

develop night nursing, and to make the personal care of the nurses for the patients more thorough than it has been.

Dr. HUGHES: From the experience which I have had in the management of the insane, I am of opinion that dormitories, as a rule, are objectionable. I mean associated dormitories, where an individual is cognizant of the fact that he is constantly under the personal surveillance of some other person. You know how it feels to a sane man to be under the impression that he is constantly being shadowed by some one. Now in the psychical therapy of mental aberration it is important that in all our dealings with the insane we should, so far as practicable, prevent the patient from receiving the impression that we are constantly shadowing him. For that reason, in the institution over which I have the honour and pleasure to preside, I have invented a lock that does not necessitate the turning of the key upon the patient. I am opposed to associated dormitories even in large hospitals, because of the insanitary psychical influence that one patient in an adjoining bed with his suffering and ailments has upon another. Generally patients, like ourselves, have troubles enough of their own. Melancholic patients may be benefited in asylums, but not by the use of associated dormitories. If you can associate them with other patients who will sympathise with them, they will have the most elevating impression upon this mental condition, but there is an objectionable feature about constant observation. The whole question of the management of the insane, so far as we are concerned, resolves itself into one of psychical therapy, and it is one of individual as well as collective psychical therapy. Wherever we can adapt our rooms in such a way as to ensure the most salutary effect, here we have progressed in the direction of proper therapeutics. In conclusion I will say that as sleep, which does so much for men in all states of life, is the best therapeutic agent that we have in the treatment of mental aberration, anything that will conduce to that end in hospital arrangement is right, and anything that violates the principle of securing tranquillity and rest is wrong.

Dr. JONES congratulated the authors of the paper upon the very excellent results obtained, and which his own experience confirmed as due to painstaking personal supervision.

Dr. MIDDLEMASS: I am glad that the paper has met with favourable appreciation. We did not wish to claim any credit for the arrangements made, but wished merely to record that the experiment had been eminently successful, and to encourage others to try for better results than we have at present obtained.

Punishment the Painful Consequence of Conduct. By
CHARLES MERCIER, M.B.Lond.

THIS question of the punishment of the insane is one which has gone through certain stages. You will remember that in Edinburgh I read a paper in which I laid down three propositions. The first was that no insane person should be punished with the same severity as a sane person; the second was that some insane persons ought not to be punished at all; and the third was that the majority of insane persons ought to be punished for a large number of their wrong-doings. To these I added a fourth as a rider, that, as a matter of fact, punishment is already largely used in the treatment of dealing with

insane persons. To this it was retorted that certain measures are taken with respect to insane persons, which, if they were taken with respect to sane persons, would be punishment, but as taken with respect to insane persons they are not punishment. In other words, we do punish the insane, but we shrink from acknowledging that we do so. Now there is one aspect of this question which I have put several times, and regarding which I have never yet been answered in any way, and I desire to put it again, and in order that there may be no mistake about it I will put it in a very concrete form. Our excellent Treasurer is entrusted not only by us with the finances of this Association, but he is also entrusted by his county with a share in the management of the county affairs, and it is within the bound of possibility that Her Majesty might entrust him with the Commission of the Peace, if he has not already been so entrusted. It may happen that at the trial of a prisoner—we will say supposing a man has thrown a pint pot through a pane of glass—he will come before our Treasurer, and he will be fined a certain sum of money, or, in the alternative, will be awarded certain imprisonment; we will say he is fined 5*s.* or seven days. Then our Treasurer quits the bench and goes back to his own institution, and finds there a patient who has thrown a mug through a pane of glass, and he says to that patient, “You have destroyed this pane of glass, you will have to pay for it;” or “your pocket-money will be stopped for the amount.”

I want to know wherein the difference lies between the 5*s.* which is taken from the prisoner in court and the 5*s.* which is taken from the lunatic in the asylum. I say if the one is punishment the other is also, and I say you cannot by any verbal quibbling discriminate between the two. The whole thing raises the question of what punishment is, and I have formulated in the notice convening this meeting the terms in which, as I take it, punishment should be defined. Punishment I have called the painful consequence of conduct. We find ourselves in a world in which we are capable, within limits, of determining our own conduct. Some of our acts result in pleasure, and some result in pain; and when an act results in pain, the pain is the punishment for the act. Furthermore, man is so constituted that when an act results in pleasure he has a tendency to repeat the act, and when an act results in

