

hold it, but I would not conclude without one last word of a practical tendency. To some minds, and those among the most powerful in our profession, there is nothing but gloom in the prospect which these terrible facts of hereditary neurosis seem to present. It seems to them as if the "tyranny of our organisation" were not merely tremendous but altogether irresistible, as if our whole moral and physical nature were the mere sport and toy of an inexorable fate. I cannot share these opinions, or I should shrink in horror from the analysis of the facts. I believe, on the contrary, that this analysis really suggests the true method in which, by constantly acting on the rising generation, we may hope indefinitely to reduce the kind of dangers of which we have been speaking. *Venienti occurrere morbo* is not less true as a maxim of educational than of strictly medicinal means for stifling the first beginnings of mischief. The views I have now (most imperfectly as I well know) put before you, seem to point to us what these first beginnings are, and faint and glimmering though the picture be, I believe you may accept it as a not untrue foreshadowing of an improved organisation of our defensive warfare against disease, in which we may find the pledge of a true emancipation of the human race from many of the most painful consequences of the Neurotic Inheritance.

Feigned Attempts at Suicide. By DAVID NICOLSON, M.B. (Aberd.), Assistant Medical Officer, Her Majesty's Invalid Prison, Woking.

That our convict prisons should be the theatres upon whose stage are enacted day by day a varied round of farces and burlesques of a more or less tragical significance, is a thought whose development may be interesting, or simply amusing, according to the direction in which our fancy for the time being leads us.

One of the earliest features in the history of dramatic art in England was the introduction of what were called "Moralities." These plays, we are told, consisted in the personification of such allegorical characters as Charity, Sin, Death, Faith, and the like; and they were not unfrequently performed in churches, the clergy and the choir taking part in the representations. "Moralities" and the religious spectacles of

the day, such as that of our Lord's Nativity and Passion, or the "Slaughter of the Innocents," were performed on church festivals and other high occasions, and were calculated not only to impress the mind of the spectators with solemn considerations, but also to elevate its tone by offering it high subjects of reflection and contemplation. But, in order to effect such beneficial results, it was necessary that the performers should apply themselves to their task with the utmost purity and simplicity of intention, and that the on-lookers should be willing at least to give them credit for the possession of these qualifications. By a gradual process the drama became more and more secularised, until, as in the case with us now, we can scarcely bear to hear of such representations as the old Mysteries and Miracle Plays—as, for instance, the Amergau Passion Play, which has recently startled so many of our countrymen with its wonderful impressiveness—without shuddering at the bare thought that some unreality of feeling, not to say mockery itself, might underlie the solemn delineations of the actors.

It is not the "Moralties," but their very antipodes, with which we have at present to do. No simple allegory is impersonated on the prison boards. There, as in keeping with the moral darkness of the place, do we find travestied with something of an earnest mockery almost all that is distressing in our humanity. Nor can the *rôle* be said to be an unvaried one; now the weaknesses and disorders of the body are depicted, now those of the mind. The common herd of players favour us with exhibitions of symptomatic complaints, as cough, diarrhœa, rheumatism, and the like. But there are those who aspire higher. The prison stage is not without its Garrick, its Kean, its Matthews, and, indeed, its Mrs. Siddons; but with these the development of the play is more complete, and in proportion as its requirements are more exacting, so the successful results are more satisfactory. The protracted helplessness of the paralytic, the recurrent and unconscious throes of the epileptic, the madman's incoherence and restlessness, form in themselves the groundwork of representations which, if well sustained, are masterpieces. For a one-act extravaganza nothing can exceed an attempt at suicide. The obscurity of its causation and the sympathy which it ought to excite render it rather a favourite with our farcical tragedian; not that its simulation is often a great success, but rather that it seems to fit in with the current and visionary notions of the schemer.

