

written "the mind" instead—an observation not wholly untrue, but scarcely adequate to the occasion. The book ends with an extremely jejune chapter on that infinitely suggestive and still unappropriated subject: "The Emotions and Motives of Masses of Men." We take leave of it with regret for a lost opportunity. It remains for some other more careful and less superficial than its author to redeem the credit of the Scottish School, and to render to psychology a service which, in this field at least, is open to it without dispute.

Oxon.

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*Congrès International de Médecine Mentale. Comptes Rendus Sténographiques. Paris, 1880.*

(Continued).

Dr. Auzouy applies the qualification of criminal lunatics to those recognised insane after their condemnation, or acquitted by cause of irresponsibility, or judged irresponsible by notorious insanity at the perpetration of the criminal act.

The right to confine criminal lunatics is evidently incontestable; but how long should be the term of their confinement, and who should decide on it? The physician-in-chief of the asylum is the only authorised person by the law of the 30th June, 1838, to discharge a recovered lunatic. Yet he incurs a great responsibility if he does it prematurely; and if he delays the discharge he risks substituting for the law his own arbitrary appreciation. We do not see the force of this dilemma. The authority given by law to a competent physician to discharge a lunatic when recovered, only requires that he should exert it to the best of his knowledge and ability. Perplexity naturally exists in the path of every man invested with any important authority, but it is solved by prevision, and cautious, mature judgment. The difficulty, as regarded by Dr. Auzouy, reduces itself to one of capacity, which nobody could for a moment question, in the physicians in charge of lunatic asylums in France.

Dr. Auzouy cites some telling observations to illustrate the evil proceeding from the discharge of criminal lunatics at their own request, by the Court of Assizes, or the magistrate who objected to their trial, pretending that they would have been either acquitted, or sentenced to a shorter term of imprisonment than that of their confinement in the asylum.

As to homicidal lunatics, there is not one whose discharge

is not asked by the patient himself, or by his family, or guardian, with an obstinacy that has to be constantly opposed. The epileptic Parmentier, who had murdered his wife and three children, frequently asked, at Mareville, for permission to go to meet them, having no recollection whatever of that terrible drama, and believing them yet alive. The epileptic Bégué, who, in October, 1872, at Tarbes, spliced his wife's skull by a blow with an axe, and afterwards assaulted his child, which survived the wounds, does not remember this murder, and frequently insists on going to live with his children, of whom the most loved is the one he almost killed. The epileptic Lescurat, who, in November, 1877, beheaded his nephew, four years old, with a large hedging bill, and who continues subject every month to fearful paroxysms, has no more pressing wish after his attacks than to ask urgently for his discharge. He does not recollect having beheaded his nephew.

The dread inspired by non-larvated epileptics causes their complaints of being unduly confined to be little noticed, whereas the contrary happens with other homicidal monomaniacs.

To remedy the existing difficulties, Dr. Auzouy suggests:—

The establishment of two or three regional criminal lunatic asylums, and, pending their erection, the addition of special quarters, like those at Gaillon, to two or three of the Houses of Correction scattered over the French territory.

To try criminal lunatics as ordinary criminals, and to pass sentence on their crime, but to confine them in one of the special asylums for a term at least equal to that of the imprisonment they would have suffered if responsible. At the expiry of the term, if the physician of the criminal lunatic asylum should doubt of the propriety of liberating the patient, his case should be submitted to a commission, presided over by the Procurator-General having jurisdiction over the locality of the asylum, and composed of four or five more physicians of asylums, appointed annually by the competent minister. This commission should meet every year in the regional asylums to examine reports, monthly records, certificates, &c., and to report on the merits of the demands made.

The magistrates should commit to the regional asylums the three classes of criminal lunatics admitted by Dr. Auzouy, and the homicidal lunatics from any other asylum where they should be under treatment.

Strict custody, material obstacles to evasion, and severe regulations should be employed in the regional criminal lunatic asylums.

