initiatory symptoms, which are so indefinite. As Dr. Hyslop said, they may endure for years.

Dr. MARR.—I have been much interested in the paper brought forward by Dr. Clouston. The borderland between sanity and insanity is a question to which more attention has been paid by French physicians than by our own English observers. Quite recently this subject was considered in the archives issued from the laboratory of the Saltpêtrière, in a volume entitled *Obsessions and Psychasthenia*. The term psychasthenia was applied to the mental affections found associated with neurasthenia. The fears (phobies), pains (algies), etc., of which there are numerous cases instanced in the particular volume of the archives mentioned, are most interesting to the alienist. They cannot be neglected, as the patient suffering from them may pass on to real insanity. In all these cases there is no doubt that the element of heredity prevails. They are sometimes confused with melancholia, but are distinguished by the fact that in obsessing persons the patients do not follow up their ideas to a logical sequence. The cause of the disease is in many cases produced by some autogenetic poison. Dr. Haig, in his book on uric acid, shows the relation between such autogenetic poison and nervous affection, and the danger in treating such cases is not so much in the way of under-feeding as in the way of over-feeding; too much nourishment may be given in the diet, and in this way material is provided which adds to the toxin already in the system. Treatment as a rule should be varied according to the individual cases one meets. One must be careful to avoid definitions of such cases. Burke, in his essay on *Thoughts on our Present Discontent*, says that no one is able to draw a stroke between day and night, but everyone can tell when it is day and when it is night. You cannot say exactly a person is suffering from psychasthenia with obsessions or psychasthenia with fixed delusions, which is designated insanity.

The CHAIRMAN.—As no other gentleman seems to wish to speak, I venture to express the feeling of the meeting of thankfulness to Dr. Clouston for his paper, and also regret on his not being able to be here to answer all the various criticisms that have been made on it.

Dr. BRUCE.—I should like to be allowed to say a few words on Dr. Clouston's paper. On the question of prodromata being treated so that attacks of insanity could be arrested, when one looks at cases of insanity it is so difficult to come to a diagnosis of acute insanity itself that it must be difficult to say what form of insanity is to follow certain prodromal symptoms. But I have no doubt that if in future (and it does not lie with the asylum physicians) minute observations were made on the physical condition of these patients who showed prodromata it is quite possible that, tabulating the results, one might find that certain symptoms preceded certain forms of mental disease. As to the difficulty of knowing when prodromata end and insanity begins, I quite agree with the various speakers. It certainly cannot be, as Dr. Urquhart says, when the man can be certified, because we all of us get patients sent to our asylums who are not insane, and who have been certified.

The "Psychology" of Jane Cakebread. By ROBERT JONES, M.D., Medical Superintendent, Claybury Asylum.

THE subject of this paper might almost be said to have achieved immortality, and it may be doubted whether any other woman—in London at any rate—ever attracted the attention of the public to such a degree, or was the cause of so many newspaper paragraphs, during the closing years of the reign of

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the late Queen Victoria, as the demented inebriate whose morbid character we shall attempt to analyse.

She was the heroine of hundreds of convictions, and her life was a cruel farce of "hide-and-seek" in the purlieus of the police-courts. Although many were her challengers for notoriety, probably no predecessor, and certainly no successor —during the four years which have elapsed since her grave has closed—has ever eclipsed her record, and she held the field against all comers.

The Inebriates Act of 1902, which has now been in force just over a year, has made it impossible for such a tragic and sad career ever to be again flaunted before the public notice, for magistrates may now commit such cases to be compulsorily detained in reformatories.

"Jane" was the amusement and the excitement of the street boys, who molested and baited her for sport. She was the ban of the London police, to most of whom in certain districts she was personally known, and she was the puzzle of the stipendiaries. When Jane needed protection from the *gamin* in one street, the officer of the law contrived—with the ability, the tact, and the chivalry characteristic of this great force—to avoid her and to locate himself in another.

