

*The Beginnings of Criminal Anthropology [Des Origines des l'Anthropologie Criminelle]. (Bull. de la Soc. de Méd. Ment. de Belgique, Feb., 1909.) Meeus.*

In his presidential address to the Belgian Société de Médecine mentale, M. Meeus, the well-known physician to the colony of Gheel, has set himself the task of tracing out in the medical literature of the last century the rudimentary form of those ideas which in their later developments have become familiar as the theories of criminal anthropology. M. Meeus deals chiefly with the writings of the French psychiatrists, and appears to be less well acquainted with the works of the English and German observers. He shows, however, a due appreciation of the immense influence which Maudsley's teachings have had on the scientific study of crime. An address of this kind cannot be expected to contain much that is novel; but English students of criminology will be grateful to M. Meeus for calling their attention to a comparatively unknown precursor of Lombroso, a Dr. Barbaste, who in 1856 published a work under the title of *De l'homicide et de l'anthropophagie*, in which he appears to have anticipated in a very curious way several of the ideas of the Italian master, including even the famous atavistic theory of crime. Judging from the extracts given by M. Meeus, Barbaste's views on the psychology of the criminal would seem to have shown remarkable originality and acuteness.

W. C. SULLIVAN.

### 8. Asylum Reports issued in 1909.

#### *Some English County and Borough Asylums.*

*Cardiff.*—We congratulate Dr. Goodall on his new asylum, which appears to have been designed conveniently. No doubt in its ultimate shaping it has improved under his experienced judgment. He is proud and thankful for the fact that over 600 patients were transferred from thirteen asylums by the new and untried staff without hitch or accident. The subjoined remarks made by him are, indeed, true and to the point.

The Institution is equipped much above the average in respect of scientific apparatus for clinical and pathological research. Such equipment is necessary in every hospital for mental diseases if the medical spirit, without which these institutions would rank merely as places of detention, is to be fostered, and young medical men of a desirable stamp are to be attracted. More than ever is it incumbent to have such in a mental hospital in touch with a town possessing medical laboratories and trained workers in all departments of medicine, which provides post-graduate instruction, and which aims at possessing a complete medical school. These facilities offer a golden opportunity for that collaboration of workers in different departments of medicine which is so essential to progress in knowledge and treatment, and which becomes increasingly necessary with the growth of specialisation. I must here express my indebtedness to Dr. Schölberg, of University College, Cardiff, for the very valuable guidance and assistance he has given us in bacteriological work. I would point out that all these considerations respecting medical and nursing work have a bearing on the question of maintenance rate. When we read of this or that asylum having a remarkably low rate of maintenance, we are not therefore to envy that institution forthwith, and to set

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it up as a model to be followed. Before congratulating the authorities we require to be satisfied upon a few points. What, in brief, are their ideals? Is the institution merely a home of rest, where the "patients" are clothed, fed and amused, where the medical service, as on board ship, wholly or mainly consists in a perfunctory round, and attention to the "primæ viæ"; where employees, to whom courtesy accords the designation of "nurse," patrol the wards in the proportion of one to ten or twelve? Are the people whom the asylum serves ready and willing to place their relatives as soon as possible in its care? What is the average duration of residence of those who recover? How many of the patients drift into dementia because they have not, for reasons of want of confidence, been sent in early enough, and because they have received no treatment worthy the name, in order that expenses may be kept down?

*Carmarthen.*—The subjoined directly enforces the arguments put forward in support of superannuation. The Commissioners report:

The staff of attendants and nurses is of sufficient strength, and as regards length of service their record stands high, not more than 13 *per cent.* having served less than a year, while as many as 45 *per cent.* (60 *per cent.* of the men and 30 *per cent.* of the nurses) have served over five years. We fear, however, that the state of things thus disclosed is not entirely satisfactory. Some of the male attendants who have done many years of excellent service have become, by reason of age or infirmity, too feeble to continue to discharge their duties with efficiency, and we are strongly of opinion that the time has arrived when they should be allowed to retire on liberal pensions. This is to be desired, not merely on their behalf, but in the interest of the patients and of the good administration of the Asylum.

Two years ago we remarked on the criticism which the Commissioners found it necessary to apply to the proceedings of the Committee of Visitors. The same condition of affairs appears still to exist, due entirely to dissensions between the authorities in union. The worst thing that can happen to patients and all connected with an asylum is dual control.

*Derby Borough.*—Influenza has been a sore trial in this asylum. One-third of the patients, one-fifth of the male attendants, and more than half of the nurses were attacked. Of the patients twenty-four were males and eighty-five females. The disproportionate incidence between the sexes is contrary to usual experience.

