

*Some further Cases of General Paralytics committed to Prison for Larceny; with Remarks.** By J. WILKIE BURMAN, M.D., Edin., Resident Medical Officer and Superintendent of the Wilts County Lunatic Asylum, Devizes.

In the "Journal of Mental Science" for Jan., 1873, I ventured to lay before you, as members of the Medico-Psychological Association, notes of six cases in which undoubted general paralytics had committed theft after the onset of the disease, and had, consequently, suffered a greater or less term of imprisonment, the disease remaining unrecognised both before the trial and for some considerable time afterwards. In each of these cases, as I showed, from the previous good character and absence of reasonable motive for the crime, as well as from the general history and advanced condition of the disease on admission into the asylum, there was every reason to believe that the crime was merely an early mental symptom of the disease; and, in one case, a clear relation between the delusions of the patient and the objects stolen was ascertained to exist. Since then I have collected notes of a few further cases of a similar nature, which I am, on this occasion, induced to lay before you in the hope that those members of the Association present at this meeting may, perhaps, be led to state the results of *their* experience as to the occurrence of such cases, and give us the benefit of their opinion with regard to them. By such a collation of experiences we shall lay the foundation for a more comprehensive view of the facts of the subject, which appears to me to be one of very considerable medico-legal interest and importance.

CASE I. (Recorded by Dr. Joseph Rogers, Medical Officer to the Westminster Union Infirmary, in a letter to the "Times" of Oct. 29th, 1873.)—W. W., male, married, journeyman tailor, age not stated.

History (from patient's wife, a very respectable and intelligent person).—Up to Nov., 1872 (about three or four months previous to the commission of the first theft), patient was always a steady, industrious, and sober man; after that date, however, he changed much, becoming moody and melancholy, and neglecting his work. Towards the latter end of Feb., 1873, between five and six o'clock in the evening—it being yet light—he was in Little Pulteney Street,

* Read at a Quarterly Meeting of the Medico-Psychological Association, held in London on April 29th, 1874.

Soho, when, suddenly, he put his foot on the shop-board of a poulterer there, and, clambering up, took from the topmost hook (which was about 10ft. from the pavement) a hare. This he threw over his shoulder, and, jumping down, walked away a few yards, and then, stopping, entered into conversation with two men. The act was noticed, and he was followed and taken into custody where he was standing, the hare being still over his shoulder, and no attempt at concealment having been made. He was taken before Mr. Newton, at Great Marlborough Street, and sentenced to a month's imprisonment with hard labour. On his discharge from prison, his wife found his mental condition much worse, and, though work was obtained for him, he did it so badly, from sheer incapacity, that his employers declined to give him any more; but, as the man looked ill, advised that he should apply for medical assistance. The wife was about to make application, accordingly, for his admission into the Workhouse Infirmary, when she heard he was again in custody. This time under the following circumstances:—It would appear that he went to the house of a master tailor, in Maddox Street, to ask for employment. He had worked there before, and was well-known. He was engaged, and told to come next morning. As he was going out of the house he took down a pair of trousers, and, putting them under his arm, walked away. The act was witnessed; he was followed and given into custody, taken before Mr. Knox, and committed for trial. Subsequently he was tried, convicted, and sentenced to six months' imprisonment with hard labour, no medical or other official having recognised the poor man's mental condition save the gaoler at Great Marlborough Street, who told his wife that he was sure her husband was not right in his head. Shortly after his discharge from prison this time his wife noticed that patient's condition was so much more marked that she at once applied to the relieving officer to have him sent into the Workhouse Infirmary, being afraid, as she told Dr. Rogers, that he might again do something which would subject him to further punishment; and, accordingly, Dr. Rogers was sent for to visit his patient; but, being absent, his deputy went instead and reported the patient as being of unsound mind, and Dr. Rogers, on examining him next morning, found patient to be not only deranged, but to have special symptoms, such as partial paralysis of speech, &c., and came to the conclusion that he had been so affected for some considerable period. Patient was then removed to the Westminster Union Infirmary, where he remained for ten days prior to his being removed to the Middlesex County Lunatic Asylum, at Hanwell, during which time he "took everything he could lay his hands upon." Satisfied that a very great mistake had been made in treating this paralytic lunatic as an accountable being, Dr. Rogers called in Dr. Blandford, of Grosvenor-street, to see the patient, and he quite confirmed Dr. Rogers' view of the case, in every particular, as to its nature and its palpably chronic character. After this, and feeling