A well-known Radical peer once justified the existence of the House of Lords by stating that whatever a peer did he did it well and thoroughly. He urged upon his audience that when a nobleman's failings were successfully emulated by one of the lower classes, and any of them became thoroughly intoxicated, his condition passed into a proverb, and he was then described as being as "drunk as a lord."

Jane was no sham drunkard, nor the heorine of an ambiguous adventure, and she "faced the music" no fewer than 280 times, being sent from the police courts to prison, thence into the streets; again to re-enact the same scene with something like repeated regularity. Later in her career Jane became to the benevolent and the casuist an object of sincere pity and sympathy. She became an interesting study to the social scientist and a serious problem for the statesman. It was the difficult case of her notoriety that served as the proximate cause of the passing of the Inebriates Act of 1898. After many vicissitudes this notoriously intemperate person drifted into an asylum for the insane, where for nearly three years, in spite of

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many restrictions, she found more rest and less hard care than had for many years previously been her lot.

On January 31st, 1896, Jane Cakebread, stated to be sixty-two, but whose real age was sixty-seven years, was admitted into Claybury Asylum from the Hackney Workhouse, having been previously in Holloway Prison. She was described as a servant, but for more than thirty years she had probably done no self-supporting work. Her medical certificate described her as rambling and incoherent, as having threatened others, being given to violence and to the use of unprovoked bad language. She exhibited delusions of an exalted and grandiose character, believing herself to belong to "nobility," that she had a legacy of £3000 left her, and that someone had stolen £57. She was strong in the belief that she was "a lady of high character" and entitled to a fortune. Dr. G. E. Walker, of Holloway Prison, stated that he always considered her to be of impaired intellect, but that lately marked deterioration had taken place, and he considered her not to be responsible for her actions.

Upon admission she looked an elderly person, but less than her real age, sixty-seven years. She was 5 feet 3 inches in height, sparely built, and weighing 8 stone. She had grey hair and grey twinkling eyes, the pupils of which reacted equally and well. Her eyesight was not good, she had commencing cataract, and also some ciliary blepharitis, with a few irregular lashes which caused some irritation of the corneæ. Her general facial appearance was strikingly characteristic. She had mobile features with a gracious condescension. Her mouth indicated a strong and stubborn character. She had a pleasant smile, long thin lips, reflecting power and passionate anger, and an exceedingly good double row of clean teeth in a square-set jaw, suggesting great firmness of purpose and determination of character. Her strikingly pleasing smile could be suddenly or momentarily transformed into a stern, scathing contempt, and she could pour forth vials of undeserved wrath and infamous reproach with loud declamation. Her bodily organs apparently were exceedingly healthy for a person of such irregular life, with a record of so much privation and drink. Her heart beat well and regularly, and she had a pulse of 76 of good volume. There was nothing to indicate any lung disease, although there had been on the part of this unvanquished champion of irregularity much exposure to uncongenial surroundings and inclement

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weather during the previous winter. Mr. Thomas Holmes, the well-known missionary at the London Police Court, who had been to Jane—as to many other unfortunate persons—a true friend, states that during the great frost of 1895, for nine weeks she lay out of doors; her lodging the bare ground, her bed a bundle of sticks, and her dressing-room the banks of the River Lea, in which she had her daily morning's wash, often breaking the ice for the purpose. She was country born, and the associations of an out-door life always remained with her.

Mentally, upon admission, she was noisy, excited, violent, and threatening. She had much scratched the nurse who brought her, and she was received in restraint. She believed the nurse was the cause of her being brought to the asylum, and she denounced her vigorously for "lies and cruelty." She made incoherent and rambling statements in regard to self-exaltation. She believed herself to be one of the nobility, and that she had several thousands of pounds, which had been left her. She was not amenable to discipline, and at first refused to get up or to go out like the other patients. She repeated herself frequently, making the same statements over and over again, exhibiting some dementia. She made groundless charges against the nurses, and there was much moral obliquity. She was untruthful, shameless, and given to uncontrollable attacks of vehement abuse and violent temper, during which she was dangerous to others. For a time she refused food, unless she was given "wine," for which she craved on several occasions. She was tried in the dormitory on admission, promising to behave herself and give no trouble. With a strong effort of will and for one night only she did this. On the second night she became very noisy, struck those about her, and had to be placed in a "single room" to sleep. She was very uncertain in her conduct and conversation—with a smooth tongue charged with flattery and praise she would become suddenly abusive, giving way to very bad language; loudly and vehemently declaimed.