Dr. Dagonet excludes from his consideration the criminals who become insane during their condemnation, and refers specially to lunatics rendered dangerous by their insanity. No invariable rule exists to avoid the recurrence of their evil acts. The facts are complicated, different from one another, and should be examined according to the special conditions of their production. It may be remarked that, from a standpoint essentially medical, there are classes of lunatics among whom we principally meet with criminal cases.

Epilepsy, for instance, is one of those dreadful maladies occasioning the most troublesome insane manifestations, and stamping the impulsive acts with a ferocious furor which makes the observer familiar with such patients say, "*that must be an epileptic.*" Some have even regarded these violent, blind impulsive acts perpetrated by individuals who never exhibited before true falling fits, as indicative of the so-called larvated epilepsy, the violent sudden impulse sufficing them for the diagnosis of epilepsy. But, as regards genuine epilepsy—that which could offer no doubt in its discrimination—the question is beset by the greatest difficulties, and, on this point also, it would not be easy to lay a uniform rule. Who could affirm that every epileptic with fits, preceded or followed by intellectual trouble, is necessarily dangerous, when experience does not fail to demonstrate the contrary? Nay more, to foretell the epileptics who shall become dangerous under the influence of their fits, is almost impossible in the majority of cases. I may further add, that clinical observation affords examples of individuals who have committed the most terrible criminal deeds, and who, nevertheless, have completely recovered from the epilepsy which led them to such acts. I shall cite, among others, the observation recorded in the "*Gazette des Hôpitaux*" by our honourable colleague Dr. Legrand du Saulle, of an epileptic lunatic who murdered, in one of his attacks of blind fury, a keeper at the asylum at Marseilles, and severely wounded another. This patient, being an Alsatian, was, on this account, transferred to the asylum at Stéphansfeld (Lower Rhine). He continued for nearly three months under the most intense maniacal insanity, of an unconscious form, and prone to impulsive acts. This lunatic, extremely dangerous, had to be kept during all that time isolated in a cell, and most of the time in the strait waistcoat. Notwithstanding the excessively grave nature of his insanity, notwithstanding the epilepsy that had attacked him a short time before, and the cause of which we were unable to learn exactly, we saw this patient recover entirely. He gradually regained self-consciousness, and, when returned to his mind, he only retained a dim recollection of

the insane manifestations which prompted the furious acts against the unfortunate keepers. He only remembered that the latter had not shown towards the patients entrusted to their care all the attention desirable. After observation sufficiently prolonged, he was sent back to his family, who had asked for his discharge, and with whom he has lived several years, since leaving the asylum, without occasioning any trouble.

It is, therefore, important with epilepsy as much as with other morbid states, to ascertain attentively the circumstances that developed the insanity and the stages run by the disease, in order to decide upon the course to be pursued. In anticipation of other remarks which we shall presently make, we may simply notice, that nothing is stated in the above case concerning the circumstances that developed the insanity. Dr. Dagonet further asserts, that the occurrence of dangerous acts in one lunatic does not prove that he will commit them a second time. In this respect he could mention several examples. Consequently, the physician could not affirm what he does not know; he should not go beyond giving to the authority the desired information upon attentive study of the case, and should leave the authority to decide on the liberation of the individual, and the precautions to be taken should new symptoms of insanity reappear.

The preceding remarks should be applied to individuals affected with alcoholism, and classed among those capable of committing the most dangerous acts. Should they be indefinitely detained at the asylum because once set at liberty they may return to their deplorable habits? But, what authority has a physician to retain in an asylum any person, on the pretext of a malady, for the only reason that he may be exposed to a relapse? Undoubtedly, there are facts beyond human prevision; the physician's responsibility, however, should not be engaged in trespassing limits traced by scientific experience.

