of the whole ward or block of the asylum. It was very creditable to a public body, the Commission for the Feeble-minded, that it had discovered the moral imbecile. He had had many such cases, and in one he had careful *post-mortem* notes made. The brain was simply ill-developed, with scarcely any complexity. He was more and more convinced that the chief power of the cerebral cortex was inhibition. As these

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persons had defective inhibition they were most difficult to direct and control. He did not think there was anything to be done for them, except what was suggested by the Commission on the Feeble-minded, namely, keeping them in some definite place for education and encouragement. But it would need to be a large asylum to contain them all, as in one large asylum he had had there would probably be hundreds of them. He would refer to the committee which the Association had formed, and which it was suggested should be enlarged, namely, one to work with the school medical officer. It was important that these moral imbeciles should be discovered early, and something made of them, if possible.

Dr. BRISCOE asked if Dr. Dunlop would say whether alcohol played any part in the cases described. The Salvation Army got hold of a lot of those people, and its officers said that if they could keep alcohol away from some cases these would be all right.

Dr. DUNLOP, replying to Dr. Briscoe, said alcohol was a frequent element; but in many cases stoppage of the alcohol did not stop the occurrence of the outbursts.

Dr. STURROCK, in replying on the discussion, said the estimate of the lack of the power of inhibition had been exaggerated in many cases, and the difficulty of treating such cases was not always due to the defective inhibition. He had one man who was suspicious of warders; he was working as a tailor, and had been wearing his slippers, but one morning he put his boots on, and it was ascertained that he was expecting a fight. He was a defective. His crime before he came in consisted of waylaying an old gentleman in an entry and stealing his pocket-book. Much of his conduct was dependent on that temperament, not on lack of inhibition. The moment one began to apply freer methods to them, one required a huge body of attendants; and it would be a very expensive matter if the whole of the mental defectives were to be placed under the amount of supervision necessary to keep them not only sane, but contented. Then would probably come about that state in which the inhabitants of the British Isles would make a living by taking in each other's lunatics.

Eugenics and Degeneracy. By C. T. EWART, M.D., Senior Assistant Medical Officer, Claybury Asylum.

THE object of this paper is to consider whether it is necessary or advisable to introduce ordinances for the discouragement of parenthood on the part of the "unfit," and the encouragement of large families on the part of the "fit," in fact the eugenic principle, and to those who believe that the only true cure of insanity is its prevention, the subject must be of vast importance.

If we recall for a moment the history of the rise, progress, and fall of the various nations which have been pre-eminent in the past, we find that the same course has been experienced by each: there has been a period of hardship and energy, accompanied by development, followed by a period of luxurious quiescence during the supremacy, and this has been succeeded by a decline and fall, a study of events during these periods showing us that it is by the interference of civilisation with

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