After one month she was much quieter and more contented. She was full of promises, often "all smiles," but she had no self-control. At the end of two months she had relapsed several times; and her mental condition alternated between a clean and tidy behaviour and that characterised by self-neglect and aggressive violence. Her memory as to

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recent events was impaired, but that relating to remote periods was good. She repeated the same statements each time she was seen, and she did not seem to remember having seen the medical officer before. At the end of eight months she appeared to be more childish, and there were symptoms of progressive deterioration. She was often abusive and noisy. She used to ask for beer and stout as well as wine from time to time. She was most untruthful, and could not bear any contradiction of her statements or crossing of her wishes, returning a tornado of abuse at the least imagined slight. She frequently quoted scripture and hymns, and always liked notice.

At the end of a year she was just the same in regard to the want of self-control. At the end of two years there was no improvement, and at the end of three years she appeared to be more demented; frequently made groundless charges which she could not support. She was very vain and jealous, exceedingly troublesome through her interference with other patients over whom she desired to show authority. Often abusive, insulting, and given to the use of very bad language. About this time she gradually developed dropsy. Her heart showed signs of failure, and after several weeks in bed with increasing weakness—during which time she was much less troublesome, except that she refused all stimulants ordered for her—the vital powers ebbed, and she died in her seventieth year, of heart failure and dropsy, with cirrhosis of the liver and kidneys.

On *post-mortem* examination the brain was well convoluted, and was a good size and weight, but there was some wasting of the central convolutions and a few old adhesions at the apex of the right lung. Marked atheroma of aortic arch. Heart was fatty, and there was hypertrophy of the left ventricle. The liver was distinctly "hob-nailed," the substance being fatty and indurated. The same condition extended to the kidneys and spleen, and the abdomen and lower limbs were markedly dropsical.

As to her family history and previous record, I am mainly indebted to the Chief Constable of Herts, at Bishop Stortford, and Mr. Holmes. In his *Pictures and Problems from London Police Courts*—which is a singularly vivid and a profoundly interesting account of human tragedy—is written an interesting "Life of Jane Cakebread," and it is from this volume and some private correspondence that I am enabled to give her ante-

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cedents. Jane was a country woman, born of humble parents of the small farmer class in Hertfordshire. Her father died at seventy-one years of age, and her mother at sixty-two years. There was a family of eight children, five sons and three daughters. The histories of all these are known with the exception of one sister. There is no record of insanity or drink, and so far as is known the whole family, with the exception of Jane, were respectable, but poor. She had some schooling, but not much. After leaving school she went to service and became what she called a "single-handed parlour-maid." To commemorate the death of some connection of a family she lived with, she committed to memory certain chapters of the Bible, more especially one from the Book of Job, in regard to the uncertainty of human life. While in service someone left her a legacy of £100. She did no work after that! She appears to have carried the money about with her, and either wasted it or got robbed of it. Then began her life of inebriety, which for over thirty years was an open sore before the public eye.