Dr. Dagonet relates the case of one of his patients, who, during an attack of lypemania and stupor, killed his wife and three children, wounding also his youngest child. This happened in a hamlet of the Vosges Mountain, and on two or three occasions when Dr. Dagonet intended to discharge the recovered patient, the inhabitants of the hamlet armed themselves to chase him. This patient remained for twenty-three years at the Stéphansfeld Asylum, and was discharged therefrom after the annexation of Alsace to Prussia. He

then married a second time, and about twenty-five years after the first attack, he murdered, under the influence of an identical state of insanity, his wife and her new-born child. He afterwards committed suicide, stating in a letter found in his room, that he took this resolution in order not to yield to the horrible impulses that overwhelmed him. Examples of relapse after twenty-five years of evident cure are, Dr. Dagonet says, rare and exceptional, but he notices them that he may not overlook any element of the question.

The villagers who disapproved of Dr. Dagonet's proceeding, would surely think they were justified by the event.

Before concluding, Dr. Dagonet alludes to the different cases of unconscious mental activity, or of unconscious cerebration as we call it, and where the individual exhibits a singular transition from a conscious to an unconscious life.

But (he further remarks) there are other no less extraordinary instances in which the will becomes in some way suspended, and all kind of resistance, so to speak, destroyed, while the individual appears under the thralldom of the most strange mental conflict, and dangerous impulses, that render him desperate from his inability to withstand them, though otherwise perfectly conscious thereof. The patient passively yields to this force that carries him away and pushes him; he is even seen combining his acts and reflecting on them, notwithstanding the horror they inspire in him; he knows what he does, and what he wishes not to do.

For all these reasons, it is not the gravity of the deed but the circumstances under which it was effected—the springs that moved the individual, whether terrors, fixed ideas, hallucinations, or the unnoticed blind impulses that at any moment may possess his mind—which should serve as a criterium to the physician in arriving at a proper decision. It should be noticed besides, that often the gravity of the criminal act has been induced by fortuitous circumstances altogether independent of the particular form of insanity.

To sum up: Dr. Dagonet thinks that the so-called criminal lunatics ought not to be, any more than other lunatics, subjected to constant confinement, merely because they have committed an act characterised as criminal. Their having been dangerous once does not necessarily imply that they should become so a second time. The question of possible relapse depends on different circumstances that ought to be the subject for a scientific discussion. On this account, no absolute

rule can be laid down, everything hangs on the particular fact itself.

The judicial authority should decide on every grave case in which society has incurred a considerable injury.

Criminal lunatics who continue to be dangerous at the asylum where they are placed, should be transferred to the special quarters (*service de sûreté*), where are treated convicts who become insane during their incarceration. To this end, a circumstantial report of the physician should be sufficient.

Dr. Lunier deals with the question of criminal lunatics in a practical manner. The legal distinction of criminal lunatics into two categories—namely: those who become insane after their imprisonment, and those who are recognized insane before, or at the time of their trial—is less real than might be thought. Dr. Lunier reckons that, at least, one quarter of the convicts found insane in the prisons, were so at the time of being condemned, the experts having either failed to convince the judge of their insanity, or not having been consulted about it.

There were in French prisons of all kinds, according to official data, 180 male and 90 female convicts who had become insane. Dr. Lunier believes their number to be much larger, if to the insane proper are added the imbeciles, the weak minded, the senile demented, &c. Those, however, whose state actually requires confinement in a special asylum, are really not numerous. The Administration of Prisons, finding an objection to the transfer of condemned lunatics to the asylums, has annexed to the Central House of Correction at Gaillon, a separate building specially devoted to male convicts who become insane, and has the project of making similar provision for female insane convicts. Dr. Lunier considers, with great reason, that this is an excellent system to be yet perfected; the Penitentiary Administration having thereby secured the means of not losing sight of those convict lunatics whose sentence has not expired, and of preventing their injurious association with the pauper and private lunatics in public asylums.