Suicide in Prison.—Before entering upon the subject of feigned attempts, let us look briefly at suicide in its reality as occurring in prison. People outside can readily imagine circumstances attached to the surroundings of a life in prison which would, in their opinion, cause them to long for death, and even to summon its presence by some self-imposed violence. But what are the facts? We find that the population of the convict prisons for the ten years ending with 1869 averaged 7,331 per annum; 6,149 males and 1,182 females. The suicides were 19 (one female), giving an average annual mortality from suicide of .25 per 1,000.* In almost every instance the deed was committed in the earlier months of imprisonment; nine of them in Millbank, eight in Pentonville, and two at Portland. Very little is given in the Blue Books as to the state of mind in these cases, but we glean from the Pentonville reports that seven out of the eight suicides occurring there had shown no previous signs of depression or mental affection. In his report for 1864, the medical officer, Mr. Bradley, gives the following in full:—"Convict R. L. was found dead in his cell at the unlocking at six a.m. The body was suspended from the iron window frame of the cell by a rope of 'waxed ends,' as used by the prisoner at his trade of shoemaking. The feet were tied together by a pocket-handkerchief, and from the position of the cell table it would appear that after having arranged the noose the prisoner had swung himself off the table, and by that means secured a considerable 'drop.' On the prisoner's slate was found a letter addressed by him to his parents, in which he expressed a deliberate intention of suicide, assigning as the reason the difficulty of obtaining honest employment when liberated from prison, and the consequent probability of being driven to the commission of other crimes, and in the end murder. By suicide in prison he thought to save his father and mother the disgrace of his death upon the gallows. He had never shown any depression, despondency, or other mental symptom, and had been in good health up to the date of his death." This man, disbelieving in, or not calculating upon a hereafter, and looking merely at what are called his temporal relationships and probabilities, prefers to hang himself rather than face his difficulties; and he does it, not impulsively, but with a thoughtful consideration and anxiety for the feelings of his parents. Such a case

* I am indebted to the Registrar General for informing me that the number of suicides in England and Wales for the corresponding 10 years was 18,821; the average population being 20,987,086; this, however, includes all ages.

as this is rather an awkward one for Dr. Davey to get over when he asserts* that "the act of self murder is simply a sign or indication of brain disorder—a positive and prominent symptom of insanity," and "claims for the 'self murderer' his abolition or freedom from all and every responsibility." If all suicides are insane, as this statement assuredly would have us believe, then it follows that all who make *real*, though unsuccessful, attempts at suicide are insane.

On the plea that they are "tired of life," and wish to get "out of their misery," a good number of prisoners make *real attempts* at suicide of a somewhat decided character. These are usually found among the better behaved and tolerably respectable class of prisoners, who are liable to a despondency from which they are readily raised by a little encouragement. Dr. Guy, in his report for 1864, says—"Considering the peculiarly reckless and restless character of many of our prisoners, I must express my surprise and satisfaction that serious attempts at suicide are not more common."

Again, there is a large group made up of *Doubtful Attempts*—half real, half sham, and mostly impulsive, where, "without rhyme or reason," the prisoner in some reckless way appears to seek self-destruction. Such are more common with the female convicts, many of whose senseless and impulsive acts have a periodicity which serves to remove them from the category of actual pretences. One of this class, where there was no positive intention of suicide, yet where there was some real despondency, tried to strangle herself with her handkerchief, and told me that she did it because she was unable to read. Hysterical females, too, like to indulge in freaks of this sort.

Dr. Rendle, of Brixton Prison (Blue Book for 1867), referring to the rarity of suicide among female prisoners, says he has known of only one case of suicide in nearly twenty years, and subsequent evidence led him to the conclusion that the death was accidental.

It is impossible to arrive at any precise estimate of the relative proportion of feigned to other attempts, as only a passing mention is made of their occurrence in some of the prison reports, and as it not unfrequently happens that slight attempts are made without coming officially to notice. Taking Millbank Prison, where they are distinctly recorded by Mr. Gover, we find that in the three years ending with

* "Journ. of Ment. Science," Oct., 1870.

1869, there were 50 attempts in an average population of 963 (say 1,000), of which one was successful, 13 serious or doubtful, and 36 feigned.