Dr. John G. Pitcairn, Deputy-Governor of H.M. Prison, Holloway, wrote to me saying that Jane Cakebread had been in and out of Millbank Prison for many years before 1890, and that when Millbank was then closed, and females were first received into Holloway, she came under his observation. Miss Constance Warner, the Secretary of Lady Henry Somerset's Farm Colony and Childrens' Home, wrote to me that Jane Cakebread was at Duxhurst, Reigate, for about three months, and they were unaware of any points of interest in the case. Dr. George E. Walker, Governor of H.M. Convict Prison, Aylesbury, writes stating that Jane Cakebread was the primary cause of the passing of the Inebriates Act, 1898, which authorised the Home Secretary and the councils of counties and boroughs to provide special homes for habitual drunkards. In less than five years the Act had resulted in six certified reformatories being established, accommodating 428 persons. Of those sent into these homes, it is interesting to note that 25 *per cent.* were found to be mentally deficient, some of them proving to be certifiable lunatics. Dr. Walker also states that it would be almost impossible to find throughout the country a more troublesome lot of women to deal with, an opinion which I need hardly confirm.

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To deal more fully with the time that Jane Cakebread was under observation in Claybury, we can state that she exhibited certain particular mental conditions, such as vanity and self-conceit, self-complacency and self-esteem—the collective interests of the individual,—but she had no pride. She was jealous and had the love of approbation, some desire for fame (of a kind), with marked ideas of exaltation, the love of power, and the appreciation of a sort of glory. These were all marked features in her character. She also had the peculiarity of showing marked emotions of reverence, for she had a strong undercurrent of religious sentiment; and although peculiarly selfish, she had some tender feeling towards others, especially men and children. She had, however, certain other *traits* which indicated deterioration, and which are more or less characteristic of the drinker, she was untruthful and deficient in self-control, her inhibition was so affected that she passed suddenly and almost instantaneously from blandness and graciousness to blasphemy, vituperation, and abuse; and these irascible emotions were to all appearance unprovoked, as in all her moods she was essentially hasty, changeable, and impulsive. I do not think she derived pleasure from her anger. Unlike the old Arcadians—who, if unsuccessful in the chase, showed their resentment by pricking with their arrows the wooden statue of Pan, their deity,—Jane never wounded personally; her anger was not a desire to put anyone in pain, but a mere method of expressing disagreement, which she did forcibly. Although impulsive, she was never vindictive, and she never experienced the pleasure of malevolence in regard to those she disapproved of, and who she imagined had roused her wrath—as is usual when a supposed injury urges us to resist it, and to inflict pain upon its author, and to experience gratification at the suffering inflicted. Her vanity was founded upon certain fixed preconceptions in regard to her imaginary charms. She would repeat incessantly that she was "of the nobility," that she was considered to be a very beautiful woman, and that she had a fortune—which, needless to say, were delusions. With these ideas controlling her thoughts, a belief in conformity with them pervaded her mind, acting as motives to all actions towards which she directed her attentions. She derived much of her pleasure from mentally revolving her own merits, excellencies, capabilities, and what she considered to be her very imposing

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adjuncts. It is well perhaps for our self-complacency—and Jane in her infrequent quiet moods was essentially self-complacent—that we do not see ourselves as others see us. By disposition Jane was hopeful and cheerful, she always seemed radiant with *joie de vivre*, a kind of infantile hilarity and mirth such as children delight in when "making a sensation." Psychologically this is probably a rebounding elation of conscious power, and, as Mr. Holmes says of her, "everything was for the best with her and just as it should be, and even in her most pitiful condition she had an inexpressible gaiety about her." She used to curl her hair in the wards, and she was often discovered in a forest of curl-paper. Her hair was thin, grey, and short; but she imagined she made great *coups* when the doctors came round, and she would decorate herself with bits of ribbon and patches of lace in anticipation of impressing them on their visits. Possibly poor Jane wondered why we laughed at the "peach-coloured suit" or the "blue coat with gilt buttons," possibly also she had her own views about our "puritanical perpetual black," and she would probably agree that we are a "dull, sad, and dreary people," and are made to look ridiculous, "bridled-up about the neck, be-chimney-potted above, be-heeled below, and be-girt and be-buttoned all around." At any rate, Jane's greatest pleasure was to "show off," and her vanity was notorious and amounted to a disease. It was marked to such an extraordinary degree that when in the police-court the moment was bliss in which her name was announced by the gaoler. It was the very breath of life to her, and it proved ample compensation for the discomfort of a night in the cell. She had few greater joys than to read cuttings or extracts about herself in the police news, and she delighted in conveying her happiness or merriment by what she called "making the magistrate laugh." A great peculiarity of Jane's was never to wash in hot water. Her appearance was untidy, but in her personal habits she was essentially clean, and her country-born tendencies could not tolerate the amenities of town life. She used to write letters about living in a beautiful country cottage, where the birds sang, the trees gave a shade, and the breeze blew. There is little doubt that Nature's "vernal impulse" affects the mind of the weary and the afflicted as it did the sane mind of Wordsworth in the poetry so often and vividly recorded by him. Jane was always very jealous about

