

that which obtains in the majority of the French asylums, where it is regarded as *indispensable*.

I could, had time permitted, have commended much that I witnessed in France, and dilated on many other points of interest suggested by my visit to the asylums of that country, from the medical superintendents attached to which I received the most courteous attention, but here I must bring my observations to a close, which are necessarily of a much more limited and imperfect character than I could have wished.

Homicide by a Somnambulist. By D. YELLOWLEES, M.D.,
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Somnambulism and the conditions allied to it have always attracted peculiar interest, probably because most men have felt that common sleep, although so familiar, is yet a wondrous and solemn thing, and full of mysterious possibilities for each of us. Cases of somnambulism have naturally lost nothing when reported, the observer and the recorder being alike liable to enhance rather than lessen the mystery. The wholesome scepticism which now prevails as to the truly involuntary character of many nervous disorders was formerly less common. We know that some patients will subject themselves to constant suffering and discomfort, or will practise the most patient and painful imposture, for no conceivable object save to be exceptional or to attract attention; and there is no want of charity in suspecting that in some cases the somnambulism was but hysterical simulation or morbid malingering.

The interest is, therefore, great which attaches to a case where the condition was so extreme as to lead to a capital crime, yet so unquestionable that the plea was sustained without hesitation, and the prisoner adjudged blameless. The fatal occurrence was simple and tragic. On the night of April 9th the accused was asleep in bed with his wife and their only child, a boy of about 18 months, of whom he was passionately fond. About 1 a.m. he saw a wild beast of some kind rise up through the floor and jump on the bed to attack his child. He seized the animal, and dashed it against the wall or floor to destroy it. His wife's screams recalled him to himself, and he found to his horror that he had seized and fatally injured his child.

Somnambulism is a condition so obscure and ill-defined, and might be so easily simulated and used as a cloak for crime, that considerations of public safety made it necessary to examine the patient's history very closely. The following record embodies the results:—

Simon Fraser, age 28, is a tall, pale, dejected-looking man. His temperament and aspect are nervous; the chief outward peculiarity is in his hair, which is black and always stands rigidly erect. His general health is usually good. His habits are and have always been steady. He is by trade a saw-grinder, is a good workman, and in regular employment. As a child he was dull and stupid, had nocturnal incontinence of urine for years after the usual age; was very slow at learning in school, and extremely awkward and inept when he began to work. His father thinks that this deficiency still remains, and that there has always been "a kind of want about him." Most of his friends and associates share this impression, and it is decidedly confirmed by a personal interview. Although he speaks quite rationally, and is evidently a kindly well-disposed man, he seems soft and somewhat childish, and is certainly below the average in intellect. This deficiency is not such as to attract general notice, nor to prevent him from earning his livelihood.

Nervous weakness and instability might well be expected from the family history. His mother suffered nearly all her life from fits, and died in one; from the father's description these fits were doubtless epileptic. His maternal grandfather, whom Simon is said strikingly to resemble, also died in a fit. His maternal aunt and her son were both insane and inmates of an asylum. His brother died from convulsions in infancy, and the child whom he killed had been dangerously ill from convulsions about six months previously.

From earliest years Fraser's sleep has been restless and uneasy; he has been troubled by dreams and nightmare, and often spoke and walked in his sleep. If he had been excited or agitated in any way during the day, the circumstances and emotions were always vividly recalled during sleep, and he usually walked. When depressed, which he very readily was, by want of employment or any adverse circumstance, he was also specially liable to attacks of his strange disease.

One of the early instances recalled by his father occurred when he was a mere boy about nine or ten years of age. It was his daily errand to fetch milk from a neighbouring farm, and one night he rose about three o'clock, dressed, got the

milk pitcher, and set off to the farm as usual, being soundly asleep all the while.

He has often been observed performing various motions while asleep, as if engaged at work, and he speaks of one occasion in which he found himself in the timber yard busily moving logs, and only awoke when it began to rain.