Although considerable variation exists in the yearly numbers and in the different prisons, I think, taking it altogether, that a proportion of three feigned out of four attempts is pretty near the average; rather over than under, perhaps.

Amongst invalid convicts, as at this prison, attempts are rarely made. Dr. Campbell, the medical officer, tells me that since it was opened twelve years ago, there has been no suicide, and scarcely an attempt.

Convicts do not seek death; their love of life is a distinguishing characteristic. The surgeon is not long kept in ignorance of any suspected flaw in their bodily framework; and, indeed, their whole aim seems to lie in the direction of self-preservation, and to the same end point almost all their scheming devices and impostures. They have every right to cherish their own existence; and who is to blame them, if, failing to attain their object by the ordinary paths of conduct, they are willing, at all hazards, to try a little dodging?

Undoubtedly, the large proportion of suicidal attempts in prison are feigned, and it is to these we are more particularly to direct attention.

“Honest Iago” finds many a clever and many a poor representative in our prisons; hypocrisy and imposture, taking origin in the veriest trifles, shoot forth and display themselves in a countless host of devices and stratagems. The detection of these implies not only the punishment of the guilty, but also the protection of the straightforward.

Motive or Object.—Feigning, no matter in what form, whether of diseased conditions of body or mind, is simply a means to an end. What that end or motive is, is a subject the consideration of which is both interesting and important; interesting in the abstract; important as a practical problem which must occupy our minds during the investigation of particular cases. “Motive,” says J. Mill,* “taken generically, is pleasure,” inasmuch as they are each the “end of action, or that for which it is performed.” Pleasure here includes “all the species of pleasure, and also the abatement of pains.” Our own experiences make us acquainted with the operation of circumstances upon the mind as regards motives and pleasures in the ordinary run of life; but in the case of

* See note, p. 262, vol. ii., “Analysis of Human Mind.” Ed. 1869.

prisoners—and it is with them we are now mainly engaged—other considerations have to be weighed. Seeing that pains or punishment is the normal feature of his existence, the prisoner can scarcely be said to experience pleasure, except in proportion as his punishment or his pains are removed; that is, he cannot start, free and unrestricted, from the ordinary social level of—say comfort, and bring to himself, by his own actions, positive pleasures in the way of additions to that comfort. He is on the minus side of comfort, and his pleasure is of a negative sort, implying the absence of pains which it is his first object to reduce. The attainment of the lesser evil must, therefore, in a general way, be looked upon as the pleasure or motive by which the prisoner is actuated.

The prison standard of conduct is by no means identical with the social. Society has expelled certain rebel members as unworthy her privileges; by her standard they are all bad, more or less. They are consigned to prison, and the prison code starts with them as all alike good, and on an equal footing; and in so far as they fall away from this by their subsequent conduct do they become indifferent or bad prisoners. It may happen that a very bad social specimen—a regular criminal, makes a good prisoner; and it may happen that the ordinary-going mortal, socially, who for once has been caught and convicted, gets into trouble and turns out an indifferent or bad prisoner. Prisoners, therefore, as prisoners, taken officially, are good and bad, apart from the degree of their social or moral shortcomings. The good prisoner avoiding reports, and doing what is required of him, gives no trouble, and thus manages, by obtaining certain privileges, to remove some of the more unpleasant aspects, moral or physical, of his imprisonment. He may, indeed, be naturally industrious and quiet, or he may be a “downy cove,” an old and cunning hand, who, disliking work and discipline, yet manages to rub along smoothly, by tact, *finesse*, and a certain amount of shuffling and occasional feigning. On the other hand, the bad prisoner is prominent, quarrelsome, idle, and uproarious. He has forfeited all his privileges, becomes very abusive, and is often under punishment. He is driven into a corner, and is obliged to resort at last to scheming and imposture (if disease in reality, resulting in a great measure from his conduct, does not anticipate him), in the hope of improving his condition. It is thus seen that the attainment of the lesser evil (a comparative pleasure) is the mainspring of action with the prisoner, whether he is, or is not, an im-

postor. The probability of certain appearances being feigned is heightened in proportion as the individual has a bad character, and there appears a strong immediate motive for deception.

