them a new zest and a fresh vigour, which unconsciously encouraged them into convalescence, perhaps by opening up new association tracts and exciting fresh nerve ganglia, and perhaps also by refreshing the old paths with new stimuli.

The relapses, as may be expected, in so short a time, were hardly a noticeable factor.

As to the death-rate, it occurred from among the transfers, and it is my opinion that chronic lunatics as a rule bear removal badly. Probably they get accustomed—in a dull but fixed way—to their old surroundings and settle down with difficulty to new habits, as is noticed in a similar degree in old emigrants, who are out of all proportion less successful than the young.

The task of opening so enormous a place has not been a light one; but the strain, the wear and tear, and the anxieties have been greatly relieved by the friendly help of colleagues and the indulgent and sympathetic support of one's Committee.

The Detection of Insanity in Prisons. By J. J. Pitcairn, L.R.C.P., M.R.C.S., M.P.C.; H.M. Prison, Holloway.

It is frequently levied as a reproach to prison surgeons that they fail to realise how slender and impalpable is the border-line between crime and insanity, and that the proper inmates of an asylum are too frequently treated with the penal discipline of a prison.

In some instances, it is true, the privilege of private practice in combination with his official duties forbids the medical officer of a prison preserving that acquaintance with mental diseases which is nowadays expected from the holders of such appointments. But he is at a disadvantage in respect of the large number of individuals at any given moment for whose physical health he is responsible, and also from the rapidity with which they usually pass through his hands.

The minor officials of a prison, in the routine discharge of their duties, are apt to regard all but the coarser symptoms of mental derangement as the natural concomitant of the tendencies which have placed the individual prisoner under their charge. Thus, to take only the cases of the kleptomaniac or the sexual pervert, who are of necessity deprived of all opportunity of a repetition of the acts which have landed them in prison, the mere observance of the comparatively

simple regulations insures their being classed for all purposes of prison discipline with the highest intellects around them. Moreover, the prison surgeon has no trained subordinates to give him warning of the onset of a fresh train of psychologic symptoms, the earlier manifestations of such an affection as general paralysis, for instance, being in prisons peculiarly liable to confusion with more innocent mental processes.

But these remarks apply chiefly to the subject of convicted criminals. The prisoner who is merely remanded to gaol or committed for trial is on a different footing altogether. Detained merely for safe custody he is allowed to receive daily visits from his friends and legal advisers, to write and receive letters, and is, in short, not so entirely cut off from the world at large as his convicted brother. The opportunity for mental observation is thus infinitely increased, and it is on this point that I propose to dwell in the following observations.

Having been attached for several years to Holloway Prison —the largest depôt I believe for untried prisoners in the world—I am in a position to speak as to the system which is in force there for the mental observation of untried prisoners. There are at present four prisons in London—Pentonville, Wandsworth, Wormwood Scrubs, and Holloway. The first three are of about the same size, averaging daily one thousand inmates; Holloway, with an average daily number of seven hundred, serving as the "House of Detention" or depôt for the others. Since all prisoners on remand or awaiting trial are detained at Holloway, being only distributed to the other London prisons on conviction, it will readily be seen how large a proportion of the criminal population of the metropolis passes through this prison, and how it may be utilised as a species of filtering-bed to retain and segregate those found to be mentally deficient. Under the system in force it is difficult for a prisoner who is remanded or committed for trial to be convicted should he show any indication of insanity.

In the first place if a magistrate on whose warrant a person is committed to prison has information supplied to him, or is of opinion that there are circumstances in the case or in the prisoner's demeanour which render his sanity open to question, he endorses the warrant with a memorandum specially drawing the attention of the medical officer of the prison to the case The prisoner is in consequence placed

on his arrival under careful observation, is the subject of repeated interviews, detailed notes of which are preserved, and, at the expiration of a period seldom exceeding a week, is discharged, to appear again before the magistrate with a report as to his mental condition, based on the prolonged observation he has undergone.

The following table shows the number of prisoners who have been so treated during the six years ending March, 1896:—

TABLE I.—Prisoners Remanded for Observation and Report.

Year.	*Male.*	*Female.*	*Total.*
1890-91	290	136	426
1891-92	312	143	455
1892-93	328	118	446
1893-94	390	147	537
1894-95	323	140	463
1895-96	371	164	535
Totals ...	2,014	848	2,862

It is a common occurrence for the relations or friends of a remanded prisoner to communicate directly with the prison authorities informing them of previously insane conduct on his part. They are in consequence placed under the method of observation already described, together with other prisoners whose conduct may have been described as "strange" by the warders under whose charge they are. These officers, by dint of long experience, are well able to detect the more salient symptoms of mental disease, many of them indeed—I speak only of those at Holloway—being quite equal in this respect to the average asylum attendant. Another safeguard which has been adopted at the House of Detention is to regard every prisoner who is charged with serious crime as *ipso facto* an "observation case."

The next table shows the cases treated as above.

TABLE II.—Observation Cases not Specially Remanded.