In about 50 *per cent.* of the cases the symptoms were of the gastrointestinal type, and it is remarkable that of the patients who presented these symptoms sixteen (one male and fifteen females) subsequently developed dysentery, from which one woman died, well-marked pathological features of the disease being observed at the autopsy.

The Committee has wisely awarded gold medals to all attendants having more than fifteen years' service. We have sometimes wondered that in asylums there is no mark showing the length of service; such is seen in some other services. A ring on the cuff for every five years served would perhaps tend to make a man a little proud of being able to show that he is not a new-comer.

*Dorsetshire.*—Dr. MacDonald attaches much importance to the full tracing of heredity in a family. He very rightly claims that the sane as well as the insane of a family should be accounted for. That seemed also to be the view of the Statistical Committee, who provided for this purpose the optional Table B 11.

Solaria have been introduced with good effect.

*Lincolnshire, Kesteven.*—In the Commissioners' report we are very glad to see some personal commendation of Dr. Wilson, who, in the absence of Dr. Ewan, accompanied them on their rounds. They speak of the interest and knowledge that he displayed in regard to the patients under his care. A few words of this nature on a subject that is quite as important as the usual points of remark are the proper acknowledgment of a right feeling of responsibility and cannot fail to be useful. It is curious to read, in the *Ætiological Tables*, of influenza exceeding the activity of alcohol in producing insanity. It stands third on the list of agencies when considered as both a principal and contributory factor. We note that Dr. Ewan prints by the side of the table the full table of factors as published by the Association. This has the advantage of showing to the casual reader the factors which do not appear in the year's calculations.

*London City.*—Dr. Steen is able to say that, with an average residence of more than 550, tuberculosis caused no death on the male side and but two on the female side. No doubt the incidence of the disease has been modified by patients showing signs of this disease being kept out of doors in verandahs continuously day and night, winter and summer. A lady unattended came to the door and asked to be admitted. Of course she had to be refused. The extension of the powers, already possessed by institutions for private patients, need most urgently to be extended to those maintained out of the public funds. Now that pensions are out of the way perhaps the Association may be fortunate enough to get some other of its just demands met. This is one of them. Independently of the welfare of such an applicant herself, it must be a matter of considerable responsibility to the medical man who has to make the refusal. He may see signs of impending danger which he cannot legally prevent, and yet he would not be held altogether blameless by the public should an accident occur. Alcohol is by far the most active among the factors. It would be interesting to know whether there is any difference in its incidence on the private and pauper patients.

*Sussex (East), Hellingley.*—Dr. Taylor notes that there is a large increase in the number of general paralytics admitted. They were twelve males and four females in 346 cases. This is a heavy rate indeed for such a pastoral area. As might be expected with its border of sea, Brighton has more than twice this rate.

I would again point out the importance in my opinion of special supervision of the education of children with a family history of insanity, and the necessity of not forcing those who are neurotic and nervously unstable. The mental health of the children should be as important to the State as their physical condition, and should receive as much, if not more, attention. Many cases of insanity that occur in early adult life do not recover, and remain to fill our asylums; it therefore seems to me most necessary to take all possible precautions to avoid a mental breakdown in these young cases. For the obviously feeble-minded the only form of treatment possible is to educate them in special schools where the training imparted is suitable to their mental capacity. It is a much more difficult matter however to advise in the case of the nervously unstable child, the potential lunatic, and the education of these cases requires the greatest care.

We notice that the farm and garden account is drawn up on lines more resembling such an account as a farmer would present for income tax purposes than the usual bald statement. In an agricultural area the profit generally shown must rankle in the minds of farmers who see the latter, and who do not know that it is a mere statement of certain payments in and out, and is not a true profit and loss account. Here the interest (at  $3\frac{1}{2}$  per cent.) on the capital expenditure incurred by the Asylum Committee as tenants is shown. Also rent, rates, and insurances for fire and compensation are detailed, and, further, a sum of £546 is entered as value of the labour given by the patients and their attendants. The estimate of this is made on returns furnished by the bailiff and head gardener. The balance in favour of the farm is brought down to £97, as against many hundreds, if we remember rightly, on the preceding year's working. We like the idea for two reasons: First, it must be more satisfactory to those who are responsible that comparison should be made on a natural basis with the experiences of neighbours. Of course, it may be said that with so good a customer on the spot any farm should do well, but on the other hand, the circumstances of an asylum, the need to work under conditions imposed by responsibilities of the tenant and so on, must hamper the actions and plans of the occupier. Secondly, we think that it serves to bring out the fact that there exists a considerable reserve of man-power in an asylum, if only it can be properly evoked and regulated. Here and there an asylum is shown to make certain products quite remunerative by paying special attention to them. The farm and garden offer an opportunity to all, especially in rural parts. If it can be shown by such accounts that the labour of the inmates has a tangible value, will it not suggest to committees that more profit may follow more expenditure? We know that the readiest means of developing labour by the payment of patients for work done has not commended itself to our Association. But times alter; intensive culture is making its way. This involves a certain amount of minute but simple work, for which, under intelligent supervision, the minds of many patients are particularly adapted. We hear a good deal about the dignity of labour, which is chiefly a matter of obtaining so much an hour. But we believe that there is still some honourable desire for honest labour everywhere, even in the asylum. It does need, however, some proper acknowledgment on the part of those who benefit by it. It seems to be quite a matter to which the Association could well give some serious consideration, and possibly thus remove the reproach that an asylum is, to too great an extent, a home of mischievous idleness and apathy.