Suicide is feigned in our midst as well as in our prisons. The daily press tells us but too frequently of the foolish lover who clamorously hangs himself up by the neck to spite the faithless Mary Ann ; of the professional suicide who, by a sham drowning, fills his pockets at the expense of a befooled philanthropy ; and of the drunken night-brawler and bedizened hag, who, for the sake of fuss, flaunt in shallow waters or try a throttling with their garter. The pettish and spoilt child, too, has found in a pretended self-destruction a successful means of appeal to the over-weening affection of its parent. Where they are not the mere effervescence of an intoxicated brain, such attempts are made with the view of working upon the feelings of friends and relatives, or of extorting money from charity-stricken bystanders. The prisoner knows that the official sympathetic system is not that of an anomalous public, and he is careful not to play too much upon it alone. He may contrive to cause a tingle in some of its chords by his move, but essentially he aims at the practical.

The circumstances or motives under which suicide is feigned in prison may, for convenience sake, be arranged under three heads :—

I. It has relation to some present punishment within the prison. The attempt is made, perhaps, in the hope of escaping from the punishment ; or the prisoner thinks he has been wrongfully punished, and being unable otherwise to obtain the satisfaction he would like, he tries thus, through his own person, to annoy the offender, whose unkindness is supposed to have driven him to the rash act. Something on the principle of the wayward child with its ungratifying parent.

II. It is a part of the process of Feigned Insanity, being usually the introductory feature when it is present in a case. Out of 18 cases of Feigned Insanity which I have recorded,* there were seven in which the feigned suicidal propensity appeared—three were by hanging, three by starvation, and one cut throat—none of them very determinedly feigned. Here the act is taken into consideration as subsidiary to the question as to the state of the mind.

III. The attempt is done in order to effect a diversion.

* "Journal of Mental Science," Jan., 1870.

This comprehends a great variety of cases where some minor object is in view. To get away from some working party or officer, to get into hospital, to avoid a report, to give trouble and acquire sympathy, are some of the ideas that prompt the prisoner to feign suicide.

The mere pretence of suicide from its simple character is not a promising form of imposture; for, although the bait takes, it does not necessarily follow that the schemer attains his end. When it is the sole performance and not merely the opening scene of a more prolonged imposition, it is frequently prompted by motives as trivial as they are varied.

When the prisoner has made up his mind to feign suicide, it is necessary for him to make some calculations as to the time; and as a rule he arranges that the performance shall be in full play when his cell-door is opened at one or other of the accustomed visits of the officer. Of the many cases that occurred while I was at Portland I cannot call to mind one that took place while the prisoner was out on the works; they were all done within the prison walls, and usually in the evening.

Probably when, in the usual course, his cell door is opened to remove his supper tin, the prisoner is found suspended to the gas-pipe or towel-peg. He is cut down, and the doctor is sent for, who finds on arrival that prisoner Jones—and Jones (alias—Jones) is a favourite patronymic among them—has been carried to the hospital on the shoulders of half-a-dozen of his fellows, after vain attempts at restoration by cold affusion. Jones lies supine and helpless, the victim of a hard fate, with his clothes all loose and awry, his breathing suspiciously quiet, and his eyes shut—a blank, apparently, to the outer world, unconscious and unheeding—still Jones's heart beats hopefully; his pulse is good; his face gives no token of arrested circulation, nor does the neck present any pressure marks. When the unwilling eyelids are pushed apart, the eye shows uncommonly white, but is sensitive to the touch. Jones is shaken, and, in consideration of his state, he is spoken to in rather a loud tone; but he takes no heed until the process has been repeated several times or the ammonia bottle applied to his nose. He then moves his hand up to his face, and perhaps rubs his eyes, or gives an irrepressible sort of cough. When he manages to get his eyes open, he appears dreamy and at a loss to know where he is. The last thing that recovers itself is his tongue. You have got him to sit on his bed, perhaps to

