excretion. But it is quite possible that the ammonium carbonate may be changed into urea and then excreted. I never saw it do the patients any good whatever, but it was only tried in three cases. No man, however skilful, is able to estimate pulse-tension exactly. The sphygmometer takes a little time to learn, and each instrument requires knowing, just as you have to know your rod or gun, but when once it is known one can obtain most trustworthy results. I have seen a quick pulse in melancholia lasting for nearly a year, and during all that time the pulse rate was 120 a minute. I believe that when the patient is in the acute stage of melancholia you will elicit all the other symptoms, if you look for them. We have no criterion for dividing melancholia into various stages. Before using the sphygmometer I could not understand why one patient excreted 600 grains of urea during twenty-four hours and another only 200; but we always noticed that when the acute stage passed into the subacute (after only a few hours or after forty-eight hours) that the patient had a very heavy excretion of urea. Some excreted 600 or 700 grains. In those cases in which the quick pulse persists for a year, I believe that there is some organic change taking place in the patient's brain. I think that Dr. Mott said that cholin lowered tension. In a general paralytic, after a congestive attack the tension falls, as proved experimentally by Dr. Mott; but I do not think the same changes take place in the brain of a melancholiac as occur in a general paralytic. As regards renal mischief, there was absolutely none in the cases brought before you. Of these patients five have recovered, and the other two are convalescing. If you get a case of melancholia early, before the brain tissue becomes too deeply involved, and keep the blood-pressure reduced for ten days, the patient recovers. I have seen erythrol act like a charm in such a case, and have only seen it occasion headache in two cases. Why it acts in one case and not in another I cannot tell. From recent observations I am inclined to think that, in a case of melancholia with great and persistent tension you must look for the cause. I treated a case of puerperal mania to recovery. Afterwards she fell into a state of acute melancholia with persistent high tension dependent upon mammary abscess. We opened the abscess, and the blood-tension has fallen.

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## *The Insane Jew.* By CECIL F. BEADLES.

A COMPLETE analysis of the mentally-afflicted Jew is far too vast a subject to bring before this meeting, and any attempt to give you the entire result of my investigation into the subject would occupy far too much of your time.

Under these circumstances I propose to briefly touch on one or two of the more salient features that an examination of something over 1000 cases has revealed, and I look forward to hearing the experience of others who have been brought into contact with members of the race that have become insane.

First and foremost of all the conclusions that have been arrived at, is the abnormally great predominance of general paralysis amongst the men. The fact that this fatal disease is unusually common amongst the Jewish inmates at once forces

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itself upon the attention of all who take charge of the male wards in Colney Hatch Asylum. The same, I am informed by Dr. White, is observable at Stone Asylum, which receives the Jews from the City. But when we work out the figures, the result is remarkable.

Reckoning on the admissions, we find that over 21 per cent. of all male Jewish admissions were cases of general paralysis. If we take individuals only it forms 23 per cent. In the Commissioners' Report for 1899, general paralysis formed only 13 per cent. of the average yearly pauper admissions into county and borough asylums. In the four London County asylums of Hanwell, Banstead, Cane Hill, and Claybury, during the year 1898, only 10 per cent. of the male admissions were cases of general paralysis. Forty-one per cent. of the male Jewish deaths are due to this disease. This may be compared with the deaths in county and borough asylums in 1898, where general paralysis accounts for 26 per cent. of the total male deaths.

What a striking difference! Amongst the Jewesses the proportions hold much the same ratio to the entire admissions and deaths as do those of the non-Jewish element.

What is there to account for the extraordinary difference? There is a growing belief that syphilis plays an important part in the production of this mental disease.

A question of the very first importance might be solved did we but know whether syphilis was common or the reverse amongst the Hebrew race. But it is beset with difficulties such as are inseparable from all Jewish questions that are approached. I have made inquiries in various directions. The result would seem to show that syphilis is fairly frequent, though doubtfully to the same extent as amongst the population in this country at large.

We must therefore look to other factors. Drunkenness would certainly seem to be less common amongst the poorer Jews than is the case amongst the lower classes of English. On the other hand, sexual excess figures in high ratio as an assigned cause for insanity.

By those who come in contact with the race in hospital and private practice, the men are looked upon as neurotic, the women as hysterical. Neurasthenia, and all that that term implies, would seem to be a common complaint amongst those

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seeking medical aid. Hereditary insanity probably figures high in the race, but it is impossible to get at the proper proportion which this holds.

The mental strain resulting from excessive zeal in acquiring riches, and the worry and annoyance which must invariably accompany this greed for worldly goods, doubtless play no small part in the mental breakdown of these people.

It is difficult to arrive at the exact amount of insanity that is present amongst the Jews, owing to the absence of any exact figures, both as regards the entire Jewish population of this country, and of the whole of the Jewish inmates of our asylums. But so far as figures are available, the proportion works out to about the same as that of the total population of England and Wales; and for London in particular, perhaps slightly more than the former and a trifle less than the latter. It would seem that the Jews form about 1·5 per cent. of the certified pauper lunatics of London at the present time.