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those of her own sex, especially the nurses who had charge of her, whom she distrusted, and who, she thought, won their way with others at her expense. She dearly loved to interfere with them, and in this she was peculiarly intolerant of their control, and would often attempt to suppress their individuality and authority from her own love of power and influence. It was her firm belief that it was she herself, and not the nurses, who ought to take the instructions of the medical officers about their patients. Jealousy is a monster whose very essence is to detract from our own sense of superiority or our influence, and the suspicions of such a lowering of prestige stung her to the quick and aroused her strongest resentment. Possessing all her supposed influence and attractions, she was fully persuaded that she was in Claybury to supervise the treatment of the patients around her; and in support of this view, which was not contradicted, but humoured, her conceit sought for its sustenance the applause and the admiration of those in authority, or whoever happened to pass through the asylum as visitors. The coinciding opinion of another person, as we all know, not only sustains, but also strengthens our own opinions and sentiments. Is it not true that our self-complacency burns brighter and our estimate of ourselves is made more secure when we are complimented by the coinciding expression of another person? The joys and depressions of our everyday life are greatly influenced by the views of our fellow-creatures and the opinion of society in regard to us. These certainly occupy a high place in our consideration. Such was also the case with Jane. She had a settled opinion about her own merits—in accordance with the proper psychological analysis of self-esteem and self-conceit,—and she always accepted tributes of admiration as an unchallenged right.

Jane was always pleased when praise or approval was bestowed upon her, and she derived considerable satisfaction from contemplating herself in conformity with her own preconceptions. This love of approbation, when analysed, is really only a heightened form of self-gratulation, and is pre-eminently selfish. Jane generally accompanied the medical officer, or followed a visitor through the ward, in order to stimulate the confirmation of other persons in regard to her good qualities; but not infrequently she had to forego this appreciation. She submitted, however, to this oversight with resentment, and she would pour blasphemy

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without stint upon those who, unwittingly or otherwise, denied to her the recognition she thought due to her *status*. She was always eager to explain to whomsoever listened that she was "Miss Jane Cakebread, a lady by birth;" and, if opportunity occurred, she delighted to act the character. She referred to Lady Henry Somerset with the usual vulgar admiration for a titled person, but she recognised also the affability and the kindness of this distinguished philanthropist. It was consonant with her behaviour in the asylum to make promises that she would bestow "beautiful needlework" upon those who pleased her, and more especially if such were of the opposite sex. Many were the garments she used to tear up to make linen and other mats, and the ornaments she appropriated to make flowers or attempts at embroidery as a token of her appreciation of notice; indeed, her continual appeals to others for recognition were a great feature. Mr. Holmes relates how she once, in the position of a *grand dame*, sent him a note of invitation to tea. On one occasion, after her release from prison, he, at his own expense, got a poor woman to rent Jane a room for a few days, stipulating that she should provide her own food, also at his expense. True to her alleged *status*, Jane provided herself with French rolls, new-laid eggs, nice dinners, and snug teas. Meanwhile the invited guest appeared, and was received with suppressed excitement. With her *penchant* for the opposite sex, she immediately proposed that he should share her fortune! Alarmed at the possible consequences of such behaviour on the part of his grey-haired Psyche, he realised the delicate situation, and without suggesting that she had effectually extinguished the torches of Hymen, he requested that time be allowed him to consider his prospects, and he beat a hasty retreat. Her susceptibility to the opposite sex was, in her, I am convinced, an impersonal love and more an æsthetic interest in those about her than a romantic emotion. It was something similar to the love of truth, or of beauty, or as we admit the love we may have for American women or Japanese soldiers. I believe this complex emotion of love in her case to have been based upon quite elementary excitations, such as the love of approbation, self-esteem, admiration, and various sensations and sentiments attached to these which we have referred to as dominating her nature. It was immaterial to Jane whether a workman passed through the ward, or a male patient worked at