pain he has a tendency to avoid its repetition ; and we say that the punishment is a deterrent to the repetition of the act. These are commonplaces, but they are also facts which are fundamental in human nature. Man's motives to conduct are the seeking of pleasure and the avoidance of pain. To take a few concrete instances : if I dash my hand against a brick wall I suffer pain, and that pain is the punishment for the act. The pain is the painful consequence of the act, and it is a deterrent which advises me not to repeat the act. If I expose myself to infection and catch it, the pain that I suffer, the disability that I suffer while I am under the infection of the fever, is the punishment for the conduct which brought me into the infection. In the same way, if I indulge in the habits of eating and drinking too much, I may suffer from gout, and the pain of the gout is the punishment for the conduct which brought the gout. But we live in surroundings which are not only physical, but which are also social, and our conduct towards our social surroundings is also liable to entail pain or pleasure, as the case may be, from the reaction of our fellow-creatures upon us with respect to our conduct with regard to them. When we receive pleasure from our social surroundings our tendency is to repeat the act ; when we receive pain our tendency is not to repeat the act, but to avoid its repetition. The punishment that we receive from our social surroundings in return for incautious acts committed towards them is precisely the same as punishment we receive from our inanimate surroundings for incautious acts committed towards them. It is neither more nor less certain, neither more nor less severe, neither more nor less delayed, neither more nor less capricious ; it is the same in every respect. Dr. Rayner has said, and it has been implied by others, that the feeling of revenge that enters into the punishment that we receive from our social surroundings differentiates these punishments from those inflicted by our inanimate surroundings. It is perfectly obvious from the point of view of the punishee that it does not matter in the slightest degree what may be the motives of the punisher. The pain that we suffer from our own actions has the same deterrent effect upon us whether it is inflicted, as by a savage upon his captive, from the pure lust of cruelty ; whether it is inflicted by the Holy Inquisition from pure benevolence ; or whether it is inflicted by the impartial action of natural forces. In any case the

pain that we suffer is the consequence of our act, and is a deterrent from the repetition of the act. Now, if it is to be maintained that the insane are under no circumstances to be punished, then I submit we must overturn the entire order of the universe in their favour. We must provide that when they fall they do not hurt themselves; that is their punishment for falling. We must provide that when they are exposed to cold they should not take pneumonia, for that is their punishment for exposing themselves to cold. We must provide that when they are exposed to infection they do not take disease; we must provide that when we prick them they do not bleed, and that when we poison them they do not die.

It will be said that this is pushing the matter to an absurd extreme, but I wish to point out that it is important that those who advocate the entire immunity of the insane from all forms of punishment, an immunity which none of you carry out in practice, should be made to recognise what their position involves. If the insane are under no circumstances to be punished, the only justification for that view is that upon them punishment has lost its effect—they are no longer capable of being deterred from an act by the foresight of the painful consequences which that act is likely to incur. Is this the case? Is it the case that the insane are destitute of all prudence, of all regard for the consequences of their acts, of all capability of learning by experience? Is it a fact that no insane person who has once sustained an injury will take the slightest precaution against similar injury in future? Is it a fact that the thousands of insane who are employed as artisans take not the slightest precaution against injury to themselves during their work? Is it a fact that the thousands of insane women employed in laundries take not the slightest precaution against injury to themselves by scalding? Is it a fact that every insane person who has the command of money, squanders that money in a reckless fashion? Is it a fact that every insane person is incapable of restraining himself from acts which bring their punishment afterwards? Who will answer these questions in the affirmative? and unless they are so answered it is impossible to maintain that the conduct of the insane is not influenced by the fear of ill consequences,—that is to say, by the fear of punishment. But although the effect of punishment on conduct is rarely completely abolished in the insane, it is probably always

modified, and it will be instructive to note the ways in which the effect of punishment may be altered. Conduct is the result of the attraction of pleasure and the repulsion of pain ; but I may put it otherwise, and say that conduct is the result of the struggle between the impulse to act and the power to control the act. So regarded, insanity may diminish the effect of punishment in one of two ways. It may increase the impulse to act, or it may diminish the power to control the act. It may increase the impulse to act by increasing the impulse to action in general, as in acute mania ; or it may increase the impulse to act by exaggerating the appetite which prompts the action, be the appetite of lust, of ferocity, of greed, or what not ; and undoubtedly in many cases the power of restraining action is damaged among the insane by these causes. Again, the power of control may be weakened in several ways. In the first place, memory and anticipation of pain may be weakened ; the foresight, the appreciation of the result of the act, may be diminished, while the memory of the pain is unimpaired. Again, foresight remaining intact, and memory of pain remaining intact, it may happen that the pain, instead of being a thing to be avoided, may be a thing to be sought, as in the cases where a lunatic has committed an act for the very purpose of incurring the painful consequences of the act ; and it is probable that the power of control may be weakened *simpliciter*. That is to say, the foresight of the result of the act may remain, and the memory of pain may remain, and the patient may still desire to avoid pain, and yet an anticipation of subsequent pain has little or no power to outweigh the influence of immediate pleasure, and this is very largely a matter of habit. It is obvious that where these disorders obtain, punishment is not to be inflicted. I now await with patience the observations of those gentlemen who will tell me that I advocate the unrestricted punishment of the insane under all and any circumstances. I still maintain that few of the insane are wholly insane ; that in the majority of the insane there is a sphere of conduct, small in some, but large in others, within which they are controlled by the same motives as govern the sane, and that within this sphere of conduct punishment is effectual, and is therefore justifiable. I maintain, again, that my thesis is proved by the fact that punishment is constantly used in controlling the insane, and is constantly found effectual. That this