The average age at which Jews become insane is distinctly earlier than is the age of the non-Jews. This is so of both sexes. The admission age for Jews is thirty-seven; that for Jewesses is thirty-six. The average age of all admissions into the London County asylums in 1898 was forty-three for both men and women.

The ages at death bear somewhat similar proportions. The Jew's average age is forty-four; Jewesses forty-seven. That of the entire London lunatics was fifty-one for men and fifty-five for women.

As Colney Hatch is the special Jewish asylum for London, and the majority of the poorer members of the race who become insane are brought to that asylum, the relapsed cases find their way back to the same institution. For this reason one can better trace and follow up the course of a case than one can amongst the non-Jewish insane. The relapsed cases form 14 per cent. of the admissions, which is twice the amount formed by the entire admissions to London County asylums. This high figure is not entirely accounted for by the explanation already given; it is due in part to a greater frequency of relapses and the number of Jewish patients discharged as only relieved.

The recovery rate appears good; better, in fact, than amongst the non-Jewish patients, but there are certain reasons

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to partly account for this. The recovery rate to the total admissions amongst the Jews is 34·4 per cent. (males 26·1, females 42·0); that of all the London asylums in 1898 was 30·49 per cent. (males 26·56, females 34·02). The recovery rate compared with the daily average number resident, and with the total number under treatment for recent years, comes out even better. It is dependent for the most part on the females.

The death rate is less amongst the Jewish patients. This again is due mostly to the small number of deaths amongst the women. The large amount of general paralysis naturally swells the number of fatal cases amongst the men.

The good recovery rate and low death rate amongst the women is in no small degree to be accounted for by the discovery of an interesting fact. This is the large proportion that the various forms of puerperal insanity hold to the total admissions. In over 15 per cent. of all the Jewish female individuals admitted to the asylum, the insanity was traceable to and associated with child-bearing.

Now in the four asylums, Hanwell, Banstead, Cane Hill, and Claybury, where the amount of Jewish admissions may be ignored as practically non-existing, puerperal insanity formed only 3 per cent. of the total female admissions, and the puerperal states are given as the assigned cause for insanity in only 4 per cent. The Commissioners give a rather higher figure for their five-year average, viz. 8·8 per cent. of female cases dealt with.

By deducting the Jewish from all female admissions into Colney Hatch for the past ten years, I find the proportion of puerperal cases in this asylum to be 6·18 per cent. of the non-Jewish admissions.

The difference in these figures, if not quite as remarkable as was the proportion of general paralysis in the men, is yet very striking.

We all know that puerperal cases are the most hopeful and the most recoverable of all cases received into our asylums, and this is so with the Jewesses. I think we must find an explanation of the foregoing in the neurotic temperament of the Jewish women, the early age at which marriage takes place, together with impaired nutrition from unhealthy occupations and surroundings in overcrowded centres. The excessive child-bearing

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of the race would scarcely come into play, seeing that mental breakdown is most often associated with the first parturition.

Notwithstanding the seemingly good recovery rate for the Jewish insane, I am not inclined to look upon the prospects of complete mental recovery of those who have been mentally afflicted as particularly hopeful. Jewish patients are rarely discharged, except to friends, and the relatives of Jews are continually wishing to take the afflicted patients out of the asylum, even when they are obviously insane or far from well. The number of Jewish patients that are discharged relieved to friends is out of all proportion to the non-Jewish patients. Of those that are entered as recovered, the large majority are discharged after a month's trial, and they are rarely returned to the asylum until after their discharge is effected; but the number that break down soon after and are brought back as new cases is very considerable. This is shown in the fact that 27 per cent. of all the Jewish admissions into Colney Hatch have had previous attacks.

The foreign element in the Jewish insane, as we know it, is tremendous. Over 80 per cent. of the patients were either themselves, or their parents, born abroad. They mainly come from Russian Poland, or German states. The impoverishment and stress of living many of these have experienced before reaching this country would surely help to wreck their nervous systems.

Of the cases that accumulate in the asylum I have not a good word to say; they possess all the worse features, in an exaggerated degree, of the chronic and hopelessly insane.

I have touched but lightly on a few points of insanity as affecting members of the Hebrew race. There is much more that might be said, and possibly at no distant date I may publish in greater detail the results that have been forthcoming from my inquiry. For the present I have said perhaps sufficient to show that there are some features of interest concerning the insane Jew.