stand up on his legs, but he will not speak, or, after a time, he may mumble that he is "tired of life." Meanwhile Jones is not an unknown character; he hates work; he has tried minor deceptions; he has been reported and punished more frequently than effectually; and the officer tells of the discovery at the after-supper visit, and adds that the prisoner is under report. These circumstantial, added to the immediate evidence of the case, convict Jones of imposture, and the end of the serio-comic display is that he is relegated to the discipline department for his reward. Such is, with, of course, more or less modification of detail, the style of the mock suicide. In most cases he has recovered before the doctor arrives; and in the presumptive evidence, elements of doubt as to the state of mind may arise, and it may be deemed necessary to submit the case for further observation. A doubtful state of mind (in the direction of melancholy) continues for days, or it may be weeks, and the prisoner in the end may either escape by an implied confession of his imposture, and a promise to behave better for the future; or if there has been more reality in the case, the prisoner is not discharged until he is brought into a better frame of mind, and acknowledges the folly of his act. It is impossible for the prison surgeon to forget that there are features essentially depressing in the monotony and restriction of a life in prison, and in genuine cases, where the mind threatens to give way, he cannot fail to notice the effect which a little wholesome advice and kindness have in restoring and reassuring the tottering intelligence.

Method of Attempt.—The impostor, in deciding upon the particular game that he is to play, must be guided more or less by his own circumstances, and by the possibilities which he has of carrying that game to a successful issue. Accordingly it happens that the feigner of suicide in prison is restricted in some directions, and has to fall back upon plans that would be less suitable, perhaps, or less likely to be successful, outside. Thus *drowning*, common enough outside, cannot well be feigned in prison, and sham *self-poisoning*, occasionally resorted to in public, is not heard of among prisoners. On the other hand, feigned *cut throat* is pretty often attempted amongst convicts, while it is seldom tried in ordinary life—and the same may be said of the less frequent mode by *precipitation from a height*.

Judging generally, and not from precise data, the following

are the usual methods resorted to among prisoners in the order of frequency:—

1. Hanging and strangulation.
2. Cut throat and other flesh wounds.
3. Starvation.
4. Precipitation from a height.

Hanging and Strangulation.—These are, whether taken singly or together, the favourites with the feigned suicide, and we shall consider them together, as from the fact that the prisoner's cell cannot give him a good "drop," they are often combined in the same case. This plan is well adapted to the circumstances of the prisoner. The necessary appliances are always at hand, and there is a sensational cast about it that does not attach to other plans. The preliminaries imply more of a calculating resolve and determination, and therefore more depth of despair, than does the rashness that would seem to characterise the cut-throat. It is exceedingly effective in appearances. The operation of cutting-down is valuable in itself as creating a fuss; while a semblance of seriousness is given to the case if the simulator can steel himself to the restorative influence of cold water. The brace, garter, belt, or a piece of cord, is generally used, and the would-be suicide attaches himself to the ventilator, the gas-pipe, or clothes'-peg in his cell. The height is limited, and therefore generally convenient enough for safety; but the position may, nevertheless, be made to appear sufficiently awkward and dangerous. Not unfrequently he hangs forwards from the wall with his knees close to, or touching, the ground. Sometimes one, more reckless, and not caring for the additional punishment which the act may involve, tears up his sheeting or his shirt, and makes a rope of that. I well remember a Yankee hero making a mild attempt in this way. At Gibraltar, in 1869, a prisoner adopted a ready-made noose, and got himself up by sticking his head through the arm-hole of his waist-coat!

Strangulation is usually attempted by means of the handkerchief;—one fellow in Millbank tied his handkerchief tightly round his neck, and pulled it, remarking to his officer "I will choke myself in your sight." But this method is much more frequent among females. I chanced to see, with Dr. Askham, in the female prison here, a case where the woman, a very bad character, had made a pretended attempt of this sort just when she expected to be visited. She had, in her temper,

for several nights refused to take her supper into her cell, but on this occasion she took it in and thus knew they would open her door to get the empty basin, and had made the attempt accordingly. She afterwards feigned insensibility, with a nervous twitching of the mouth, and firmly closed eyelids; a little flapping with a wet towel soon brought her round, and she confessed her imposture. Another female in Millbank sat up at midnight in bed, and tied a piece of her dress round her throat, her fellows lying awake in the ward.