The law of 1838 makes no provision in regard to criminal lunatics recognised insane before or at the time of their trial. It is evident that if the Prefet should commit them officially to an asylum, there would be no occasion to raise the difficulties now discussed. In Paris there is no trouble with the majority of these cases, because when a criminal is found irresponsible upon an expert examination he is transferred

to the Prefecture de Police, where the physician, after a summary examination, declares that he is insane. The practice differs in provincial cities. Dr. Lunier asserts, that at least one-half of the lunatics committed to the Administration in some departments of the West, are purely and simply set at liberty. In other departments every one is, on the contrary, imprisoned. Under the existing system it is impossible to avoid this. The Prefets are not at liberty to commit to the asylums the lunatics they would wish to confine therein. They assuredly commit the very dangerous, but there are yet many intemperates and vagabonds among the acquitted who have been previously committed eight or ten times, and the General Council protest against their further confinement as a great burden to the department. The Prefets have, therefore, no choice but to refuse committing this kind of lunatics, and this refusal does not always apply to quiet or but little dangerous lunatics. Dr. Lunier knows of individuals indicted for murder who, after remaining two or three months in prison awaiting trial, have been liberated the day after the decision in order not to be tried upon the expert's report. These are rare instances, but to be strongly condemned, as Dr. Lunier justly remarks.

If criminal lunatics who escape trial were cared for at the expense of the State instead of the departments—which would be a very rational measure—Dr. Lunier thinks that the above evils could be readily averted. Some suggest the commitment by a magistratè of this kind of criminal lunatics, and Dr. Lunier considers it the best manner of solving the existing difficulty. To try and sentence these lunatics as if they were ordinary criminals would require a remodelling of the Penal Code. An addition to the law of 1838, authorising their commitment by a magistrate, as just indicated, would be a much simpler measure.

If a criminal lunatic gets cured, the physician, as provided by law, should send such declaration to the Prefet, stating therein the facts that caused his confinement. The physician is obliged to thus report without delay, but, according to the enactments of the law of 1838, in no manner forced to order the discharge of the patient.

Dr. Lunier thinks it very improper to commit criminal lunatics to public asylums, and prefers to place them in special asylums like those in England, Ireland, and Scotland. He advocated, years ago, confining convict lunatics also in these hospitals, but, from his observations and the results at

Gaillon, he considers it more convenient to leave them under the care of the Penitentiary Administration, and to improve that service by rendering it more general and by giving proper development to its extension.

As to the other two classes of criminal lunatics, they should be kept in distinct establishments under special custody, for two reasons:—Firstly, on account of the inconvenience of their association with other lunatics; and, secondly, because if once the commitment of criminal lunatics is transferred to the Judiciary, such establishments will become in some measure intermediate between the prison and the asylum.

Finally, the number of patients at the French asylums who require exceptional precautions amounts to about 150. Dr. Lunier looks upon their removal to special asylums as a great benefit to the public asylums.

The two supplementary meetings of the Congress, as already stated, were devoted to the discussion on the subject of criminal lunatics. Dr. Motet, Secretary to the Congress, read at the second meeting an interesting paper of M. Michel Möring, General Director of Public Assistance, on "Asylums for Criminal Lunatics" (*Asiles de Sécurité*). The defects and insufficiency of the *Quartier de Sécurité* at Bicêtre are openly acknowledged in this paper, which contains a translation of that portion of Dr. Manning's report referring to the hospitals for criminal lunatics at Broadmoor, Fisherton House, Perth, and Auburn.

M. Möring arrives at the following conclusions:—

A complete separation of criminal lunatics from other lunatics is perfectly legitimate, and required to protect society and the other lunatics. The law of 1838 is sufficient without any addition to this separation. It is for the physicians and magistrates to apply it on their responsibility, and with the double and constant solicitude for the individual and society.

Criminals sentenced to more than one year's imprisonment, who become insane before expiry of their sentence, should be excluded from the special asylum, for, as judged by the State on establishing the *Quartier* at Gaillon, they are convicts who have not expiated their crimes. Excluding these cases, the asylum for criminal lunatics shall receive: those whose insanity preceded the crime, and who have been acquitted or ordered not to be tried on account of their insanity; criminals under indictment undergoing medical examination; dangerous lunatics, including those who have been condemned one or more times, as well as those who have not been condemned, but whose commitment has been justified by previous medical examina-



tion and by proof of their homicidal instincts and the perverseness of their habits. For this second class—*i.e.*, those not condemned—M. Möring suggests, in addition to the certificate and proposal of the physician at the asylum, a judicial interference and the certificate, on oath, of a medico-legal expert.