What Colney Hatch Asylum is for the Jews of the County of London, Stone Asylum is for the Jews of the City of London. As a considerable number of Jews reside within the City bounds, and mostly in its poorer districts, it stands to reason that a fair number find their way into the City Asylum. Dr. Ernest White, its Superintendent, being unable to be



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present at this meeting, has asked me to present his views on the insane Jew as he knows him. Briefly these are—

'There is a relatively large proportion of Jews admitted from the east end of the City. The majority of these are paupers, though there are a few private patients. They are all of low vitality and readily succumb to pulmonary and other diseases. General paralysis of the insane is very common amongst male Jews, and runs a rapid course; the disease is rare amongst female Jews. Epilepsy is rare in the Jewish insane. Syphilis is very rare amongst both the males and females. Drink is more frequently a symptom than a cause of insanity with them. Mental anxiety and worry are the most frequent causes of mental breakdown. They are all excitable and live excitable lives, being constantly under the high pressure of business in town. In all forms of mental disorder the prospect of recovery in Jews, both males and females, is less than with other patients, though the recoveries are fairly satisfactory amongst those under thirty years of age. The Jewish patients supply many of the noisy and troublesome patients in an asylum; they are all very indolent, frequently faulty in habits, morally degraded, and are destructive of clothing.

This excellent summary corresponds in all respects with the estimate one arrives at from a study of the Jewish insane in Colney Hatch Asylum.

### Discussion.

At the Annual Meeting of the Medico-Psychological Association, London, 1900.

Dr. Savage.—In private practice I see a very large number of insane Jews, and certainly agree with Dr. Beadles that the race, as represented in England, is highly neurotic. They present every form of neurosis inclusive of diabetes; but in my experience there is very little general paralysis either among the men or the women. Just as other races are affected, general paralytics among Jews have nearly all had some history of syphilitic degeneration. The forms of moral depravity common among Jews are very marked and disproportionate, and perhaps that is not altogether surprising, considering the history of the race.

Dr. Shuttleworth.—My former experience amongst imbeciles and idiots led me to suppose that the proportion of defective children in the Jewish race in this country was somewhat small. At the Royal Albert Asylum amongst 1600 or 1700 patients I only remember one Jew. This was in the North of England, and it may be that Jews are not so numerous there as in the South. At Earlswood we had about two Jews out of 500 patients. Since I have been engaged in other work, however, I have been struck with the mental instability of Jewish children. The parents, among the upper classes, are exceedingly neurotic; and I have seen a great number of children of unstable mental condition, sometimes, but not always, characterised by a considerable amount of moral perversion. After a good deal of experience at a large Jewish school in Whitechapel, I am not prepared to say that the children are more depraved or more degraded than children in other centres of London. The type to which they belong is as a rule not a very low

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grade; but they are all highly nervous, and require very careful training by teachers before they make very much progress.

Dr. MICKLE.—Dr. Beadles' statistics as to the frequency of insanity amongst the Jews are in accordance with those we already possess on the subject. Certain observers throughout Russia took a very accurate census years ago, and showed that although the Jews as a race suffered very much more from insanity and from nervous diseases than the other inhabitants, they had a much less percentage of general paralysis. That is in curious contrast with the very large percentage of general paralysis which appears to have occurred at Colney Hatch among the Jews drawn from London and the immediate environs. With regard to the large percentage of recoveries in Jewish patients, that may be easily accounted for. The moment a patient is better the relations desire his discharge, and there is a temptation to enter him as recovered. It is an absolute necessity among people who are highly neurotic that there should be a very large percentage of what may be summed together as periodical insanities, yielding returns of repeated recoveries. That accounts for the large recovery rate amongst the Jews, who are essentially marked by hereditary mental degeneration. Owing to the defective condition of the literature of the subject, I have only come to recognise these facts by being able to follow the cases during many years.

Dr. A. E. MACDONALD (New York).—Our experience in America is very much that which has been detailed. Our hospitals are largely occupied by Jews, and we can corroborate what has been stated by the reader of the paper as being in accordance with our own observations.

The PRESIDENT.—My experience at Darenth generally agrees with that of Dr. Shuttleworth, as there was a very small number of Jewish children there. But my more recent hospital experience has convinced me that nervous diseases, especially epilepsy, are very common among them. I have also seen a good many Polish Jews, who work in close rooms as tailors in London, and who suffer from neurasthenia or early stages of melancholia.

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## *Alcoholic Homicide.* By W. C. SULLIVAN, M.D., Deputy Medical Officer, H.M. Prison, Pentonville.

THE subject of alcoholic homicide has been so often and so ably treated in this and kindred societies, so fully discussed in the literature of mental pathology, that some explanation seems due from anyone who again invites your attention to this hackneyed theme.

In mitigation of censure I cannot allege that in the facts which I desire to bring before you there is any saving quality of freshness. I can but plead that as long as opinions on any question remain uncertain, and reflect their uncertainty in vague and arbitrary practice, a useful function may be served by bringing the old facts and the old arguments to the test of renewed debate. The problem of alcoholic homicide is in that position to-day, and thereby it holds a perpetual title to discussion. With that explanation I submit to you my paper;

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