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the bottom of the garden, or a distinguished visitor accompanied the medical officer. Suffice it that he was a man or a male, Jane never discriminated, her blandishments were distributed with equal favour to all or either. Jane had no *self-sufficingness*. She depended too much upon the opinion of others, which possibly contributed to her downfall! At the same time I believe that the over-aggressiveness of the self-confident —and we all know such—is an insane development, and I believe it to be on a lower plane of intellectual evolution than the conscious modesty of the altruist. Extreme self-confidence is egotism, and egotism is essentially a symptom of insanity.

I do not believe that Jane had much, if any, pride, nor any real self-respect. The poor thing had small occasion for the sentiment, but psychologically these mental qualities afford a very strong motive to conduct, and as such may exercise a powerful restraint against any lowering by inconsistent conduct of the standard achieved. It would have been helpful to her if she had had these sentiments. In such a case pride becomes a sense of honour. Honour as such she had not; and although given to hymn singing and copious quotations from Holy Writ, I do not think she had any admiration for goodness or excellence, or for the qualities in others that call forth esteem or reverence. Yet Jane was looked upon as eminently religious. Psychologically I believe that this emotion in her was built upon egotism and selfishness, and perhaps the emotions concerned with veneration and reverence are more often thus based than is generally accepted. Jane was so selfish that she could brook no contradiction, and we know that there is often a tyrannical and uncontrollable despotism about those whose office has to do with spiritual work. There is a superiority and an ascendancy about this class—and I state it only in a psychological sense—which tends to raise by a supernatural *afflatus* the most ordinary composition to an apparent efficiency beyond the choicest efforts of others. We know that the authority of the Church is often such that its apostles will brook no contradiction, and there is no more intolerant class than belongs to the religious hierarchy. Witness, for example, the bitterness and the superiority of the *odium theologicum*. By temperament Jane showed to a high degree the greater emotional affectibility of her sex, she had a keen love of adornment with much dependence upon unanalysable impulses of the moment. It must be

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remembered that love and religion are the two most volcanic emotions to which the human organism is liable, and when the one is disturbed the vibrations naturally and readily extend to the other. Although vain, she was really disregardful of personal appearance. She was untruthful, artful, and crafty. She was undisciplined, deceitful, and unreflecting. She was also morally depraved—I mean in regard to the higher ethics of good motives and high ideals. She lied, but her mendacity was a disease and due to defective memory, which was a pathological condition induced by alcohol, and the delusions which filled her mind were those of suspicion and persecution. When the nurses spoke they referred to her. They tortured and ill-used the patients, and she feared imaginary harm if placed to sleep in the single room. She was boastful and vainglorious, and she used to describe events in detail which never took place, and although her memory in regard to events long past was faithful and tenacious, that in regard to recent and current events was treacherous and no better than lost. I doubt if she ever remembered for two days running the names of the doctors or nurses she saw daily. She had no tender feeling in regard to self—no self-pity. She never lost her good opinion of her degraded self, nor did she ever express feelings of self-reproach or penitence for her conduct. During her whole residence in the Claybury Asylum no suggestion or suspicion ever arose that her life had been sexually perverted, and no reference to immoral conduct was ever known to have passed her lips. Such psychological characteristics as vanity, boastfulness, self-esteem, inordinate self-gratification, self-glory, and a love of praise, power, and display, cannot continuously and naturally be upheld—only the temporary elation of alcohol can keep these up; the first physiological effect of which is to stimulate the imagination and remove the normal restraint. Once the taste for alcohol is experienced in such dispositions, the descent is an easy one to confirmed inebriety and insanity. The life she led revealed in the end this moral and intellectual degradation, inevitable in all chronic drunkards. She sank in the social scale and became a bye-word of reproach, unfit to associate with sane persons, and an impossible person outside a lunatic asylum.