Females should be also confined in these special asylums, adding to the third class of dangerous lunatics the prostitutes, who are not included in any of the classifications adopted in foreign countries. These prostitutes are a fearful source not only of moral but also of physical contamination to the other inmates of the asylum, who are often driven to it unconsciously, or excited by their malady. This evil appears less conspicuously in provincial towns; in Paris, in the department of the Seine, the proportion of prostitutes is one to every thirty-five or forty women admitted into the asylum.

Why is the experience of England so different?

A lengthy and animated discussion followed the reading of M. Möring's paper. In one of his remarks Dr. Girard de Cailleux mentioned the case of one of his patients who, in a fit of maniacal excitement, murdered his father. Two years after his apparent recovery, the authority ordered his discharge from the asylum. Some time after, he was seized by a second maniacal attack, and murdered his mother. Re-committed to the asylum, he soon recovered again, and asked for his discharge, which Dr. Girard refused to grant. This man fell in love with one of the female servants at the asylum, and wanted to marry her. Both threatened to commit suicide if their wishes were not satisfied. During Dr. Girard's absence, his substitute asked the Prefet to discharge the patient. Thereupon, the Imperial Procurator interfered and liberated the patient, who got married, and has continued twenty years without displaying any other homicidal attack. More good luck than good management.

From the discussion in the two supplementary meetings, it was concluded and submitted at the third general meeting for the consideration of the Congress, but not to be discussed, that—

Every criminal regarded as lunatic, who is ordered not to be tried or acquitted, shall be necessarily submitted by the Administrative Authority to the examination of a Commission before being liberated. This Commission shall be composed—1st, of the physician of the asylum, or service, where the individual in question is; 2nd, of the Prefet or delegate of the department; 3rd, of the Procurator-General of the Jurisdiction, or his delegate. The Commission may call to their assistance any alienist they deem proper. Should the

Commission judge the individual to be not threatened by a relapse, his discharge shall be ordered ; in the contrary case, the discharge shall be delayed. But this delay should not be prolonged beyond a year without previous examination of the Commission. This measure should apply to any person committed by administrative order, upon a judicial decision after indictment, at any time that the discharge should be asked, and irrespective of the duration of the confinement. The measure refers also to the discharge of criminals who become insane in prison. Finally, special asylums or quarters should be devoted to the confinement of persons condemned or indicted, and who have been released or acquitted on the ground of insanity.

Dr. Hack Tuke's paper contains the description of Broadmoor Asylum, written by the request of the Société Médico-Psychologique for the information of the Congress.

An analysis of the interesting statistics of the Special Infirmary at Gaillon has already appeared in a preceding number of this Journal, for which reason we pass over Dr. Hurel's valuable paper.

The limits of this review do not allow us to enter into long comments on the different papers whose principal subjects we have endeavoured to point out.

We fully agree as to leaving entirely to the Supreme Authority, whichever it might be, the commitment of criminal lunatics and their discharge, the advantages of such wise measures having been already demonstrated by our laws in regard to criminal lunatics ; but we do not seize the advantage, or necessity, of the complicated procedure in respect to the Commission that should examine the patient before his liberation. This Commission have to form their judgment wholly on information from the physician who has attended the lunatic. Why, then, should the asylum physician's report to the chief authority not be sufficient for the decision of this latter?

The majority of alienists would hesitate to accept the extreme optimist views held by Dr. Dagonet. The example he cites of a relapse after twenty-five years, and that of Dr. Girard de Cailleux, may be regarded as exceptional, but they nevertheless strongly uphold the necessity of not liberating homicidal lunatics. In doubt, it is always wiser and more prudent to abstain from acting. The confinement of such criminal lunatics after their apparent recovery may be a hardship, but is required for the safety of society as much as for the welfare of the individual. Dr. Dagonet argues that because a lunatic has been dangerous a first time we cannot

infer that he shall be so a second. But what greater probability is there in the supposition that such shall not be the issue? Is it the rule that remission in such cases means permanent cure?