Year.	*Male.*	*Female.*	*Total.*
1890-91	290	158	448
1891-92	286	149	435
1892-93	267	190	457
1893-94	279	240	519
1894-95	346	276	622
1895-96	316	264	580
Totals ...	1,784	1,277	3,061

In the two preceding tables are included a certain number of prisoners who were charged with attempted suicide. It is the practice to keep all such cases under observation as has been described. Many of them are found on reception to be still suffering from the more or less recent effects of poison, wounds, or other injuries, whilst some are still suicidal and, of course, require careful watching. The course usually pursued by the London police magistrates of remanding suicidal persons to Holloway for a week appears to be on the whole a judicious one. The wholesome restraint during that period is calculated to deter from a further misdemeanour, which is of far commoner occurrence than is at all generally supposed, whilst the observation and examination to which the would-be suicides are subjected are sure to result in the detection, and consequent removal to an asylum, of any latent case of insanity. The following table gives the numbers of this class of prisoners :—

TABLE III.--Prisoners under Observation for Attempted Suicide.

Year.	*Male.*	*Female.*	*Total.*
1890-91	190	170	360
1891-92	178	213	391
1892-93	195	247	442
1893-94	275	198	473
1894-95	213	212	425
1895-96	200	210	410
Totals ...	1,251	1,250	2,501

If from the gravity of the crime with which he is charged or other causes a prisoner concerning whose sanity a doubt has arisen is committed to the Central Criminal Court or one of the six Quarter Sessions held in the Metropolitan area, the medical officer of the House of Detention has been for long expected to attend and give the required information to the judge. At the same time it is the routine custom for the Solicitor to the Treasury in all cases of serious crime to send a copy of the depositions to the medical officer of the prison, who in due course furnishes a report as to the prisoner's responsibility, the view taken by him being accepted by the prosecution.

The number of instances in which prisoners charged with serious offences have under this system been found to be

insane is shown in Table IV. for the same period as the preceding ones.

TABLE IV.—Prisoners found Insane at their Trial.

Year.	*Male.*	*Female.*	*Total.*
1890-91	10	5	15
1891-92	9	5	14
1892-93	6	3	9
1893-94	12	5	17
1894-95	12	1	13
1895-96	12	4	16
Totals ...	61	23	84

The course adopted when a prisoner is reported as insane to a court of summary jurisdiction is for the magistrate to remand him to the workhouse, where he is dealt with as a pauper lunatic, and after the usual formalities before a Justice is removed to the asylum of the district. The number of persons found to be insane as a result of their examination in Holloway Prison (excluding those enumerated in Table IV.) is as follows:—

TABLE V.—Prisoners Reported Insane to Police Courts.

Year.	*Male.*	*Female.*	*Total.*
1890-91	167	51	218
1891-92	184	61	245
1892-93	157	40	197
1893-94	167	63	230
1894-95	169	71	240
1895-96	203	101	304
Totals ...	1,047	387	1,434

The preceding series of tables afford some index, so far indeed as mere figures can, to the measures adopted for the recognition of insanity among untried prisoners in London.

It would be absurd to claim that out of an annual population of over twenty-two thousand, drawn from an area of close upon two hundred square miles, every case of insanity is detected and treated on its merits. But the comparatively small proportion who are placed under observation represents a daily average of four fresh cases. Amongst these acute mental disorder is found in all stages, chiefly in the form of alcoholic or homicidal mania, melancholia with actively suicidal tendencies, and the more aggressive forms of general paralysis.

In the light of the recent report of the Criminal Responsibility Committee of the Association it is worthy of note that this steady flow of acute cases occurs in an institution which has hitherto possessed neither the staff nor the accommodation of an asylum, whilst their numbers have apparently tended to support the now exploded fallacy that imprisonment is a cause of insanity.

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*Mental Disease (not General Paralysis) associated with Tabes Dorsalis.** By P. W. MACDONALD, M.D., and A. DAVIDSON, M.B., Dorset County Asylum.

The object of this paper is not so much to relate anything that is new as to show that mental symptoms are not always easy of classification when associated with organic changes in nerve tracts outside the cerebral cavity.

We have had doubts as regards a heading to this contribution mainly because of the often accepted doctrine that general paralysis is, *per se*, the mental condition associated with tabes. Now while not questioning the general validity of this doctrine, we wish to take exception to its infallibility, and by the aid of a most interesting case will endeavour to show that you do meet with patients suffering from ataxy with mental symptoms amounting to insanity and yet not general paralysis.

W. C., æt. 39. Supposed to be a sailor; found wandering; was admitted on May 1st, 1896. The medical certificate was as follows:—Facts observed: Evidence of general paralysis of the insane—plus locomotor ataxy, viz., no patellar reflex—ataxy in gait; tremulous slurred speech, internal strabismus in left eye; pupils—right, Argyll Robertson; longitudinal tremor of tongue; flushed greasy skin, very feeble grasp, and strength small in all movement. Trying to give dates and places where he has been lately, gets confused and cannot give the dates.

Facts communicated: "At the station (police) sat hitting his face hard several minutes until the nose bled. Attempted to hit the constables."

Notes on admission: — Physical: Poorly nourished, eyes prominent, inequality of pupils, neither react to light but both to accommodation, internal strabismus of left, slight nystagmus, patellar tendon and plantar reflexes absent, no ankle clonus,

* Read at the Autumn Meeting of the South-Western Division, Salisbury, 1896.