About seven years ago his father had charge of a saw mill in Norway, and the family lived on an island there. Simon was much attached to his half-sister, then a little girl, and often warned her against falling into the water. He repeatedly rose in sleep, went down to the landing place and into the water, called her loudly by name, and grasped with his arms as if rescuing her from drowning. The girl was repeatedly roused at night by hearing her name loudly called, and on looking out saw Simon standing in the water near the edge, shouting to her as if she were actually in the water, and earnestly trying to rescue her. Sometimes the water awoke him, but sometimes it did not and he has gone quietly back to bed again without ever awaking at all.

Unless awakened at the time, he remembers nothing whatever about these nocturnal occurrences, although he usually infers from feeling wearied and unrefreshed that he has been walking. If aroused at the time, he is confused and agitated, usually trembles a great deal, drinks water, and goes quietly back to bed again and to sleep. He can then, however, recall the ideas which possessed him, and remembers them in the morning.

He generally falls asleep very soon after going to bed, and the seizures usually take place about midnight or within an hour before or after it. Their duration is uncertain, as of course they are usually interrupted, and thus seldom exceed a few minutes. They recur at very irregular intervals, but he very often speaks and moves in sleep without leaving his bed.

Of late years, and especially since his marriage in 1875, these disturbances of sleep have been more frequent, and have assumed a character very different from mere somnambulism.

On these occasions, having fallen asleep as usual, great terror suddenly seizes him, and he starts out of bed under a vivid feeling that some dreadful evil is impending, that the house is on fire, that its walls are about to crush them, that his child is falling down a pit, or, most frequently of all, that a wild beast has got into the room and is about to attack them. Roaring inarticulately, and in an agony of apprehension, he tears his wife and child out of bed to save them from death ;

or he fiercely chases the wild beast through the room, throwing the furniture about in order to reach it, and striking at it with whatever he can use as a weapon; or he suddenly seizes his companion by the throat under the idea that he is struggling with the beast. The beast is a wild dog, horse, wolf, or other animal, and often some creature of the imagination more terrible by far.

During the seizures his eyes are widely open and staring, nor can it be said that "their sense is shut." Although heedless of all else, and thus blind to all else, he sees whatever is connected with the paramount delusion. He avoids the furniture in chasing the beast through the room, takes up chairs and tables to hurl upon it, and seizes the nearest weapon to smite it. His wife, who always keeps a dim light in the room during the night, is in the habit, before going to bed, of hiding the knives, and putting the poker out of the way, lest her husband should readily find a dangerous weapon.

The degree to which the senses are awake or active seems to vary on different occasions. Sometimes he merely bellows at and struggles with an imaginary assailant; at other times he can not only see to fight his foe, but can hear and answer questions, speaking quite distinctly.

Fraser has accidentally injured himself, and has frequently injured others while in this condition. His father, wife, half-sister, fellow-lodgers, and a fellow prisoner in the gaol have all been dangerously assaulted by him, some of them nearly strangled. On each occasion Fraser believed that he was struggling with the beast, and was quite unconscious that he had assaulted any one.

It was in one of these attacks that he killed his child; he thought he saw a large white beast fly up through the floor, and pass towards the back of the bed where the child lay; he grasped at the beast, trying to catch it; succeeded in seizing it, and, springing out of bed, he dashed it on the wall or floor to destroy it. His wife says that she was awakened by her husband roaring and "rugging at her," that he then sprang out of bed, and she followed him, as was her habit on such occasions. In the confusion of such a rough awakening she heard him roaring inarticulately like an animal, and smashing something against the wall. Not finding her child in bed, she looked if it had fallen out, and was horrified to see it stretched, apparently lifeless, on the floor. At her cries Fraser came to himself, and when he realised what he had done ran for water, roused the neighbours, and hastened to get a

doctor, his whole conduct evincing the deepest distress and sorrow.