strongly that patient had been illused, Dr. Rogers wrote to the Visiting Justices and to the Commissioners in Lunacy, requesting them to make inquiry into the treatment he received while in prison, and in reply to his letter, the Commissioners forwarded Dr. Rogers a copy of the special report, made to them at their instance, as to the condition of the man when admitted into the Hanwell Asylum on the 24th October, 1873; it was to the effect that patient was found to be suffering from "imbecility with general paralysis." Such, then, is the history of this case, and such are the facts concerning it; and it appears to me that a great debt of gratitude is owing to Dr. Rogers for his prompt recognition of the real nature of the case, which was so amply verified at subsequent examinations by the highest authorities; and for his giving publicity in the "Times" to the sad facts of a case so well authenticated. Having already paid some little attention to the subject, and published several similar cases, I felt it my duty to write to the "Times" in support of Dr. Rogers, the letter appearing in the issue of that newspaper for Oct. 31st, 1873. This letter was the subject of comment in the "Pall Mall Gazette," of the same date, by a writer who, in an article headed "Larcenous Insanity," endeavoured to throw ridicule on my views and statements as founded on experience and put forward in the interests of humanity, and who referred to the letter as indicating "a further advance of the most highly speculative form of medical theory in relation to crime." To this criticism I shall refer later on, and in the meantime, in leaving this case I must apologise for the prolixity of detail with regard to it into which I have felt myself obliged to enter, in order properly to elucidate the nature of the case.

CASE II.—This case occurred during my later experience at the West Riding Asylum, Wakefield, and the following are some fuller notes than those taken for the case-book, which I recorded at the time in my own private note-book, for the special purpose of their being thus reported. J. T., male, of middle age.

History.—About two months previous to admission into the asylum (never before having been in gaol or committed any indictable offence, having always been an honest and steady man) patient was tried at the Wakefield Sessions for stealing seven pigs; but a medical man coming forward (according to the statement of the police-officer in charge of the patient on admission) and stating that, in his opinion, patient was insane, he was acquitted, and ordered to be detained during her Majesty's pleasure, having been already in prison for the ten days immediately preceding his trial. From that time up to admission into the asylum, patient remained in the Wakefield House of Correction, under special supervision in the hospital; and he was brought to the asylum under her Majesty's sign manual and Secretary of State's warrant, the medical officer of the prison certifying that, during his stay there, he had manifested no symptoms of insanity. *On admission* into the asylum, patient was

found to be somewhat demented, and presented the well-marked physical symptoms of general paralysis of the insane, which I need not here enlarge upon. He exhibited a considerable amount of self-satisfaction inconsistent with his paralysed condition, and said he was quite as well as ever, and able to do his work well; such not being really the fact. We gathered from him that about ten months previous to admission, being a mason and contractor, he was unfortunate in several contracts, and lost accordingly a lot of money; and that he had not done well since, having had to pay 10s. a week out of his wages to meet deficiencies, of which £10 or £12 still remained unpaid on admission; this preyed on his mind very much, and he became a changed man; he found increasing difficulties after this in performing his work as a mason, from the tremulousness of his hands, and he often, he said, fell off ladders and walls when at work, on account of the weakness and unsteadiness of the muscles of his legs. About four months before he committed the theft, he was discharged from his employment on account of sheer physical incapacity, and after that he had, for a considerable time, but little sleep at nights.

CASE III.—This, like Case II., occurred at the West Riding Asylum, and, as in the other case, I took private notes at the time of admission. G. T., male *ætat.* 40; married, iron-moulder. Admitted November 22nd, 1873.

History (from patient's wife).—In June last, or about five months before admission, patient fell and injured the back of his head, and, though always well before, has not been well since. He got gradually worse, complaining of pain in the head, and his memory becoming impaired; so that his wife, altogether, considered his mind to be affected from the change which had come over him. About the middle of August—three months before admission into the asylum, and over two months before his commission of the theft—he was discharged from his employment on account of inefficiency, and had done no work since; having for some time previous to his discharge made, when casting, a lot of what they technically term “wasters.” About three days before he committed the theft he went to bed at four o'clock in the afternoon, and got up afterwards at 12 p.m., and lit the fire, in spite of what his wife said and did to prevent him; and he acted from time to time after that in a similarly peculiar manner. The theft, according to the prison officer, was committed on the 1st of November—about three weeks before admission—and consisted of his stealing $\frac{1}{2}$ cwt. of coals. For this offence he was tried a day or two afterwards at Rotherham, and, being convicted, was sentenced to one month's imprisonment. Between that time and the date of his admission into the asylum, he was in the hospital of the Wakefield House of Correction, and whilst there is said to have been quiet, but weak-minded, and having exalted ideas about seeing the Queen, &c. They gradually perceived, the prison officer said, from patient's manner of behaviour

and conversation, that he was insane. It seemed that patient had been sober and steady for the six months previous to his admission into the asylum, but before that he used to drink a good deal. He had never, however, been in prison before, or committed, so far as could be ascertained, any indictable offence. When he committed the theft of the coals he had no need of any, for there was a good supply in his house; and instead of taking waste coal from that portion of the heap which was open to the families of *employés*, patient penetrated into the forbidden region of good coal, and brought away a large lump in each hand as much as he could carry, having also at the same time, his pockets crammed full of coal. Before he got home, however, he was apprehended by one of the overlookers, who had followed him. Patient's maternal uncle was insane.