As to epileptics, we hold, (and we think our readers will concur) that to the confidence in their innocuousness, and to such views as those expressed by Dr. Dagonet, are due the frequent catastrophes of which many of those charged with their care are victims. Rather than to admit that chances of peril are so improbable, we always, on the contrary, believe with Delasiauve, that "on passing by an epileptic, we elbow one who might be an assassin."

The management of dangerous lunatics would offer no perplexities if there was a certitude of the recurrence of their misdeeds. Then, again, there is a distinction to be drawn between the lunatic whose uncontrollable acts of violence are frequent, accompanied by maniacal excitement, and those who, their will being essentially affected, *exhibit no intellectual disorder to indicate the threatening danger of the outburst of fierce violence*. The former cases are scarcely embarrassing, whereas the hidden evolution of the latter renders very difficult their proper management. Moreover, it is a fact of observation, that these instinctive lunatics, like many epileptics and dipsomaniacs, recover very rapidly from their attacks by the confinement and regimen of the asylum, but as soon as they are set at liberty, their malady recurs with its former, if not greater, intensity. Consequently, arguments in support of their liberation lose their force, the rare exceptional instances of permanent cure out of the asylum notwithstanding.

We have not observed in any of the Continental lunatic asylums we have visited, any more than in the English or American, the evils in regard to the admission of insane prostitutes in public asylums, pointed out by M. Möring. The dissoluteness carried by such females into the French asylums acknowledges, in our opinion, no other cause than the French system of licensed prostitution that fosters their habitual *dévergondage*, as noted by M. Möring.

Finally, care is required that we do not too hastily act upon the idea, put forward in the papers here reviewed, of transferring all dangerous lunatics from ordinary asylums to those for criminal lunatics. Every lunatic may become dangerous and troublesome; yet firm but humane moral discipline, with exercise in the open air, are means that often succeed in exerting a soothing and quieting influence. The

management of criminal and dangerous lunatics is closely connected with the subject of mechanical restraint and coercion. We know how conscientiously French alienists adhere to these latter. The transfer of dangerous lunatics to a criminal lunatic asylum, or rather to a *Quartier de Sûreté*, may sometimes, indeed, place the patient where mechanical restraint and rigorous means can be better resorted to, as at Gaillon and the *Quartier de Sûreté* at Bicêtre, but may not be altogether the best for the patient.

(To be Continued.)

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*The Diagnosis of Diseases of the Spinal Cord.* By W. R. GOWERS, M.D., F.R.C.P. 1880.

This book is an enlarged and revised reprint of an address delivered to the Medical Society of Wolverhampton, October 9th, 1879, and embodies the results of modern investigations on the diseases of the spinal cord. To the researches, originated by Charcot, Vulpian, and others, we owe the accurate knowledge of the topographical anatomy and of the "system-lesions" that has dispelled the confusion and darkness in regard to the pathogeny of spinal affections. Dr. Gowers treats this important subject with unsurpassed ability, and his precise and clear descriptions bring forward facts of great clinical value. The pages devoted to the consideration of the superficial and deep reflexes are full of practical details, in addition to the author's investigations on the subject. Contraction of certain muscles, with a proportioned relaxation of their opponents, exists for every movement, dependent on the deep reflex processes, which in locomotor ataxy are almost always impaired. This fact alone may account for the inco-ordination in posterior sclerosis, without the assumption of disease of special co-ordinating fibres, which have been supposed to run vertically in the posterior columns. In ataxia, with the deep reflexes in excess, instead of being lost, it may be that they are impaired elsewhere than the region in which the knee reflex and the ankle clonus are developed.

The several lesions of the cord are distinguished by their onset into six classes: *sudden, acute, subacute, subchronic, chronic, and very chronic*. "A lesion of sudden occurrence, developing symptoms in the course of a few minutes, is always vascular; commonly hæmorrhage, perhaps sometimes