The child's skull was extensively fractured, and it died soon after the injury.

Fraser was tried at the High Court of Justiciary, in Edinburgh, on July 15th, 1878. On being asked to plead, he said, "I am guilty in my sleep, but not guilty in my senses."

The trial therefore proceeded, and a special defence was lodged to the effect that, at the time of the alleged crime, the prisoner was asleep.

A neighbour, a fellow-workman, and various relatives of the prisoner, were examined, also Dr. Jamieson, of Glasgow, the surgeon who was summoned to see the injured child. Their evidence is summarised in the above history, and need not be repeated in detail. It seemed to the jury so conclusive, that they intimated to the Court that further evidence was unnecessary, as they were unanimously of opinion that the prisoner was not responsible for his act. They were, however, advised by the Court to hear the medical evidence.

This was given by Drs. Robertson and Yellowlees, of Glasgow, for the Crown; and by Dr. Clouston, of Edinburgh, for the defence.

These gentlemen agreed in testifying that when the fatal occurrence took place Fraser was under the delusion that he was killing a beast, and was entirely unconscious of the real nature of his act. They also agreed in thinking that all somnambulists are not insane, and that there is no recognised category of insanity under which somnambulism is included.

The important question was whether, in the wild paroxysms which distinguished this extremely aggravated case, Fraser was or was not technically or legally "insane," for, had he been so found, his committal to a criminal lunatic asylum would have been inevitable, and this would have seemed a peculiarly hard fate for a man who is sane, except for a few minutes of unconscious excitement recurring every two or three weeks.

Dr. Yellowlees described somnambulism as "a state of morbid activity of brain coming on during sleep, of very varying intensity, sometimes little more than restless sleep, but sometimes developing delusions and violence, and amounting really to insanity."

He said that Fraser, in these seizures, "is unconscious of what he is doing, and has no true perception of the world around him, yet he has a kind of consciousness, a sort of mental activity going on, which is not consistent with ordinary sleep."

Somnambulism, in this extreme form, and leading to violence under the influence of delusions, he regarded as "equivalent to insanity."

Dr. Robertson said that "extravagant delusion, high excitement and dangerous conduct constituted insanity," and that the prisoner "passes out of sleep to a very great extent into that condition of temporary insanity."

Fraser's state "is simply an exaggerated degree of somnambulism; he had passed, not wholly, but to a very great extent, from sleep, and that condition of somnambulism constitutes insanity."

When it reaches that stage a person is "practically insane."

Dr. Clouston gave evidence for the defence. He did not consider Fraser's condition insanity, because it occurred during sleep. He said sleep was a physiological condition of unconsciousness, during which the brain rests, and the medical profession have not hitherto called anything occurring then insanity. Delusions entertained by a person in a state of somnambulism have not hitherto been placed in the category of insanity, although they may yet be so reckoned. They, no doubt, arose from the same abnormal conditions as other delusions, but occurred during sleep, and are, therefore, quite different from those engendered by insanity. He had never heard of a case like this before, where a person believed that it was a beast he was attacking. Generally an insane man has no delusions in his sleep; but we can only know this from his own testimony. A sane man may have delusions in his sleep, which, while sleep lasts, he believes to be true. He is not morally responsible when these develop into action, because he is unconscious of the true nature of his act.

Dr. Clouston mentioned as a case which he thought parallel to Fraser's, that of a city missionary, by whom he had been consulted, who when out of health once was greatly impressed and disturbed by seeing the effigy of a murdered man in a waxwork. The same night he went early to bed, fell asleep, and when his wife entered the room, about an hour afterwards, he started up, and seized her by the throat, injuring her considerably, under the idea that she was a robber, who had come to rob and murder him. There was no trace of insanity in that case.

