subject? I have seen many a curious case in the pathological room, the history of which would not have led us to this conclusion.

The Systematic Collection of Anthropological Data in Asylums. By Edwin Goodall, M.D., Joint Counties Asylum, Carmarthen.*

It is not my purpose on the present occasion to relate a series of observations. I merely desire to ask your attention to a field of work hitherto little cultivated, either abroad or in this country, especially the latter. I have not, indeed, come across any account from which it is to be gathered that anthropological methods—which are what I now refer to—have been adopted systematically in any asylum for any length of time, although of late such have been in use in certain asylums of America, and also of Italy. In respect of France and Central Europe I have no certain information; but I have not seen any notice in the journals of the speciality of the employment of these methods in the asylums of those countries. That the grosser stigmata of degeneration have been observed in the course of ordinary clinical work in asylums for some time, we are all aware. It is common to hear at clinical examinations that a particular case has a "narrow" or "sloping" forehead, a "flat" occiput; possibly we are at times more venturesome, and describe the head as "dolico-" or "brachy-cephalic" (our remarks thereby acquiring a certain *nuance* of scientific gravity). Or perhaps the palate is noted to be "arched" or "Gothic," "semi-V-shaped" or "semi-saddle-shaped;" or the chin to be "receding;" or, employing a dramatic generalisation, we pronounce the patient to be of a "simian" type. I need not illustrate further, my object being simply to bring to mind the fact that it has for long been thought worth while to record conditions ascribed to imperfections of development. I pass to the representation that if it is worth while to record such conditions at all, it is proper that there should be some system whereby they may be recorded. There are pathological forms, as you are aware, in many asylums, on which systematic records of autopsies are kept; and if at

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some future period it is desired to ascertain with what frequency a particular diseased condition occurs, or whether the supposed significance of such condition is real, the accumulated facts are available for consultation. But if one desires to ascertain to what extent it is true that certain anomalies of palate or ear occur in the insane, or that they occur particularly in certain states of mental perversion, one looks in vain for records. And if, haply, observations on the point be forthcoming, what is their scientific value?

The theory of the "criminal born" has been severely criticised, in fact rejected by the majority of writers; though Lombroso has his followers, even beyond the confines of Italy. Nevertheless, the most irreconcilable of the opponents of the celebrated Italian criminologist might ungrudgingly recognise the value of his work in calling attention to the morbid heredity, the defective anthropological "make up," of many criminals, and thus claiming our serious consideration, and that of jurists, in reference to the question of irresponsibility amongst this class. The effect of such teaching is to "give us pause" ere we proceed summarily to explain the conduct of a criminal by invoking the influence of the environment; nor can punishment be prescribed for him off-hand, on conviction, without careful inquiry into his antecedents, if regard is to be had to considerations of humanity and justice. To this state of things Lombroso's work has contributed much. There is assuredly no likelihood of our overlooking the influence of heredity in the promulgation of *insanity.* But I conceive it is desirable to have a system by which we may be enabled to judge the anthropological status of each case coming before us by direct observation, aside from and independent of such history of hereditary instability as is obtainable. I have been especially struck with the desirability of such a scheme when compiling statistics for annual returns. I may be permitted to quote from observations made in a return of the kind which I lately had to draw up. It was there remarked—"In the last Report of the Lunacy Commissioners congenital defect is stated to have been noted in a proportion per cent. of 5·7 to the yearly average number admitted into asylums in general during the five years 1890 to 1894 (this for males; a lower proportion still for females). Without going further into this topic, I am strongly of opinion that a verdict of *minus habens* is returnable against a much larger number of the yearly admissions into county asylums than is represented by figures now avail-

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able. There are degrees of congenital defect far short of imbecility, and a more critical examination of the cases of mania and melancholia would doubtless show that the acute insanity is merely superimposed on a congenital defect. We shall not know to what extent the mark of degeneracy was upon the inmates of asylums at their birth until, by the adoption throughout these institutions of a system for recording anthropological data, we obtain a mass of information relating to the frequency of occurrence in the insane of the stigmata of degeneration."

In many of the cases coming before our notice the evidences of defective physical formation and backward mental state are so marked that they cannot fail to arrest even superficial observation. But this consideration should not, in my view, cause us to rest content without subjecting these cases to the routine anthropometrical examination, the great object of which would then be to note the relationship between the degree of mental defect and the number and nature of the degenerative stigmata—anatomical and physiological—which are present. In other instances, however, our systematic examination would not merely enable us to correlate bodily and mental stigmata, but would reveal the existence, in the first place, of such physical stigmata which had escaped the ordinary examination. I refer to cases of mental disorder referable to some exciting cause deemed in itself sufficient prior to anthropological examination. Without the latter there is risk of our according to such *irritans* some of the influence which by right attaches to the *irritable*.

Apart from the propriety of studying the relationships between physical and psychical stigmata amongst inmates of asylums and cases submitted for private advice, with a view to a better understanding of the groundwork of any particular case, and so to a sounder forecast in respect thereof, there is the interesting speculation—which for many may have a mere academical interest—as to whether these degenerative signs indicate a reversion to type, whether they have atavistic significance. We are struck by the presence of a marked Darwin tubercle in the ear, and by its peculiar shape, by cranial deformity, by prominence of the facial over the cerebral portion of the skull, by peculiarities of teeth or lower jaw, and disproportionate length of forearm to upper arm; or there is pronounced prognathism, or the chin is lacking in prominence (it should project to a certain extent in front of the perpendicular in European

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races); how do the measurements compare with those which obtain in the lower races of mankind and in the anthropoid apes? If we compare anthropometrically our individual of the "simian" type to the gorilla, how near do they stand to each other? This is a phase of the subject which will doubtless be examined in the future. I here call to mind a patient in the asylum with which I am connected, an adult imbecile, whose parents, and brothers and sisters to the number of five, are all imbecile, mostly in a pronounced degree; it has often struck me that if this man's hair of trunk and limb were more in evidence, and he were photographed grasping a bough, it would need some scrutiny to distinguish him from a gorilla. I have not as yet taken his measurements.