is done cannot, I think, be denied. It is said so long as we refuse to apply the word "punishment" no harm is done, but that if we give to our treatment its proper title, we at once open the door to all sorts of brutalities, and thus the power that resides in a name receives one more illustration. Well, gentlemen, if I thought you were intellectual babies, I should have fed you upon intellectual pap; but I have more respect for you than to make such a supposition. When M. Jourdain discovered that he had been talking prose all his life, we do not find that he immediately became prosy. When a sceptical priesthood at last admitted that the world did turn round, we do not hear that they immediately became giddy. When you gentlemen admit, as you will have to admit, that you do upon occasion punish your patients, and that they derive benefit from the process, I have not the slightest fear that you will go home and place all your patients in irons and distribute a cat-o'-nine-tails to each of your attendants. The moral of all this lies in the application of it. Whether you now admit the principle that most of the insane may rightly be punished for some of their wrong-doings does not much matter, because you will have to admit it. What does matter is what this admission involves. It involves the doctrine of partial insanity. I did not look to have to argue this at this time of the day. It seems to come upon some as a shock; it makes their flesh creep even more than the other proposition, but, like the other, it will have to be admitted.

DISCUSSION

At the Annual Meeting of the Medico-Psychological Association, London, 1899.

THE PRESIDENT.—As an old Superintendent, and as President of this Association, I feel that I must enter my protest against the idea of anything in the shape of punishment, as generally understood, being necessary in the management of our patients. For the last eighteen years I have had to do with a large number of turbulent lunatics, and I can stand here to-day and say for myself, and I am sure for many of my *confrères*, that there is nothing that could be called punishment inflicted in our asylums. If you like to call the deprivation of a privilege punishment, there may be something of that,—as, for example, if a patient is given tobacco for doing certain work, and if by some chance he misconducts himself, we may tell the patient that he shall not have his tobacco the next day; but punishment such as was described in the highly supposititious case mentioned by the last speaker is quite unknown to me. There are many able and experienced men here this afternoon who will be able to refute Dr. Mercier's very academic way of presenting this matter. I only desire to say how much I regret that this question of punishment has cropped up again. I should be very sorry indeed if the doctrine of partial insanity should lead to the re-introduction of punishments into asylums.

DR. HAYES NEWINGTON.—I had not intended to speak on this subject again, for

I felt sure that if only we kept off the larger question of the responsibility of the insane, it would resolve itself into a question of nomenclature. One gentleman calls it punishment, another deprivation, another treatment, and so on. But Dr. Mercier has roused me from a state of lassitude dependent on the labours of the last two days. With regard to the imaginary case which Dr. Mercier has mentioned, I think I should be very likely to fine the gentleman five shillings or five days; but I do not think he is right in saying that I should go home and fine a patient five shillings for a similar offence, because never in my life have I made such a charge, and I never purpose to do so. I think the real punishment is to go to the patient and say, "This is coming out of my pocket; don't do it again." It often makes him ashamed. I think Dr. Mercier fell into a great error when he said that if we were to guard patients against punishment we must guard them against painful consequences of falling or otherwise hurting themselves. I do not think he is right in arguing as if the painful consequence of any action is necessarily punishment. That is utterly foreign to the question. However that may be, if you are going to use the word "punishment" you must sooner or later draw the line somewhere, otherwise you are bound to follow out punishment in an asylum just as you would anywhere else. But you cannot punish the insane as you do the sane. You must have an artificial line, which will depend very much on the person who draws it. There are certain ideas or elements which are inseparable from punishment: the first is the amelioration of the person punished. That may be all right, but I think I have indicated a better way of ameliorating the condition of the patient who has to be treated. The second idea is something far worse, and that is the encouragement of others not to do the offence. Would it not be a horrid idea to get about in all our asylums that "if you do this, you get that"? That, to begin with, destroys the idea of an asylum, and imparts the idea of a prison. The third is the idea of *lex talionis*; some mischief or inconvenience has been caused to some one, which must be compensated by inconvenience or other means. If a patient is secluded and deprived of his dinner and certain things, he will not only believe that that deprivation is inflicted on him to cause pain, but he will think also that there is a little revenge on the part of the person who has inflicted it. I think that also would be a most horrid idea to get into an asylum. It would destroy the position of the physician altogether. If there is anything in what Dr. Mercier says, where are you going to stop? You must, if you once commit yourself to put a certain amount of disability or inconvenience by way of punishment on a patient who does a certain thing, go on with it; you must go one better. That is the great evil; once admit the idea of punishment, and we give ourselves away altogether,—not only to the public by giving it the opportunity of saying very harsh things about us, but also to the patients and the staff by putting into their heads a notion that is utterly hostile to the idea of an asylum.