When hanging and strangulation are resorted to there is much sameness in the proceedings, and so, indeed, is there in any of the plans adopted.

Cut-throat.—Feigned attempts of this sort are usually very slight and unsuccessful. The risk of doing a good cut-throat, and the want of effect unless blood is freely outpoured, to say nothing of the pain arising from the wound made by an improper tool, render this a very unsatisfactory mode. Yet wounds in the throat are frequently made by these schemers; but seldom are they of any account. They generally consist of a few scratches made on the side of the neck with a piece of glass, or their tin knife is rubbed up and made to do duty in this way. In one feigned case I remember the prisoner made two stabs in the right side of his neck with a piece of sharpened crinoline steel. The wounds were angular, and formed by the double movement of entrance and exit: one of them bled rather freely, and required a stitch. The following singular case happened also at Portland, and was treated by the medical officer:—D. H., a very troublesome character, had, with one hand, drawn forward the skin over the Pomum Adami, and with some sharp instrument made an upward cut, detaching a piece of integument about the size of a half-crown, and exposing the platysma myoides—a few fibres of which, as well as a small vessel at the lower end of the wound, were cut.

Other attempts by wounding comprise cases where the bloodvessels, of the arm chiefly, are searched for, and approached by laceration or piecemeal picking. These are probably done by way of variety, for it does not do for schemers always to be running in the same groove.

Starvation by the refusal of food may be resorted to (although not always in pretence of suicide) by the impostor either while feigning insanity or while under punishment, as a means of spiting some authority by resenting the supposed

grievance, as already referred to. Here the starvation is real enough, the object being ostensibly, but not really, thus to effect death. I have seen cases of the sort ranging from two or three up to nine days. Usually no evil results follow, but occasionally gastric derangement and irritability are set up, with debility and foul breath. When prompted by a spirit of resentment, the continued refusal of food implies a savageness of disposition that may now and again lose itself in actual insanity. Indeed possibly enough in some cases, some amount of insanity may have been the primary cause not only of the starvation, but also of the offence which gave rise to the punishment. But in solitary occurrences, without previous indications of mental disorder, this latter way of looking at it would not only be unwarrantable but perhaps hazardous, dealing as we are with criminals.

Feigned suicide by starvation involves more real self-torture than any of the other methods, and from the fact of its being sometimes prolonged, the question of treatment is for once brought in. At first it is better, after trying kind words and expostulation, to tell the prisoner how utterly indifferent everyone is how long he goes without his food, and that he is only hurting himself. If he still proves obstinate, after a while the stomach pump may be used; but a system of beef-tea enemata is very effective, as it is felt to be anything but an agreeable or manly mode of ingestion.

Precipitation from a height is not very often resorted to. Such attempts probably originate in some quarrel, and then the feigning is mixed up with a certain impetuosity which leads on to the commission of an act which is not only rash in itself but has all the appearance of being suicidal. One prisoner tells me that when in Birmingham gaol he made an attempt of this sort with a view of getting a change of officer. And he succeeded; for he was taken for a time into hospital. He says he knew what he was about and had no intention of destroying himself. A prisoner at Portland was to be reported by his officer for some offence, and he jumped over the balustrade of the landing, a considerable height; he contrived greatly to break the fall by catching at the edge of the landing in his descent and thus guiding himself to within a few feet of the ground. He, nevertheless, pretended to have seriously injured his ankle, and assumed great dejection of spirits. Dr. Guy, in one of his reports for Millbank Prison, mentions the case of a female there who "lowered herself partly down from the gallery to the basement part of the

chapel, then fell the remaining distance, thereby injuring her wrist." This attempt was "only intended to inflict such an amount of injury as might give trouble to others and cause her to be admitted into the infirmary."