She masqueraded unblushingly for over fifty years through this cruel farce, for her life in and out of prison was no other.

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Yet Jane was no drunkard in the common acceptation of the term, which is that she was always and constantly under the influence of alcohol—the prolonged "moderate drinker" as it is called;—yet she was the typical inebriate, but of the variety of the periodic drinker, and we know that in normal persons the central nervous system has a certain natural rhythm of excitation. Her condition is not uncommonly met with in alienist practice, and the desire for drink with her was an intermittent craving recurring like the visitation of epilepsy or the periodicity of recurrent mania, as was evidenced by the fact that she sternly refused all alcohol when ordered to her medically for some time during her last illness, although at other times she pressed the doctors for drink on many occasions. Jane drank in small quantities only, but the small quantity she took at a time during her life was a poison to her, and brought out in her all that was evil and bad. The merciless sap-draining drink was served to her by people who knew her, and it was given in order to "hear her talk and see the fireworks." Fortunately such a procedure is now a crime. The restraint placed upon ourselves in polite society to carefully avoid whatever is calculated to hurt or wound requires the force of the Law to enforce it in lower strata.

As to the taste for drink, there is no doubt that it is an acquired one in most of these cases, and, however much the tendency to gratify the desire may be inherited, unless drink is first tasted no craving can be established.

I have written elsewhere (1) upon the physical basis of the craving for alcohol, and exhibited a sphygmographic tracing before and after its administration in a case of alcoholic insanity which supports the theory advanced by Jennings that the "tableau," or flattening of the top of the pulse-wave, indicated a physical condition antecedent to, or concomitant with the mental "craving" such as exists for morphia and other drugs, and which is removed after taking the stimulus. This craving appears to be an organic want, and, like the bodily appetites has a periodicity or recurrence which the life-history of every inebriate powerfully exemplifies. Moreover, drink supplied during this period of craving can be taken in very large quantities without inducing the usual physiological effects, and even bottles of brandy may be taken in the course of a few days by one person without symptoms of drunkenness or toxicity; after

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which a pause or period of rest follows, during which not only does the person not drink, but the very sight of spirit or its name may cause a feeling of intense loathing or disgust. I feel convinced, after some experience, of the actual presence of this craving, during which the victim to its tyranny becomes an object of deep pity.

The taste for drink once acquired, only persons with strong wills and high moral power are able to resist it, and the end is complete moral and intellectual degradation with confirmed dementia. It is in advoiding the first taste of alcoholic liquor that salvation for these people lies, and even when they have fallen their reclamation is only to be found in total abstinence for the rest of their lives. It must not be taken from these remarks that I am an out-and-out advocate of total abstinence. In my opinion it is a counsel of perfection, and imposes too much restraint upon the demands of reasonable men and women. On the other hand, it is the best working hypothesis for the cure and the prevention of all forms of drinking and drunkenness.

Jane Cakebread's hard life was soured by worries and troubles and ill usage of many sorts, as is usual with such wrecks. She had many vexations, negligences, and disappointments, but she herself had—as we all have—her own life in her own hands; she chose to throw it away, and in consequence she sank to the lowest depths of deserved misfortune. With all her faults and short-comings, her life was a page in the human document, and there was much in her that was likeable and even lovable. The nurses and those who knew her often repeated that, making allowances for her insanity, she was dignified, striking, and attractive, and in her there was much to be pitied.