Dr. CONOLLY NORMAN.—In speaking to a paper lately read by Dr. Drapes I ventured to digress into theoretic regions, saying that punishment might be divided into two classes; that which is vindictive, and that which merely consists in exposing the individual to the consequences of his actions. Perhaps I obscurely expressed the idea which Dr. Mercier has put before us; but I think he goes too far, and much as I admire his habit of close thinking, we must admit that we do not live by logic. If we pursue our theories to their logical consequences, and if they land us in an *ad absurdum*, we are not bound to go on. I am quite sure that Dr. Mercier's theoretical conclusions have obscured his judgment of some of the difficulties that surround the subject. He has said that no matter what is the mode of the punishment, when pain is inflicted it is all the same to the punishee. Perhaps so, but it is not the same to the punisher. I say that on our own account we ought not to punish our patients. Besides, is it not the object of our lives to protect our patients from the natural consequences of their acts? Our professional position depends upon that principle, and nothing else. Punishment, I am glad to say, in the ordinary sense of the word, is as little known now-a-days in Irish asylums as it is in English; but I have many years ago seen punishment in asylums in various countries, and the results were neither pleasing to see nor beneficial to the patients. I do not go into the fine distinctions which Dr. Mercier has drawn; for of this I am certain, from the results of my own experience, that any system of punishment of patients will demoralise our staff. However much we may admire Dr. Mercier's airy abstractions, practical considerations must outweigh all

his arguments. Introduce into your asylum the idea of punishment, and you and your staff will be demoralised.

Dr. RAYNER.—I entirely disagree with the treatment of patients by punishments, and am quite sure that such a system would be most harmful to patients and staff. At the risk of seeming egotistical, I will mention the case of a man with hallucinations of hearing, rendering him very dangerous. He believed that he was being acted upon by outside influences, and especially by the superintendent of the asylum in which he was. After having been in St. Luke's and Colney Hatch he was transferred to Hanwell. Before he had been there long he had the same ideas with regard to me, and whenever he had the opportunity he would rush at me. If he could not get at me he would spit at me, and if I were within earshot he would shout at and abuse me. I did not punish that man in any shape or form. On the other hand, I treated him with exceptional kindness, and made him an object lesson to the staff. At the end of a year that man had no greater pleasure in life than to pick up tennis balls for me when I was playing.

Dr. URQUHART.—When a question like this crops up we must, for the time being, detach ourselves from the asylum point of view. An asylum is a very special place, and the work of an asylum is very highly specialised. After many years we have found that certain fixed, unalterable rules must be adopted in dealing with our patients if the asylum is to be conducted for the best. We are advocates for the insane in seeking to protect them from the consequence of insane conduct. It is not for us to adopt punitive measures, but to say how far the insane person is accountable for his actions. The person who has to deal with punishments is the judge. It is a question of law, and we ought not to interfere with lawyers in their apportionment of punishments except to make sure that, from the scientific point of view, the judge has every information which we can give him. I entirely decline to put myself in the position of a judge in these matters. For the staff at any rate, an asylum is a school for all the Christian virtues; and we know that the official who repeatedly attempts to punish the insane is emphatically not a person whose services will prove satisfactory, nor one who can be trusted with the high duties of an attendant upon the insane. It is not a question of what the public will say, nor of our own comfort or convenience, but what is the best thing for the patients who are entrusted to us. I am sure that Dr. Mercier has been misunderstood, and that he is viewing the matter from a wider point of view. He has come to the conclusion that a person who is partially insane must be partially punished. We have already a precedent for that in Scotland. We all know that Laurie, the Arran murderer, was not found insane; that there was a commission who examined him after he was condemned to death; and we are credibly informed that the commission could not say that he was insane, but only went so far as to state that he was so deteriorated mentally that he ought not to be punished with the full rigour of the law. He is now in the Peterhead Convict Prison. If he had been insane he would have been sent to the Criminal Asylum at Perth; if he had been fully responsible he would have been hanged; but he remains an ordinary convict for life because he was sufficiently responsible for his actions to be punished, yet insufficiently responsible to be executed. That result is a triumph for medical science and an honour to Scottish administration.