*Some English Registered Hospitals.*

*Barnwood House.*—In speaking of the accommodation in his outlying villas Dr. Soutar says something that is quite true, and applicable to detached houses belonging to public asylums, unless these have been erected for special purposes. The designers of schemes providing for an undue amount of segregation sometimes look at the subject from the point of what they themselves would like, rather than from that of

persons who are, by their illness, bereft of many of the mental conditions which suggest separation from the bulk.

We continue to find great difficulty in filling up the accommodation available at these separate houses. Acute cases cannot be treated as efficiently there as in the hospital; to fill them with demented patients would effect no good purpose, and our experience is that those who have passed through their illness to the stage of convalescence generally prefer the full and active life of the hospital to the necessarily less varied interests of these small separate houses. While friends of patients are often greatly attracted by the accommodation offered at North Cottage and the Wilderness, those patients who are capable of deciding generally show a strong preference for residence in the main building.

*Worford House.*—Some years ago, as we then pointed out, this institution was in dire pecuniary straits. It required much energy to keep itself to the mark of efficiency. A brave fight has been made, and each year prosperity has been more marked. At last the Committee is able to say, with thankfulness, that it is entirely free from outstanding liabilities. It is surely remarkable that when, overborne by long and trying service, Dr. Maury Deas signified his desire to retire, he should have the great satisfaction of being able to say that he leaves the Hospital free of debt, he himself having been, by his strenuous endeavour, the chief agent in bringing about this happy condition. It is very pleasing to note that the Committee have marked their appreciation of his services by voting him a substantial pension.

*York, The Retreat.*—It is curious that this pioneer of right treatment of the insane should still witness a practice which, in these enlightened days, almost amounts to a barbarity. Those patients who decide to exercise their rights under Section 8 of the Lunacy Act are, except in case of illness, compelled to make their appeal at the magistrate's court. One would have thought that the spirit which led one hundred years ago to the abolition of all physical wrong-doing would have secured freedom from moral indignity. We believe that we are right in saying that at Bethlehem, with its many admissions, the visiting of the patient by the justice is the invariable rule. The Commissioners speak strongly on this matter, pointing out the danger of a possible idea of criminality engendering permanent delusion.

The remarkable healing powers that are sometimes shown by even advanced paralytics is well illustrated by a case related by Dr. Bedford Pierce, in which accidental falls resulted in first a fracture of the femur and at some months' interval of the tibia. In both instances union took place in the ordinary course.

#### *Some Scottish District Asylums.*

*Ayr.*—Dr. McRae points out that the question of heredity should not cause undue despondency on the part of the public, since it is not too much to hope that a better knowledge of how heredity really does act and a more scientific provision of suitable environment will assuredly check its baneful influence. In the proper understanding of several diseases, heredity has, in the past, been a stumbling block, the removal of which in the light of fuller knowledge has proved of immense benefit to suffering humanity.

We note among forms of mental disease in the admissions that under both mania and melancholia there is a subclass, "delusional." Ten out of fifty-three cases of mania are thus denoted, and one among forty melancholiacs. It is inconceivable that among so many of the latter there should be delusion in one only. On the other hand, it seems difficult to think that delusion should in any case of melancholia be so dominant a characteristic as to justify its being marked off from all others. We prefer the Association's method of classing all delusional cases together.

*Aberdeen, Kingseat.*—The remarks made before concerning the absence of provision for the voluntary admission of patients into rate-paid asylums in England apply to Scotland. Two men walked out from Aberdeen and requested admission; one of them contemplated suicide and the other suffered from epilepsy. The friends were communicated with, and they were subsequently admitted under the usual provisions. The former distinctly raises the question of the medical superintendent's responsibility for the safety of a suicidal man, aggrieved probably by a refusal of instant help.