The Lord Justice-Clerk, in addressing the jury, said he supposed they had not the slightest doubt that when this most unhappy and lamentable event took place the prisoner, who was certainly to be pitied, was totally unconscious of the act which

he had done. There seemed to be not the slightest doubt that when he was labouring under this delusion he was in a state of somnambulism, and acting under the belief that he was trying to kill a beast. His Lordship supposed that the account the prisoner gave of this tragic event was a true account. It was a matter of some consequence to the prisoner whether he was to be considered as insane, or simply as not responsible, and his future might be, to a great extent, dependent on the verdict which they might return on the question, whether a state of somnambulism, such as this, was to be considered as a state of insanity or not. But his Lordship did not desire that they should be troubled by settling this point. It was a question as to which scientific authority was not agreed. He, therefore, suggested the following verdict, which was at once and unani- mously accepted:—

“The jury find that the panel killed his child when he was unconscious of the nature of the act which he committed, by reason of a condition arising from somnambulism; and that the panel was not responsible.”

The case was adjourned, that some arrangement might be made with the public prosecutor, which should secure the public safety, and prevent the repetition of such a calamity.

Two days later Fraser was set at liberty, an undertaking having been given by himself and his father that he would henceforth sleep in a separate room, apart from any other person.

The question whether Fraser was asleep during these attacks, or had passed from sleep into a state of insanity, was thus conveniently evaded, and the unfortunate man happily escaped confinement in an asylum for criminal lunatics.

It is impossible to regard an undertaking given by Fraser and his father as at all a proper or sufficient safeguard, either for his own protection or that of others. There is no security that the promise will not be broken or forgotten, and no guarantee for the watchful care and supervision which such a malady must always require.

The case is so exceptional that the law does not seem to provide for it, but it would surely have been much wiser and safer to have sent Fraser formally to an asylum, liberating him at once, subject to certain conditions of residence and supervision, and holding him liable to recall, should the conditions be neglected.

Regarding the question from a medical point of view, and apart from legal definitions or legal consequences, there can be

no doubt that, during these seizures, Fraser is temporarily insane. His mind is possessed, and his conduct determined, by absurd delusions, which his reason and judgment cannot control.

His condition differs from mere dreaming in impelling to action of the most determined and energetic kind. It also differs entirely from cases like that mentioned by Dr. Clouston, where a sleeper, who is suddenly awakened in the middle of a dream by some one entering the room, mistakes the intruder for the object of his dream, and for a moment acts under that impression. This is merely a momentary misinterpretation of actual facts, and a similar occurrence might take place at any time from mere terror and apprehension, without giving rise to the slightest suspicion of insanity.

Fraser's delusions, and the conduct to which they impel him, have no such external cause, nor is his condition the less to be regarded as temporary insanity, because it originates during sleep. The controlling power, which should correct and overcome such delusions, may be suspended and inoperative through temporary arrest of function, or it may be perverted and destroyed by organic change, but in either case the condition is a morbid one, and the result in both is a state of insanity.

The degree of mental and bodily activity manifested during these seizures is such that the condition could never be recognised or regarded as "sleep," if it had not chanced to arise out of it. It is quite different from mere somnambulism; it is, and should be called, *Somnomania*.

The only difference between such seizures and an ordinary acute attack of delusional insanity, is in their singular brevity, and their accession only during sleep.

The former peculiarity merely indicates the temporary nature of the condition which gives rise to them, and seems to point to a transient inequality of circulation in different parts of the brain.

The second peculiarity is most significant when taken in connection with the very strong family predisposition to epilepsy, and seems to indicate the very close affinity of these seizures to attacks of nocturnal epilepsy, in which the nervous explosion assumes a mental instead of a physical form.

In many epileptics the fits never occur except during sleep, and such fits, like those occurring by day, occasionally assume the form of sudden and fierce excitement. Except that Fraser is not known to have had an epileptic fit in the usual form, and that ordinary epileptic excitement generally lasts longer and subsides less suddenly, the conditions appear to be identical.