State on Admission.—He is quiet, but considerably demented. He speaks in a slow, child-like manner, and has a more or less imbecile appearance. His statements we find to be untrustworthy as verified by facts. He says, however, that he and his wife are going to visit the Queen. He is very shaky on his legs, and his tongue is very tremulous on being protruded; the pupils are contracted and unequal; but there is little or no quivering of the muscles of the face or tremulousness of the voice observed at present; there are many bruises scattered over the body.

In addition to these cases, I may, perhaps, just transcribe a few notes I have before me of another case of well-marked general paralysis which I admitted into the West Riding Asylum, as illustrating the tendency to the commission of theft which exists in patients labouring under that form of disease. According to the certificate, the facts indicating insanity observed by the medical man were as follows:—"He tells me he is going to fetch forty children from Liverpool to work in the mill, in order that he may live out of their earnings. He cannot tell me the day of the week; cannot recollect the events of the past two days." The facts communicated by others were:—"His wife tells me he is constantly bringing home things that are not his own, such as plants out of a garden, wheelbarrows," &c., &c. This patient had evidently been affected for about six months, on admission, and the wonder is that his larcenous propensities did not land him in prison as in the other cases.

Such, then, are notes of a considerable number of cases recorded as occurring within my own very limited experience. That my experience in this respect is not peculiar I can show by reference to a paper (which I discovered subsequently to penning my former remarks and notes of cases) in the Vol. for 1861 of the "*Annales Medico-Psychologiques*," by Dr.

A. Sauze, at that time Assistant-Medical Officer to the Marseilles Asylum, and medical officer to the prison of the same town, entitled "*Erreurs Judiciaires*"—"Observations de Paralytiques Condamnés pour Vol," and in which he gives details of four exactly similar cases. And without anticipating the results of the experience of my professional brethren present this evening, with which I trust they will favour us, I think I have good reason for venturing to believe that such miscarriages of justice, and punishment of legally irresponsible offenders, are by no means peculiar to one or two parts, but are not uncommon throughout the country. Such being the case, then, the question as to how far similar errors may be prevented for the future is, it appears to me, one which in the best interests of humanity I may well bring before you on this occasion for discussion.

It is not a difficult thing to understand how, in cases of general paralysis of the insane, a propensity to steal may arise; given the abnormal exaggeration of the ideas as to wealth and property, and the blunting of the reasoning faculties and inability to properly comprehend consequences, so commonly associated together as mental symptoms of that disease, and we have all that is necessary for the origin of a strong predisposition to acts of larceny. The mental condition in general paralysis is one that is well calculated to pervert or weaken the normal ideas as to *meum* and *tuum*. Fortunately, from the peculiar physical or bodily symptoms of the disease always associated with the mental aberration in this form of insanity, there is not that difficulty in establishing the plea of insanity in cases suffering from it, as exists in those cases where the larcenous propensity is a mere monomania, and which are of exceeding rarity. The physical symptoms may even precede any appreciable abnormal mental manifestation, and, altogether, the symptoms are so well marked and peculiar, and the progress and fatal termination of the disease can be so readily and accurately prognosed, that it is quite removed from the domain of legal quibble. My critic in the "*Pall Mall Gazette*," to whom I have referred, tells us that exaggerated ideas as to wealth and property are common amongst sane criminals—notably bank forgers, for instance—and not uncommon, he thinks, in the City; and the blunting of the reasoning faculties and inability to properly comprehend consequences he considers to be only another name for the inference that the perpetrator of a crime defies consequences. It would be easy to retort

upon our brethren of the legal profession, and inform them that these mental symptoms must be, and are, taken by the medical expert as they invariably co-exist with the peculiar physical or bodily symptoms of the disease in pathognomical combination; but would they be able to follow us, if we did so, in our attempt to explain the matter to them in its full bearings? I am afraid not. "Who but a physician familiar with the disease" (to quote the words of the senior editor of our journal in his recent work on "Responsibility in Mental Disease") "can recognise the inequality of the pupils and the peculiarity of the articulation which mark the beginning of incurable brain disease, and give the true interpretation of the theft," when it occurs, as one of the earlier mental manifestations of general paralysis of the insane, in a man previously honest and exemplary in character? The bodily symptoms of this bodily disease can only be properly recognised and appreciated by the medical man; and lawyers, it seems to me, have no more right to assert their contrary opinions and theoretical assumptions, in such cases, in the face of the testimony, founded on knowledge and experience, of the medical expert, than they would have to endeavour to upset the evidence and opinions of the medical expert in a case of poisoning, by obtruding expressions of their own judgment in the matter. In all such cases, it ought to be left to the medical expert, taking all the circumstances of the case into proper consideration, to decide as to the soundness or unsoundness of mind of the person whose responsibility is questioned.