There is no special form of insanity attributable to influenza. One of our cases was admitted in a condition resembling delirium tremens, and recovered his mental balance in forty-eight hours. It is better for a predisposed person to have his insanity during his influenzal attack than after it, as there is probably no disease which possesses a convalescent stage so unresistive to serious mental affections. We have several incurable cases in the institution, due to the insidious onset of insanity—particularly melancholia—during the convalescent period of influenza. A printed card with detailed questions regarding the personal and family history was forwarded to the relatives of every patient admitted during the year, and it was returned in every instance more or less fully answered. I find the adoption of this system extremely useful in many ways, and it is appreciated by the relatives of the patients.

*Lanark.*—On the estate there are fifty cottages for the nursing staff and artisans. The Commissioner attributes to this fact much of the stability of the staff. In addition to a bonus for obtaining the Association's certificate, attendants are allowed extra holiday in lieu of the time spent in studying.

In connection with epilepsy Dr. Neil writes :

We are fortunate in having a most complete and conscientious record by the charge attendants in the various wards of all epileptic seizures for years back. It would be of interest to go into many cases, noting their gradual increase or decrease in the number of attacks, and their change of type from *petit mal* to *grand mal* or to mixed type.

As a case in point, we have a male patient who, to those seeing him daily, appears to have little changed in bodily or mental condition since admission in 1902, yet he had 100 fits during his first twelve months, and 240 during his last twelve months here, showing that the cerebral (?) deterioration is much in advance of the mental or physical.

The microscopic examination of the blood of epileptics is a fascinating field, but one full of disappointments and contradictions. After paying considerable attention to this branch, one is forced to conclude that pure epilepsy (so-called) is not accompanied by any change in the number or character of the white blood-corpuscles or of any other of the blood elements.

We cannot, however, get past certain cases where there is a definite leucocytosis corresponding to each increase in the number of seizures. This is usually accom-



panied by an increase in the number of eosinophiles. These conditions may be due to some extraneous factor (perhaps that which causes the mental symptoms), but it is tempting to include a toxic type in our classification of epilepsy.

Auto-intoxication from constipation is without doubt an exciting factor; this is demonstrated by the marked improvement in many cases immediately on admission to asylum *régime*. Oral sepsis is also an enemy that requires much more fighting, and one which is exceedingly difficult to combat in the mentally deficient, where reactions are sluggish and the patient is indifferent as to the condition of his teeth.

*Roxburgh District, Melrose.*—Dr. Carlyle Johnstone relates a most interesting criminal case with which he had much to do. An imbecile lad attempted to rape his mother, who had herself been in the asylum three times. He was sent to the asylum by the Procurator-Fiscal. He stayed there for five years, and was then removed with the consent of the authorities and placed with a farmer. He earned a little money for the next ten years as a labourer, and then made another criminal assault on a girl. He was returned to the asylum by the Fiscal. It was then discovered that his settlement was in England, and he was sent to the English union with a view to being placed in the Morpeth Asylum. But the Union Medical Officer refused to certify him. So back he came to Melrose. The Scottish parish authorities would not consent to remain liable for a life-long lunacy for which they were not responsible, and made a stir, with the result that the man was taken to Edinburgh to be placed on his trial for the last offence. Dr. Johnstone and others gave evidence that after repeated examinations they were of opinion that the man was a congenital imbecile and unfit to plead. Notwithstanding this he was put on his trial and actually put into the witness box, and asked a few simple questions. The jury found that at the time of the trial he was sane, that he committed the offence, that he was sane at the time of committing it, and he got twelve months imprisonment. One wonders who had the courage to propose that such a man with such a history should be allowed to submit himself to any examination at all. Practically the examination must have been an inquisition.

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## Part IV.—Notes and News.

### THE MEDICO-PSYCHOLOGICAL ASSOCIATION OF GREAT BRITAIN AND IRELAND.

#### ADJOURNED ANNUAL MEETING.

THE ANNUAL MEETING, adjourned from July, 1909, was held at the rooms of the Medical Society of London, Chandos Street, W., on Tuesday, 23rd November, 1909, Prof. Bevan-Lewis, President, in the chair.

Members present—See list of attendance at Quarterly Meeting.

The PRESIDENT said the meeting now being held was the annual one, as members would remember that the Annual Meeting in the summer was adjourned to this date because the provisions of the nursing examinations were not then