Feigned Attempts among the Insane.—I find this note in Griesinger;* "cases also occur in which persons actually simulate attempts at suicide; it does not, however, follow that the *mental disease* is simulated. Morel, in the 'Ann. Med. Psychol.' vi. 1854, p. 84, mentions a case of this description." The cunning and deceit which are often practised by the insane prepare us in a measure for the possibility of such occurrences; but although Asylum Superintendents speak of having met with cases of the sort, the subject is not taken up in works on insanity. Actually feigned attempts among the positively insane, Dr. Maudsley tells me, he believes to be uncommon; and indeed it seems to me to be rather a difficult matter to explain their occurrence at all. Feigning implies, necessitates, the existence of motive—such a motive as may be called rational, and to detect its presence as co-existent with positive insanity is surely no simple task. In cases of moral insanity, and in insane people during the abeyance of morbid manifestations, the existence of motive and of feigning might certainly be inferred, as under such circumstances there is the likelihood of a freer play of healthy idea. Silly and undetermined attempts, *apparently motiveless*, are made among the insane and are put down as characteristic of their mental defect. Attempts of a similar nature are made by some criminals of a low type. But something must incite to the commission of the act, and here we have a common ground upon which the two sets meet. How far these two may have an irrational or abnormal motive peculiar to each, or common to both (and therefore proving both insane), is a question beyond our present scope.

Risks.—It is an awkward thing for anyone to try experiments with his neck in a noose; and it is not to be wondered at if now and again the impostor is caught in his own trap; and if his mock hanging sometimes results in dangerous, if not fatal, asphyxiation. He may be very careful in his plans, and adopt measures by which the risk is reduced; as by placing the noose upon the chin, which some try; but such clumsy expedients can hardly fail to betray. Accidents are beyond his calculation; and when he arranges things more

* On Ment. Dis. Syd. Socy. Edit., p. 259.

secundum artem may he not make an accidental slip, become flurried, or mistime his manœuvre? Dr. Burns relates the following as having occurred at Chatham Prison in 1861:— “A prisoner suspended himself by means of his braces tied round his neck from the ventilator over his cell door at five a.m.; he was with difficulty recovered, the pressure necessary to open the door to reach him, having nearly completed strangulation; he appeared to be of perfectly sound mind, and had no intention of completing the act, but merely to create a sensation for the purpose of procuring mitigation of punishment for some offence he had committed.” He must have “created a sensation” which he did not bargain for. Mr. Askham tells me of a case somewhat similar, which occurred at Dartmoor, where a prisoner hung himself in this way, expecting the customary visit of the warder. On this particular occasion the officer began at the opposite end of the hall, and when he came to this man’s cell, he found him all but dead. Being brought round with some difficulty, he confessed his imposture, and said he thought the officer would visit his cell first as usual. A little longer delay would have been death to this man. While I write the following appears in the *Standard*:—

Mr. Langham, the deputy coroner, held an inquest in the Millbank Prison on the body of a female convict named Margaret Corhill, aged 31, who was admitted into the prison on the 1st of July, 1868, under sentence of seven years’ penal servitude. The deceased, it appeared, had led a shocking life, the last conviction being the fifth, the crime in each case being larceny. During the time she had been in prison on this occasion she had been reported 31 times, and had been punished seven times, on each occasion being put upon bread and water, sometimes for one day and at other times for three days. She was put to knitting, but it was seldom she would work, and used to indulge in most violent conduct, and abuse the attendants. She preferred solitary confinement to mingling with other prisoners. On Saturday evening she was put into her cell, and was visited by one of the under matrons three times during Sunday forenoon up to eleven o’clock. At a quarter past that hour, on one of the female attendants again entering her cell, she found her suspended by a pocket handkerchief, which she had passed round her neck and fastened to the window. The chief matron entered and removed the handkerchief, and sent for the resident medical attendant, who came immediately, and tried for half an hour to restore suspended animation, but it was useless. The chief matron and the surgeon were of opinion that the deceased did not intend to destroy her life, but only to frighten the attendants, which had frequently been the case with other prisoners before. In the absence

of any direct evidence on that point the jury returned a verdict to the effect that the deceased destroyed her life by hanging, but whether by accident or by design there was not sufficient evidence to prove.