It remains to be seen how far extensive observations will justify *a priori* opinions to the effect that the stigmata of degeneration in the insane are especially found about the cranium and face.

It is doubtless desirable that all persons should be examined on an uniform plan, but with many of the insane we cannot expect—by reason of the mental state—to get anything like complete returns. In asylums it must commonly be a question of eliciting the maximum possible out of a total of returns. The comparison with similar observations from gaols would doubtless be of much interest. The Bertillon system has lately been introduced in a modified manner into gaols in this country, with the object of identifying criminals and malefactors. My information from one of our leading prisons is to the effect that it is only applied there in a limited manner, for detection of recidivists. The object would not appear to be other than an immediately practical one. Only in the event of the authorities of prisons encouraging scientific work can we expect a scientific scheme for anthropological purposes to be adopted in prisons. I have for some time been of the opinion, which I have elsewhere expressed,* that the associated study of insanity and crime is desirable, having in view the relationship existing between these degenerations; and this study would be much facilitated by associating the asylum and gaol services, when the lunatic and the malefactor might be conveniently studied from a common anthropological basis.

Where the work undertaken is the anthropological exami-

* "The Associated Study of Crime and Insanity," *Lancet,* December 26th, 1896.

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nation of the existing inmates of an asylum, in accordance with a scheme, it is clear that a laborious and time-absorbing task is contemplated. But I do not think that if each new case as admitted is examined—supposing the asylum to be adequately staffed—the undertaking will be particularly formidable. At any rate, a system for recording anthropological data, drawn up by Dr. Stearns, is in use in this manner in the Illinois Eastern Hospital for the Insane; and at San Servolo, Venice, Dr. F. Peterson, of New York, informs us cephalometry is systematically practised on every fresh admission. Dr. V. Giuffrida-Ruggeri has this year published a memoir upon the value of the signs called degenerative, in which I find incorporated the results of his examination of a large number of inmates of the Provincial Asylum of Rome. In fact, we shall probably find time for a special study of some one part of the organism, in addition to our work in accordance with the scheme. For thorough study of any part this kind of specialism is necessary. For example, Benedikt prescribes thirty-eight cephalometrical formulæ for thorough students; though probably in respect to the head the most trustworthy results are obtained by Rieger's system of measurement,* another thorough method, taking a good deal more time than the ordinary system. Experience induces me to think that the cases of the hard palate and the ear illustrate particularly well the need for special study. In the case of the ear, for example, the best scheme for examination is probably that of Schwalbe,† of Strasburg, whose chart contains thirty-four questions, of which not more than two or there could be omitted if one is to be thorough. As regards the palate, I have lately been engaged upon a method for its examination, based upon cast-taking; to work through this, supposing the cast to be ready, I find half an hour necessary.‡

If the inmates of asylums, or individuals of a private clinique, are to be examined anthropologically, we shall of course need a normal standard by which to judge, and I anticipate that experience will decide that it is best for asylum workers to get a normal standard for themselves, by the examination of asylum employés and of normal individuals from the asylum district; since it is very improbable that, as regards this country, any normal standard of the kind desired

* Dr. C. Rieger, *Eine Exacte Methode der Craniographie.*

† In the following Paper Dr. Lord submits a scheme for the ear, drawn up by him.

‡ *Journal of Mental Science*, October, 1897.

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(indeed, it would be necessary to have normal standards for various districts of the country if we would conform as nearly as possible with accuracy) will be available, unless as a result of the work of the British Association in different parts of the country. Most county asylums would appear to be in a good position to carry out observations with the object of ascertaining the anthropological status of their admissions. The observations upon the insane and the surrounding sane would be made by the same persons, and the two classes of persons observed would be mostly from the same district from which the asylum draws. And I should judge that such series of observations might, in many cases, be collated with those of other asylums, especially neighbouring ones, with every propriety, for the purpose of accumulating a greater bulk of facts.

For the purposes of comparison and the accumulation of a mass of information, it is desirable that a uniform scheme of examination be employed by different observers, and this could only be drawn up by a committee chosen for the purpose. I should say that much requires to be done ere any such deliberation is possible. Individual workers must first proceed after their own schemes; after sufficient individual experience has been gained these can be considered, and a scheme for general use drawn up therefrom, by a properly authorised body. Of late I have been putting into practice a scheme drawn up after much consideration, and of necessity based upon the work of such standard writers as Bertillon, and Emil Schmidt of Leipzig. The difficulty is to limit the measurements and descriptions within reasonable compass, in consideration of the time at disposal, and yet to avoid the omission of observations which perhaps should have been made. Especially, I think, in regard to the extent to which it is desirable that measurements of the trunk and limbs, and of parts of these, should be carried, does uncertainty at present obtain. This will be resolved by experience. It is precisely on account of the lack of sufficient experience that I do not now present the scheme I follow. I shall be glad of the opportunity to compare it with the plan followed by any worker in this subject.

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