Whilst, then, the peculiar nature of the symptoms of this disease, appreciable only by the medical man, lift it out of the domain of all legal quibble, the very fact that the symptoms are so peculiar and well marked affords all the less excuse for their being overlooked by the medical officers of prisons, as, I am afraid, is not unfrequently the case; and though I don't consider we ought too hastily to blame our brethren out of the specialty for their not perhaps being able to diagnose the disease so readily as we; yet, nevertheless, it may be that you will agree with me in thinking that the continued occurrence of the imprisonment and detention in prisons of general paralytics for larceny serves to demonstrate the necessity for a more careful examination into the mental and physical condition of prisoners at the time of their admission into prison, and for a more practical and efficient knowledge of mental and cerebral diseases amongst medical practitioners generally,

and more particularly so amongst those who have specially to deal with our criminal population. Were such requisite and special knowledge demanded of all candidates for a degree or diploma in medicine, and the curriculum and lectures arranged accordingly, there would be no grounds for the excuse which can, at present, be justly urged for such deficiency in knowledge as to the symptoms of one of the most fatal and common forms of organic cerebral disease, which almost invariably give rise to mental alienation and consequent irresponsibility as to crimes which may be committed during the progress of the malady. To such defective knowledge, or want of proper examination into the prisoner's mental and physical condition, one is compelled to attribute these continued miscarriages of justice and this unjust punishment of criminal patients labouring under a disease with peculiar and well-marked symptoms, and which could have been readily diagnosed—there is reason to believe—on admission into the prison, in any of the cases that I have drawn attention to, after a proper and careful examination of the patient by any medical man having a fair knowledge of its nature and symptoms. A careful attention to the articulation of the man as he speaks, a look at his protruded tongue, and a glance at the muscles of the face, constitute all the examination that would be required to detect the earliest physical symptoms of the disease; whilst a look at the pupils and at the gait of the man in walking would give important indications in more advanced cases. It must, of course, be granted that in many such cases there might be considerable difficulty and doubt as to diagnosis; in which case one might, I think, very well give the prisoner the benefit of the doubt, and keep him in the hospital of the prison under close observation for a time, and until, at any rate, an inquiry had been made into his history, where such could be obtained. This was done in one of the cases I have just reported, in which the patient had been certified as insane previous to his admission into the gaol; but the man was sent to the asylum some time afterwards, having shown, as was stated by the medical officers of the prison, no symptoms of insanity, though on admission into the asylum there was no difficulty in perceiving the real nature of the case, and his undoubted insanity. Anybody can diagnose a case of raving madness; but it requires some special medical knowledge to enable one to arrive at a proper diagnosis in the earlier stages of General Paralysis of the Insane. The now almost universal institution of courses of

Lectures on Mental Diseases in Medical Schools, after the example wisely set by the University of Edinburgh, in the person of Prof. Laycock, one of our late presidents, appears to me to be a very necessary step in advance, and one that is evidently much called for; but it is very doubtful whether or not the information so offered will readily be taken advantage of unless attendance on such lectures is rendered compulsory, and a fair knowledge of the subject of such lectures demanded of all candidates for a degree or diploma in medicine; and herein is the indication for a further and necessary step to be taken. How can a medical practitioner be considered as fully equipped for general practice without a proper knowledge of the symptoms of the abnormal function, due to disease, of the most important of all the organs of the body, viz., the *brain*? What trouble, and annoyance also, has been, and continues to be, caused by a want of the requisite information as to the legal and other technicalities to be observed in the filling up of a certificate of mental insanity, all of which information should be, and is, properly included in a course of Lectures on Mental Diseases with clinical instruction. Such a knowledge of mental disease is all the more necessary amongst general practitioners, inasmuch as it rests with them in the first instance to diagnose and certify to the insanity; and such an improved knowledge of mental diseases, generally diffused, would probably lead to the earlier diagnosis of insanity, and consequently, as experience teaches us, to its more successful treatment.

I have ventured to lay these few additional cases before you, and to comment upon them, thinking they might not be altogether out of place or uninteresting at a time when responsibility in mental disease is a subject that is being actively re-examined with a view to the more satisfactory solution of the many questions concerning it, which are, at all times, of very considerable, and, at some times, of even *vital* importance, as to the issues involved; and, in concluding, I beg most respectfully to submit to you that such repeated miscarriages of justice (as those to which I have referred) and infliction of punishment on patients suffering from a form of disease which renders them irresponsible offenders, and in which the symptoms are so palpable and peculiar, can only be excusable on the ground of that ignorance, which I trust is being, and will continue to be, removed, in the way indicated, to the benefit of suffering humanity and the credit of the profession.