Feigned Threats.—There is something uncomfortable in the feeling that someone, a friend probably, has entrusted you with the secret of his intended self-destruction; and it would rise into painful regret should the fatal act be accomplished while you, the repository of the secret, looking at it as an idle or momentary threat, did not think it worth while to take preventive measures. Perhaps, rather than burden yourself with the responsibility, you have given way to some conditional demand made upon yourself. On the other side, there may be a reality of intention; but more often the threat is feigned with the view of obtaining some request. Our self-consciousness reveals to us the existence of a sympathetic influence which one individual may exert over another in this direction; and this influence is applied or misapplied, with more or less prominence in our every-day experiences. The very child utilizes it by taking to its room in a pet, and denying itself its accustomed pleasures, and threatening self-violence because some request is not acceded to—and the tolerant affection of the parent is not able to resist this. “I’d rather go without it altogether,” says the adult, if he does not get it just as he wishes. And in this spirit does the suicidal threat, whether real or feigned, take its rise. Even the feigned threat has some real foundation, as being prompted by a feeling of disappointment; but beyond this it is simply a make-believe, in the hope of overcoming a difficulty. Prisoners very often try to work upon their officers in this way, and more especially, perhaps, female prisoners. In his report for 1867, Dr. Rendle, of Brixton Prison, says: “Badly conducted women occasionally give a vast amount of trouble and anxiety to their officers by threatened attempts to commit self-destruction.” If prisoners were to be given way to under such circumstances, an incalculable amount of trouble and mischief would result.

Feigned Suicide has some interest in a *medico-legal* point of view. The common sham-drowning is usually only a matter between the policeman and magistrate; but cases occur of a more complicated character, in which medical testimony is indispensable; as where pretended poisoning and its symptoms are imputed to the agency of another. Several cases of this sort are mentioned by Christison in his “Treatise on Poisons.” As a rule, however, the would-be suicide is well known to the

“Authorities,” and any punishment that overtakes him is richly deserved. It cannot be easy always to arrive at the precise state of the mind in all cases; for acts seemingly of a suicidal nature may be committed from desperation and rashness, without any positive intention on the part of the individual to “do away” with himself. Practically, however, they come to be placed on the same footing, for in such cases, as well as in instances of real and of feigned attempts, the individuals render themselves amenable to the law.

No doubt even more frequent exhibitions of real and false attempts would be submitted to us, were it not for the operation of the principle that guided the Laird of Drum’s “Fool.” This worthy, as I am kindly informed by the estimable lady of the Castle, first tried to strangle himself with his “gravat” and then to drown himself in the river, but gave up trying on the plea that he “cou’dna get nae breath” either way. This fossil-like relic of a by-gone age is now in his eighty-third year, and sings to himself “diddlies,” of which he has an unlimited store.

The feigner proportions his attempt to the amount of personal inconvenience and risk which he thinks he can stand, but takes good care generally not to hurt himself much.

On Some of the Modern Teachings of Insanity. By EDGAR SHEPPARD, M.D., Professor of Psychological Medicine in King’s College, London, and Medical Superintendent of the Male Department of Colney Hatch Asylum.

I am desirous of making a few critical remarks upon the address of its President, read before the Medico-Psychological Association in August last, as also upon some of the observations which were elicited thereby from various members at the time of its delivery.

It is strange that those who have been given to teach us somewhat dogmatically should step forward to fill us with doubt and suspicion as to our antecedent theories and practice. But we live in an age of paradoxes, and must, I suppose, be grateful to those who, at a period which “seems to lack the originating impulse,” will “break through the usual routine of thought and action,” and flood us with new and inspiring ideas. And yet “the originating impulse” is calculated to suggest misgivings as to the soundness and stability of those