I am one of those who believe in the perfectibility of human nature. Man was meant to evolve and grow, and not to stand still. In this progress there need be no cessation. Man's life as a rational being depends upon the exercise of his mental capacities conformably to reason, and he can best assist this by promoting his health, growth, and physical development, conscious that the care of his health is a sacred duty of every man. —"Know ye not that your body is the Temple of the Holy Ghost."

(1) "Mental Dissolution the Result of Alcohol," an address delivered before the Society of Inebriety, *Lancet*, October 25th, 1902.

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Discussion

At the General Meeting held at Oxford on February 12th, 1904.

The CHAIRMAN remarked that Jane Cakebread was not a congenital moral imbecile as many had supposed, but possessed a considerable amount of moral character. He quoted a similar case who ended her life as a dement.

Dr. STEWART (Clifton) said he was glad to hear Dr. Jones speak of the one striking characteristic of the inebriate—their untruthfulness. Most people admitted that the inebriate was a liar, but they did not think of the real cause of the untruthfulness, which was a pathological degeneration of the brain. There was a loss of memory, and he believed the common expression that liars should have good memories was an instance of it. The inebriate was a mendacious person because the memory was extremely bad. As Dr. Jones had said, mendacity was due in the inebriate to lack of memory. (Hear, hear.) Dr. Jones had also pointed out there was a purity of morals in the ordinary sense of the term. He (the speaker) believed the inebriate was more or less so by the brain being reduced by an alcoholic disease, and he did not think anything could have been more fairly put or be more calculated to bring men like himself, out-and-out total abstainers, to study the subject than the expressions used by Dr. Jones.

Dr. SEYMOUR TUKE spoke of the part played by intoxication and that played by imbecility. They had all known cases in which there was an extent of alcoholic intoxication which showed them many of those points that one felt one must distinguish between the two. He was particularly curious about the statement made with respect to purity of morals. He understood that Jane Cakebread's case was in a large measure alcoholic, but they must not forget that in many cases where there was no alcoholic intoxication they got a great many of the same symptoms.

Dr. BOLTON referred to an old woman who had been in twenty workhouses and twelve asylums in the course of twenty years. She said she drank when she could get drink. He thought it was a case which showed rather more dementia and degeneracy than Jane Cakebread, and he would say it belonged to the moral imbecile or degenerate type. If Jane Cakebread was in drink, she probably was not broken down. The case he was referring to was different. When that woman broke down she either went to the workhouse herself or to different asylums. Certainly, then, a case of that kind should be looked upon as one of a prepotential lunatic, and he thought that the influence of alcohol upon normal persons would be very different. He thought such cases belonged to something between the normal person and an ordinary imbecile.

Dr. KINGSFORD said a woman who came under his notice had a good many of the characteristics which had been described, but one of her peculiarities was to boast of reporting public institutions to the Government. Needless to say, they did not give her the opportunity.

Dr. GOODALL said he thought that he heard Dr. Jones say that the ordering of our life was in our own hands. In the present case he did not think it could be applied. Probably it would be found that her tissues were endowed with unusual vitality. What he got up to say was, he thought that it would be interesting to have a record kept of such cases to compare with the normal on an anthropometrical basis. At present they had only the law of impressions to go by as to whether there was degeneracy or not, and it would be better if they had such a thing embracing all parts of the body.

Dr. JONES said he thought that laymen, looking upon those people who were constantly drinking, thought these alone were the inebriates, they did not regard the periodic drinker, of which Jane Cakebread was a type, as belonging to that class, but such a view is confirmed by the fact that the liver was a typical "hob-nailed" spirit-drinker's liver. He did not agree with the suggestion implied in Dr. Goodall's remarks that man acted in obedience to a fatalistic materialism. Whatever might be said of the relationship between mind and matter, there is no support to be had for the suggestion that matter can *causally* determine consciousness, for such a view would destroy the "agency" on the part of conscious beings and cause all our actions to depend upon explosions in nerve-cells. On this theory no judgment could ever be due to a train of reasoning, a volition, or a motive.

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