Dr. YELLOWLEES.—The case Dr. Urquhart has referred to is, so far as I know, the first recognition on the part of the Crown that there is such a thing as partial insanity, involving partial responsibility, and therefore followed by modified punishment. It is a precedent of the utmost importance. The same limited condition is true about our own patients, and I fully agree with Dr. Mercier in that respect. If they were all utterly insane, and had no power of self-control whatever, how could one manage ten or twelve such patients? Many of our patients are partially insane, and many are therefore partially responsible. I think that Dr. Mercier is the slave of his logic. Instead of saying punishment is the painful consequence of bad conduct, let us say that pleasure is the welcome reward of good conduct. Is that not a perfectly sound principle? and are we not right in acting upon it? and do we not act upon it in our asylums every day? Do we not present to our patients all the motives we can to make them behave well? and do we not stimulate them so to do by all kinds of rewards? and is that not right, proper, and wise? And, on the other hand, is there anything wrong in our not giving to a man the rewards of conduct when he

forfeits those rewards? Is there any reason why a man whom you reward with tobacco because he works well should not on occasion be told that he has been idle, and therefore cannot have tobacco? Dr. Mercier calls that punishment, and I call that a misuse of the word altogether.

Dr. MERCIER.—I am delighted to find that we are all in agreement. I thought we should all come round to the same point of view at last. The fact is that the mind of the Association has been led astray, and to a certain extent I must confess that I have been the innocent misleader. The origin of this debate at Edinburgh was a discussion on criminal responsibility, and it was in that connection that the principle was laid down, and unfortunately the thesis which I there supported with respect to persons who commit crimes out in the world—that even if they are partially insane, still they ought to be partially punished,—that principle has been forgotten, and the whole of the debate has been transported into the inside of the asylum, to which it was never intended to apply for a moment. It is true that I incidentally drew attention to the fact that we all do punish our patients in the way Dr. Yellowlees has mentioned, but that was only by way of illustration. The gist of my argument applied to those wretched cranks who commit so many crimes outside asylums. I think it is a misfortune that we should become identified, as Dr. Urquhart says we should, as advocates of the insane. It is quite right that we should be advocates of those placed under our care; but if he means that we should in all cases advocate the entire immunity from punishment of any criminal who can be in any way, however remote, identified with any trifling taint of insanity, that is, I think, very much to be deplored. A very extraordinary case has recently been before the public. A young girl in the most deliberate way poisoned her sister for the sake of some paltry insurance money, and because that young woman, who had never shown any sign of insanity whatever in the whole course of her life, was shown to have had some insane relatives, it was actually proposed that she should be immune from punishment. That was, I think, a deplorable position to take up, and I think that our branch of the profession has lately shown a tendency to press to an extreme degree the doctrine of the immunity from any punishment of persons who are partially insane. It is to establish this, which Dr. Yellowlees has so well supported in practice and in words, that persons who are partially responsible should be partially punished, that this debate was begun, and it is in pursuance of this that I have spoken to-day. If it were worth while to answer the arguments adduced against me, I might perhaps turn them against the proposers, but I think we are agreed in the main point; I hope so. I might point out that while Dr. Newington refuses to fine a patient for damages done, he inflicts upon him a punishment of greater refinement of cruelty. The patient may be a very wealthy man, to whom the value of the money would be nothing; but if he is a very sensitive man the laceration of his feelings must be a punishment of far greater severity than the loss of a few shillings. As regards the case stated by Dr. Rayner, I have been careful all through to say that the sane portion of the conduct of insane people should be liable to punishment. He answers that by saying that the insane conduct of an insane patient should not be punished, and with that I entirely agree. This debate will not have been fruitless if we find that we agree that these cranks and these persons who commit crimes in the outside world are not to be considered immune from punishment simply because some of their relatives have been at some period or another insane. If no punishment is to be applied except to persons who are perfectly and absolutely sane in every respect, you may as well abolish at once the whole machinery of the criminal law.