

twelve months' imprisonment for robbery with violence, and on his release he enlisted, but deserted after four months' service. When seventeen, he was sentenced to twenty months' imprisonment for shop-breaking, when nineteen, three years' penal servitude for housebreaking, when twenty-two, three years' penal servitude for shopbreaking, when twenty-six, five years' penal servitude for robbery with violence. He first showed symptoms of insanity in 1908, and was transferred to a criminal asylum, from thence here, before the completion of his last term of penal servitude.

Mental condition on admission.—He was correctly orientated, and showed a proper apprehension of his surroundings. Though poorly educated and below the average in mental calibre, his memory was good, and he gave a clear account of himself. He was, however, somewhat reticent and guarded in his replies. Delusions were obviously the chief content of his mind, and hallucinations of hearing and of smell were active. Hallucinations of sight and organic sensation had formerly been present. He believed that he was secretly watched, and that some mysterious force opposed his intellectual progress, controlled his speech and actions, affected his sexual apparatus and the fluids of his body, and was responsible for his various psycho-sensory disorders. He attributed his chequered career to it, and labelled it in his own mind as persecution by the Government. His demeanour was strange, and his personality much altered. He claimed descent from highly intellectual parents, and thought that he would have been a valuable asset to the country on account of his special political knowledge and great intelligence. He was absorbed, inactive, and had a curious literal and stilted style of speaking, and various other mannerisms. He was callous, and without moral and religious feeling and family affection. He had no shame for his criminal career and for the vice and criminality in his family.

Progress.—He has not materially changed since. He is reserved and peculiar, but makes no secret of the degeneracy of his family. He employed himself usefully for three months, when he suddenly became excited and hostile. He soon settled down, but has refused to work since. His delusions have progressed, he is much hallucinated at times, and the altered personality is progressing. He now prefixes "Whitelaw" to his name, shows more exaltation, and refers all queries on the subject to Whitelaw Reid.

Diagnosis.—He seems to be a fairly common type of an insane criminal. He has systematised delusions of a persecutory nature, associated with widely distributed sensory perversions, leading to an altered personality. Some of his symptoms suggest that there will be rapid progression and reduction. There is certainly a basis of congenital defect, chiefly moral, and the following study of his family history is the chief interest attached to the case.

Family history.—It will be seen from the attached genealogical Table that the patient (sixth in a family of eleven), an insane criminal, has two brothers, also insane criminals, at present in a criminal asylum. The elder, now undergoing his fourth term of penal servitude, was educated at a reformatory school, is an alcoholic, and has a long list of convictions. The younger (eleventh in family), now confined for his

first term of penal servitude, was also educated at a reformatory school, and has been convicted several times.

Of the three remaining brothers, one, a twin of the eighth pregnancy, died at thirteen years, the other two were educated at reformatories, but, so far as is known, have shown no further criminal tendencies since. They are both married, the elder having five healthy children, the younger one.

Of the patient's sisters only one, who has been interviewed, and is the other twin of the eighth pregnancy, seems to have led a decent existence. She is of a sound average type, and has four healthy children. The eldest (first in family) is a confirmed alcoholic, a prostitute, and has been in prison several times. She has had two illegitimate children, the younger of whom has been interviewed. The latter is healthy, married, and has two children. The second sister (fourth in family) is an alcoholic, a prostitute, and a criminal. Among her many convictions is one of nine months for robbery. She is single and childless. The third sister (fifth in family) is a bad character, an alcoholic, and has been in prison. She is married, but all her children died in infancy, syphilis being probably a factor here. The fourth sister (seventh in family) died at nineteen; she was a prostitute, and had one illegitimate child, who died in infancy.

The patient's mother is still alive, and has been interviewed. She has been once in prison, is fond of drink, and fairly typical of the low neighbourhood in which she lives. She withheld information about her own side of the family, and only corroborated what was previously known under pressure. The patient has heard that there are more abnormal factors on her side, but they are uncertain and have not been included. Her only sister, a deaf-mute, died as the result of an accident. Her elder brother died weak-minded in an infirmary. He was a hawker, and had one sentence of two years for stealing. The other brother, now dead, had been in prison, and was an alcoholic. Neither of the brothers, nor the two step-sisters by the same father, had any children. No abnormality is recorded about the step-sisters; they were both married.

The patient's father died at seventy-two. He was a cab-driver, an alcoholic, and had several minor terms of imprisonment. Neither of his two sisters had children, though the elder, a housekeeper, was married. She had a legacy from her employer, which she quickly dissipated. His elder brother, normal as far as is known, had an only son, a criminal, who has already served two terms of penal servitude. The latter is single.

The paternal grandfather was an alcoholic. Of his three brothers, two committed suicide and the other had to fly the country.

The tree thus comprises five generations—the patient's, two ascending, and two descending, fifty-two individuals in all. Of these, nineteen are known degenerates. In the first generation, which is incomplete on the maternal side, there are four known abnormal constituents, all on the paternal side. In the second generation there are five abnormal constituents—four maternal and one paternal. One other produces a criminal son.

In the patient's, or third generation, there are twelve.

Males :

Three insane criminals, one being also an alcoholic.
Two needed reformatory education, but showed no further criminal tendencies.

One criminal.
One died at thirteen.

Females :

Four moral degenerates, three of whom are alcoholics, and one is a criminal.

One apparently moral.

Of the possible twelve in this generation able to produce descendants, only six have done so. In two cases the progeny died in infancy, thus limiting the fourth generation to three families containing ten children, and the two illegitimate daughters of the patient's eldest sister. The fifth generation is at present comprised of two only—the children of the younger illegitimate.

An outstanding and interesting feature in the second generation is the mating of two alcoholics with criminal tendencies, the male inheriting a taint from his sire—simplex inheritance in Mendel's nomenclature—the female, multiplex, with no known taint.

The result is a family of eleven, of whom only one of the ten reaching adult age is a healthy, normal individual. All the others show degeneracy to some degree.

In the same generation, three other females marry but die childless, and the only other mating, a male with simplex inheritance, produces an only son, a criminal.

Regarding the two descending generations, in whom, so far as is known, no degeneracy has appeared, the future only can reveal, remembering that new stock has appeared to leaven the old. At any rate, there appears to be a considerable tendency for the old stock to die out, as is not uncommon among degenerates where alcoholism and syphilis, squalor and privation are often also factors mitigating the chances of existence.

It is interesting to note that epilepsy has not invaded any branch of the family.

I leave it to the reader to draw his own conclusions as to whether heredity or environment (the slums of London) is the stronger factor in this extremely degenerate family.

A Case of Manic-Stupor. By HENRY DEVINE, M.D., B.S.Lond.,
M.R.C.P. Senior Assistant Medical Officer, West Riding
Asylum, Wakefield.

CASES of manic-stupor present an interesting combination of symptoms which serve to demonstrate the close association existing between the symptoms of maniacal excitement on the